



8647 Mathis Avenue Suite 202
 Manassas, VA 20110
 Phone: 571-222-6600 Fax: 571-331-6601
 info@excelhealthinstitute.com

NCLEX Review Application

Admission Requirements:

1. Completed application form
2. Applicants must be at least 18 years old
3. Copy of Transcript

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

Education

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

Current Employer:

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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 practical nursing program.

Signature: _____

Date: _____

Mail the completed application with the \$50.00 Application 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.
 Application Fee is NON REFUNDABLE.