Academic Placement & Testing Center

Request for Advanced Placement LPN-RN Fundamentals Assessment Test at Northern Essex Community College

First Name: _________________________ M.I. _____ Last Name: ____________________________ Social Security#: ____________________________

Address: ___________________________________________________________________________________________________________

Street    City    State               Zip Code

Daytime Tel# ________________________________________ Evening Tel# _____________________________________________

Email_______________________________________________           Date of Birth: _____________________________________________

Test Center Location preference:                         Haverhill __________  Lawrence __________

(Check one)

Payment of non-refundable $35.00 Administration Fee*

Payment Method (Check one):

☐ Online Registration (Go to: https://ssb.necc.mass.edu:7019/flexibleregistration/index.jsp?frc=SA201500&q=subj:LPNT. First time requests select LPNT Fund Test Admin Fee – Test One. If you are retesting at NECC, select the LPNT Fund Test Admin Fee - Test Two.

☐ Money Order (Made payable to NECC)

Please complete the form with payment information. Payment by online registration (https://ssb.necc.mass.edu:7019/flexibleregistration/index.jsp?frc=SA201500&q=subj:LPNT) requires only this form to be faxed to the number and payment by money order requires this form and the money order, made payable to NECC, to be mailed to the address below or hand delivered to the Academic Placement & Testing Center.

Northern Essex Community College, Academic Placement & Testing Center
Attention: Donna Felisberto, Coordinator
100 Elliott Street, Haverhill, MA 01830
Technology Center, Room TC-128
Fax to 978-556-3169

Upon receipt of the required Fundamental Assessment Test Request Form and Fee, you will be contacted to set up your testing appointment.

Signature: ____________________________ Date: ____________________________