

TEST REGISTRATION FORM

COMPLETE THIS FORM and either **MAIL** (see address below), **FAX** to 586.498-4101 or **CALL** 586.498.4130 to register. The cost is **\$50.00** each time you test; payment must be received prior to testing. Early registration is recommended to ensure an available seat. Please arrive 10 minutes prior to scheduled test time. **Bring valid picture I.D. such as a driver's license. NO CELL PHONES ADMITTED INTO TEST ROOM - CANCELLATIONS must be made 24 HOURS PRIOR TO SCHEDULED TEST DATE**

Location: Macomb Community College – MTEC, 7900 Tank Ave, Warren, MI 48092,
Workforce Assessment Center Room 126

PLEASE INDICATE PROGRAM

- ☐ *Certified Nursing Assistant (Reading, Mathematics, Locating)*
- ☐ *Controls Robotics Technician (CRT) (Reading, Mathematics, Locating)*
- ☐ *National Career Readiness Certificate (Reading, Mathematics, Locating)*
- ☐ *Multi – Skilled (Reading, Mathematics, Locating)*
- ☐ *Pharmacy Technician (Reading, Mathematics, Locating)*
- ☐ *POC Production Operator Certification (Reading, Mathematics, Locating)*
- ☐ *CNC (Reading, Mathematics, Locating)*
- ☐ *UG Designers (Reading, Mathematics, Locating)*
- ☐ *Welding (Reading, Mathematics, Locating)*
- ☐ *Paraprofessionals (Reading, Mathematics, Writing)*
- ☐ *Plumbers & Pipefitters (Reading, Mathematics, Locating)*
- ☐ *Bricklayers*

TEST START TIMES

- ☐ 9:30am ~ R, M, LI
- Retests: 1:00pm
- ☐ 8:30am Parapros

PLEASE INDICATE DATE

- ☐ Nov. 19, 2014 WED
- ☐ Dec. 17, 2014 – WED
- ☐ Jan. 14, 2015 – WED
- ☐ Feb. 11, 2015 - WED
- ☐ March 11, 2015 – WED
- ☐ April 8, 2015 – WED

PERSONAL IDENTIFICATION INFORMATION

Name: _____ Date of birth: _____

Address: _____ City & County: _____ Zip: _____

Phone: _____ Email: _____ Last 4 digits of SS# : _____

PAYMENT REQUIRED AT TIME OF REGISTRATION

Please check the appropriate payment option:

- ☐ **Michigan Works Voucher** – Office: ☐ Clinton Twp. ☐ Mt. Clemens ☐ Roseville ☐ Warren ☐ Chrysler TTC
- ☐ Cash/Check - mail check & registration form to: **Macomb Community College – MTEC, 7900 Tank Ave, Warren, MI 48092**
- ☐ Credit card - please provide the following information below:

CREDIT CARD INFORMATION

Please charge the following credit card (circle one): Visa, Master Card, or Discover		
Examinee Name / Card Holder Name:		
Credit Card #		
Exp. Date:		Billing Zip Code:
Three Digit Security Code Found on Back of Card:		TOTAL \$50.00