



8647 Mathis Avenue Suite 202  
 Manassas, VA 20110  
 Phone: 571-222-6600 Fax: 571-222-6601  
 info@excelhealthinstitute.com

## NCLEX Review Application

### Admission Requirements:

- |   |                        |
|---|------------------------|
| 1. Completed application form               | 4. Administration fee  |
| 2. Applicants must be at least 18 years old | 5. Diagnostic test fee |
| 3. Copy of Transcript                       | 6. Deposit             |

<b>Student Full Legal Name</b>		
<i>Last</i>	<i>First</i>	<i>Middle</i>
Street Address		Apt #
City	State	Zip
Home Phone:		Cell Phone:
Email:		
How would you prefer announcements sent to you? <i>Cell H Phone email (circle one)</i>		
Date of Birth:    /    /	Social Security Number:	Gender: <u>  </u> M <u>  </u> F

### Education

Name of Nursing School Attended:	
Diploma/Degree type ( <i>circle one</i> ): <input type="checkbox"/> LPN <input type="checkbox"/> ASN <input type="checkbox"/> BSN	Date Awarded:

### Current Employer:

--

### Emergency Contact Information

Name:	Relationship
Address:	
Phone:	

Expected NCLEX examination Date:
----------------------------------

**The above information is true to best of my knowledge and I understand falsification of information can result in being terminated from the program.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Mail the completed application with the Administration Fee to:  
 Excel Health Institute LLC  
 8647 Mathis Avenue Ste. 202  
 Manassas VA 20110

Make Checks and Money Order payable to: Excel Health Institute LLC.

**\*Administration Fee and Diagnostic Test Fee are NON REFUNDABLE.\***

You will be notified if there is a change in your program start date due to poor enrollment or other reasons. Your enrollment will default to the new schedule unless you apply for withdrawal and refund from the program.