Nursing Assistant Test Out (NATO)

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
□ **Jan. 16, 2019** #NUNA1425 20195-30	□ **Jan. 16, 2019** #NUNA1427 20195-30	□ **Jan. 16, 2019** #NUNA1428 20195-30
□ **Feb. 13, 2019** #NUNA1425 20195-31	□ **Feb. 13, 2019** #NUNA1427 20195-31	□ **Feb. 13, 2019** #NUNA1428 20195-31
□ **Mar. 20, 2019** #NUNA1425 20195-32	□ **Mar. 20, 2019** #NUNA1427 20195-32	□ **Mar. 20, 2019** #NUNA1428 20195-32
□ **Apr. 17, 2019** #NUNA1425 20195-33	□ **Apr. 17, 2019** #NUNA1427 20195-33	□ **Apr. 17, 2019** #NUNA1428 20195-33
□ **May 1, 2019** #NUNA1425 20195-34	**No Written Retest on this Date**	**No Skills Retest on this Date**
□ **May 15, 2019** #NUNA1425 20195-35	□ **May 15, 2019** #NUNA1427 20195-35	□ **May 15, 2019** #NUNA1428 20195-35

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