



Southcal Educational Institute

Application for NCLEX Exam Counseling

****Please complete all information below in English *****

Name: (Last)		(First)	(middle)	
Other Name:	Maiden Name:		Birth Day: M	D Y
Address:			Driver License #:	
City	State	Zip	Social Security #:	
Phone: H: ()		W:()	Height: Ft	In Weight: lb
Birth Place	Mother's Maiden:		Eye Color:	Hair Color:
High School:			Your name Used at school:	
School Name _____			Entrance Date: M D Y	
Address _____			Graduation Date: M D Y	
Nursing School 1:			Your name Used at school:	
School Name _____			Entrance Date: M D Y	
Address _____			Graduation Date: M D Y	
Nursing School 2:			Your name Used at school:	
School Name _____			Entrance Date: M D Y	
Address _____			Graduation Date: M D Y	
If you have been applying for the nursing licensure examination in any states of United States before, please describe:				
If you have committed in any criminal activities before, please describe:				
I hereby declare and swear that all information provided by me above is true and accurate. I also authorize Southcal Educational Institute in Los Angeles to be my power of attorney to apply for the California Nursing Licensure Examination for me. I understand that Southcal Educational Institute is not liable for the application result nor my examination result.				
Signature _____ Name _____ 日期 _____				