# HESI LPN Entrance Exam-Registration Form

Return to: Maine College of Health Professions
70 Middle Street
Lewiston ME 04240

**Please Print Clearly**

Date (mm/dd/yyyy)

**Registration accepted on a space available basis. Confirmation will be sent by email.*
**Applicants may re-take the HESI one time per application cycle– test fee required.*

First Name Middle Last Name

Address

City State Postal Code (ZIP)

Daytime Phone SSN Date of Birth

Email Address

**Test Location**: MCHP 70 Middle Street, Lewiston ME 04240

**Test Fee**: $50.00 - Please enclose with this registration. (This fee is non-refundable.)

**Payment methods accepted: Check, Money Order or Visa or Mastercard.**

**Credit Card Payments:**

☐ Visa ☐ Mastercard

Name as it appears on card

Signature of cardholder

Expiration Date CVV (3 digits on back of card)

| Test Day | Test Time | | Test Day | Test Time |
|---|---|---|---|---|
| 12/06/2018 | 9am-3pm | ☐ | | |
| 12/10/2018 | Noon-6pm | ☐ | | |
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