



AMERICAN MEDICAL ACADEMY

Park Tower Beach Business Center
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Toll free 866- 406-9522 Phone 562-936-0062 Fax 866-936-0461

Email info@AmericanMedicalAcademy.org Web Site www.AmericanMedicalAcademy.org

NCLEX-RN REGISTRATION FORM

Name: _____
Last First Middle Name

Address: _____
Street City State Zip Code

Telephone No: _____ Mobile No.: _____ Work No.: _____

Time to Call: _____ Email: _____

Are You Currently Employed: YES NO Employer: _____

EDUCATION BACKGROUND

Please fill out all questions and indicate N/A in areas that are not applicable.

A. NURSING SCHOOL:

Name of School (List the most recent)	City / State	Year of Graduation	Diploma / Degree (CNA, AA, BSN, MA)

B. GRADUATE SCHOOL:

NAME OF SCHOOL	City / State	Year of Graduation	Diploma / Degree
If Graduate Studies has not been completed, please indicate the number of units earned to date:			

C. NON-NURSING EDUCATION BACKGROUND (IF APPLICABLE):

Name of School (List the most recent)	City / State	Year of Graduation	Diploma / Degree (Major / Minor of Studies)

EMPLOYMENT HISTORY

Name of Employer	Employment Dates		Summarize the Type of Work Performed and Job Responsibilities
Address	From	To	
Job Title			

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OTHER INFORMATION: (The following information will assist us in determining your exam preparation needs).

Have you previously attended a formal review class? YES NO If YES, please answer the following:

Name of Review Center: _____ City / State: _____

List any expectations you may have regarding "live" review class instructions?

List your weakest nursing subject(s) that you would like more instruction focus.

List your strongest nursing subject(s).

Please tell us how you heard of our review programs: Advertisement Website Search Engine _____

Friend _____ School _____

Note: All information provided herein shall be handled in strict confidence and used solely for American Medical Academy's enrollment purposes and educational review program curriculum

Signature: _____

Date: _____

Please print and mail completed registration along with your check for the amount of \$800 to:

Checks should be made payable to:

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For additional inquiries, please contact us at: **(866) 406-9522 / (562) 936-0062** or info@AmericanMedicalAcademy.org
You may also visit our website at: **www.AmericanMedicalAcademy.org**