

**University of Massachusetts Boston - College of Nursing & Health Sciences**  
**National League for Nursing – Achievement Test Application Form**

\_\_\_\_\_  
 Name: Last, First, M.I.

\_\_\_\_\_  
 Today's Date

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 Student U-Mass ID #

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 RN License # & Expiration Date

\_\_\_\_\_  
 Phone #: Day & Evening

\_\_\_\_\_  
 Date of Admission to UMB

\_\_\_\_\_  
 @umb.edu

\_\_\_\_\_  
 U-Mass student email address

\_\_\_\_\_  
 Institution (if not UMB)

**NLN Achievement Test options are as follows.**

Topic Offered	# Credits	Price	Testing Date	Testing Time
Anatomy & Physiology I & II	8 credits	\$50		
Microbiology	4 credits	\$50		
Nutrition	3 credits	\$50		
Pharmacology	3 credits	\$50		

**Scheduled Examination Dates – please refer to the CNHS website ([www.cnhs.umb.edu](http://www.cnhs.umb.edu)) for the latest examination dates and times.**

**DECLARATION OF AGREEMENT:**

I \_\_\_\_\_ the undersigned, agree to all the conditions outlined above regarding the registration of any NLN Achievement Test. I understand it is solely my responsibility to be ready for the examination on the date(s) and time(s) I have indicated on the application form. **I understand that the fee for the NLN Achievement test is non-refundable in the event that I am not present on the day and time of the examination for which I am registering.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
 Signature of NLN candidate

The completed application form, payment, and copy of current RN license must be submitted in person at the time of the scheduled NLN exam. Please make out **certified check, money order or personal check (cash is not accepted) to: UMass Boston/NLN Testing Service.**

Please bring completed NLN application with payment to your scheduled exam. **Please note you will not be allowed to take the exam without a completed NLN application and payment at the time of the exam. NLN exams that are not cancelled 48 hours prior to the scheduled test date will be charged to the student.**

1/14/09 CV

FOR OFFICE USE ONLY:

Check #	Check Amt.	Date test taken	Score emailed	Notes