# Nursing Assistant Test Out (NATO) - Summer 2019

**Continuing Education & Customized Training**
2101 Trinity Road, Rm. E2060, Duluth, MN 55811
Phone: 218-733-5924 ● Fax: 218-733-5974 ● continuingeducation@lsc.edu

| Full Test: $205 | | Written Retest: $100 | | Skills Retest: $110 | |
|---|---|---|---|---|---|
| 1:30pm—6:30pm, Room E2316 | | 1:30pm—6:30pm, Room E2316 | | 1:30pm—6:30pm, Room E2316 | |
| □ **May 15, 2019** | #NUNA1425 20195-35 | □ **May 15, 2019** | #NUNA1427 20195-35 | □ **May 15, 2019** | #NUNA1428 20195-35 |
| □ **June 12, 2019** | #NUNA1425 20201-30 | □ **June 12, 2019** | #NUNA1427 20201-30 | □ **June 12, 2019** | #NUNA1428 20201-30 |
| □ **July 12, 2019** | #NUNA1425 20201-31 | □ **July 12, 2019** | #NUNA1427 20201-31 | □ **July 12, 2019** | #NUNA1428 20201-31 |
| □ **July 17, 2019** | #NUNA1425 20201-32 | □ **July 17, 2019** | #NUNA1427 20201-32 | □ **July 17, 2019** | #NUNA1428 20201-32 |
| □ **Aug. 14, 2019** | #NUNA1425 20201-33 | □ **Aug. 14, 2019** | #NUNA1427 20201-33 | □ **Aug. 14, 2019** | #NUNA1428 20201-33 |

Name: _____
Last First MI

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____Cell Phone #: _____

E-mail: _____

Company Name:_____

Company Address:_____

City:_____State:_____Zip:_____

Company Phone:_____

***Do you plan on taking the CNA or CNA/HHA Test?**
**☐ CNA ☐ CNA/HHA**

Have you registered at LSC Before?
☐No ☐Yes/Student ID#_____

Birthdate:_____

Last 4 Digits Social Security#_____

**Race and Ethic Background** (select any that apply):
□ American Indian or Alaska Native □ Asian
□ Black or African American □ Hispanic or Latino
□ White □ Unknown

**Gender:** □ Male □ Female

***How to Send in Registration & Payment:***

**1.)** Register online **2.)** Email form to continuingeducation@lsc.edu **3.)** Fax form to 218-733-5974 **4.)** Mail form to Continuing Education & Customized Training, Room E2060, 2101 Trinity Road, Duluth MN 55811 **5.)** Phone in registration at 218-733-7680

**Registrations or changes to existing registrations, including cancellations, will be accepted until 12:00 pm two business days prior to the first date of a test. No refunds will be issued after this date.**

Check one box: ☐Cash ☐Check ☐Credit Card ☐Bill Company

Would you like a receipt for your records? ☐ Yes ☐ No If "Yes," to which destination?

☐ Email_____ ☐ Home Address ☐ Company Address ☐ Fax: (___)_____

If using a Check, Check#:_____ (Please make check payable to *Lake Superior College*)

Please bill my: ☐ Personal Credit Card ☐ Company Credit Card/Fill in Name on card:_____

Credit/Debit card payments check one: ☐ Visa ☐ Master Card ☐ Discover

Account #_____Expiration Date_____ Security Code_____

Signature_____

**Individuals with a documented disability may request reasonable accommodations from the LSC Disability Coordinator at 218-733-7650 (voice) or 800-627-3529 (MSR/TTY).**

Classes may be tax deductible under Hope Scholarship and Life-Long Learning tax laws. Your social security number must be provided in order to claim either of these deductions. Many colleges/universities use social security numbers for student identification purposes on student records. Providing your social security number, birth date, gender, and ethnic background is voluntary. If you do not provide this information, your application will still be processed. This data is requested for purposes of administration, program evaluation, and consumer and