



Entrance Exam Sign-Up

Name: _____

Address: _____

Phone: _____

Entrance exam date you are registering for: _____

Entrance exam time you are registering for: _____

Assessment ID from ATI site: _____

(Follow the directions at: <http://www.cspnohio.org/index/entrance-exam>. ***Sign-ups without the Assessment ID cannot be processed.***)

Mail completed form, along with money order (\$40) to : CSPN, 4600 Carnegie Avenue, Cleveland, Ohio 44103