

**Delaware County Technical School
Practical Nursing Program
85 N. Malin Road
Broomall, PA 19008
484.423.7003**

A Pre-Admission Test will be given on the following dates. **There is a non-refundable pre-admission test fee of seventy-five dollars (\$75.00). If you must cancel for any reason, please notify us twenty-four (24) hours prior to the scheduled date to reschedule. You will be permitted to reschedule only once however, the money is non-refundable.** We will accept payment in the form of a money-order only (NO CHECKS) made payable to D.C.T.S. Practical Nursing Program. This fee is due one week prior to the test on the dates listed below. You will **NOT** receive written confirmation of receipt of your payment. **Seating is limited to 50 per scheduled test date.** Mail the information portion (see below) along with your payment as soon as possible to insure seating. A study guide is available via ATI (you can also find study guides on Amazon.com). Instructions to order the study guide from ATI are attached. **In case of inclement weather, the school's code for a snow day is 469.**

PLEASE BRING PHOTO ID AND ATI PENCIL & PAPER ID NUMBER WITH YOU ON THE TEST DATE.

<u>TEST DATE</u>		<u>TIME OF TEST</u>	
Thursday	March 22, 2012	@9:00AM	money order due by March 15, 2012
Thursday	April 19, 2012	@4:00PM	money order due by April 12, 2012
Thursday	May 3, 2012	@9:00AM	money order due by April 26, 2012
Monday	May 14, 2012	@4:00PM	money order due by May 7, 2012

Your non-refundable money order of \$75.00 is due when you schedule your test date. Only upon receipt of your money order will a seat be reserved for you to take a test. Your money order along with your Admission Test Form (see below) can be mailed to the above address. If you wish to hand deliver your money order, the school hours are Monday to Friday from 9AM to 11AM and 1PM to 3PM.

Do not forget to register with ATI for your paper and pencil ID number. Instructions are on the following page.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

Test Date: _____

Name: (print) _____
(Last Name) (First Name)

Address: _____
(Street Name & Number) (Apt. No.#)

(City) (State) (Zip)

Phone: _____

E-Mail: _____

Signature: _____

**** Class limited to 50 students**