



Admission Application for Polanco's NCLEX review

Last Name First Name Middle Initial

S.S. #: XXX - XX - _____ Date of Birth: _____ / _____ / _____

Postal Address:

Phone: () _____ Cell () _____ Polanco's NCLEX Review: \$300.00

E-mail _____ Review date: _____

Company where you works: _____ Phone: _____

IMPORTANT PLEASE READ AND SIGN

A. Reimbursement for Polanco's review:
 PPESPR and The Nurse Network has a no refund policy under any circumstances.

B. Credit for Polanco's review:
 We'll reschedule the date of review only if notified two weeks in advance.

C. Guaranty for Polanco's review:
 I understand that this review will be guaranteed 100% or the next one is free only if you sign and comply with the guaranty contract.

By signing this document provided I accept the terms of the agreement between PPESPR, The Nurse Network and me. I also understand and agree that PPESPR and The Nurse Network can change the date of Polanco's review if necessary.

Deposit payments of \$100.00 must be made before acceptance into Polanco's review course.
 Payments may be made by Check, Money order or Pay Pal. Payment instructions are below:
 Checks, or Money Order: Payee: The Nurse Network, mailed to 653 Main St. Plantsville, CT, USA 06479

Applicant Signature: _____ Date: _____

