

# Intensive NCLEX-RN Review Course

The L.A. Health Care Workforce Development Program and College of Nursing and Allied Health are offering a series of 8-week, intensive, RN-NCLEX Review courses to prepare you to pass the Nursing Council Licensure Examination (NCLEX).

If you are a graduate of LAC College of Nursing and Allied Health or a Department of Health Services (DHS) employee who is committed to working as a RN in DHS, you are eligible to take this intensive RN-NCLEX Review Course.

You will need to sign a participant agreement to work for DHS for a minimum of two years as a RN in an in-patient unit providing direct patient care, after successfully passing the NCLEX Exam.

**Class Date:** July 20 through September 14, 2007

**Days:** Fridays & Saturdays

**Time:** 8:00 am – 4:30 pm

**Location:** College of Nursing and Allied Health  
1237 N. Mission Road, Los Angeles, CA 90033

Note: An Orientation session and Diagnostic Assessment will be held prior to you starting the Course.

Please complete the application on the back of this bulletin and mail or fax it to our Office. We will contact you regarding the scheduling of classes and how to enroll. The cost of this review course is covered by a grant to College of Nursing and Allied Health.

There may be additional requirements in connection with the application and selection process.



# NCLEX-RN Review APPLICATION

Please complete this form and mail or fax it to:

L.A. Health Care Workforce Development Program  
500 South Virgil Ave., Suite 200, Los Angeles, CA 90020

Attn: Irene Latorre, MSN, RN, Implementation Coordinator  
Tel: (213) 639-2231 Fax: (213) 380-0118

\_\_\_\_\_ Please PRINT all information \_\_\_\_\_

<b>Last Name:</b> _____	<b>First Name:</b> _____	<b>Employee #:</b> _____
<b>Home Address:</b> _____		
<b>City:</b> _____	<b>Zip Code:</b> _____	
<b>Home Phone #:</b> _____	<b>Work Phone #:</b> _____	<b>Fax#:</b> _____

If you are a county employee, you must fill in the following information:

<b>Department #:</b> _____	<b>Department Name:</b> _____	
<b>Facility Name:</b> _____	<b>Work Area / Unit:</b> _____	
<b>Work Hours (Start &amp; End Time):</b> _____	<b>Item#:</b> _____	<b>Position/Classification Title:</b> _____
<b>Date of Hire:</b> _____	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	<b>Email Address:</b> _____
<b>Supervisor Name:</b> _____	<b>Supervisor Phone #:</b> _____	<b>Supervisor Fax #:</b> _____

If you are a County employee,  
Please obtain your supervisor's signature to verify your release.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date