



SEIU UHW - WEST & JOINT EMPLOYER

EDUCATION FUND

Free NCLEX-RN REVIEW COURSE



July 16, 2011 – Nov 11, 2011

(Saturdays, 9:00am–5:00pm)

Oakland Education Fund

360 22nd Street, Suite 200
Oakland, CA 94612

Am I Eligible?

You must:

- ✓ Be a regular full-or part-time employee eligible for benefits.
- ✓ Work in an SEIU bargaining unit for which the employer makes an Education Fund contribution.
- ✓ Have completed your initial probationary period.
- ✓ **Have received your 'Authorization To Test' (ATT) from the BRN.**



This one-of-a-kind NCLEX-RN Review course is designed for individuals who graduated from their RN program more than a year ago or are foreign-trained.

In this review course you will receive:

- a) Intensive review of med/surg, psych/mental health, pediatrics, and ob/gyn topics.
- b) Comprehensive home-study materials.
- c) Effective test-taking strategies.
- d) Pre- and post- Diagnostic Readiness Test (DRT) for RN Licensure from ATI.
- d) Practice test questions from the National Council of State Boards of Nursing - NCSBN Learning Extension.

Course Duration: 100+ hours of direct instruction.

(The class is free, but students will be required to purchase the class textbook.)

Apply Online at www.seiu-uhweduc.org or
Call 888-872-4606 x 244 for an application or more information.



NCLEX-RN REVIEW CLASS APPLICATION • SUMMER/FALL 2011

To be eligible to apply for the NCLEX-RN Review class, you must meet the following criteria:

- 1) Work in a participating SEIU bargaining unit position for a contributing employer.
- 2) Be a regular full- or part-time employee eligible for benefits.
- 3) Have completed your initial probationary period.
- 4) Have received your 'Authorization To Test' (ATT) (permission from the BRN to sit for the NCLEX exam).

1. GENERAL INFORMATION

*SOCIAL SECURITY NUMBER XXX-__-__	**EMPLOYEE ID NUMBER	LAST NAME	FIRST NAME	MIDDLE NAME
STREET ADDRESS		APT #	HOME PHONE ()	
CITY		STATE	ZIP CODE	WORK PHONE ()
BIRTHDATE _/_/___	SEX	RACIAL ETHNIC BACKGROUND (OPTIONAL) <input type="checkbox"/> AFRICAN AMERICAN/BLACK <input type="checkbox"/> ASIAN/INDIAN SUBCONTINENT <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> WHITE/CAUCASIAN <input type="checkbox"/> OTHER _____		CELL PHONE ()
EMAIL ADDRESS			BEST TIME TO CALL	

2. COURSE INFORMATION

COURSE	DATES/TIMES	LOCATION
NCLEX-RN REVIEW COURSE	<input type="checkbox"/> JULY 16 – NOVEMBER 11, 2011 EVERY SATURDAY (EXCEPT HOLIDAY WEEKENDS) 9:00AM-5:00PM	OAKLAND EDUCATION FUND OFFICE 360 22 ND STREET, SUITE 200 OAKLAND, CA 94612

3. EMPLOYMENT INFORMATION

EMPLOYER		FACILITY	DEPARTMENT
DATE OF HIRE _/_/___	Hrs/Wk	JOB TITLE	
BENEFITTED (OR BENEFIT-ELIGIBLE)? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAGE	SUPERVISOR/MANAGER'S NAME	
SCHEDULE <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME	SHIFT <input type="checkbox"/> NIGHTS <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS	SUPERVISOR'S E-MAIL	
UNION REPRESENTATION (CHECK ONE) <input type="checkbox"/> SEIU UHW-WEST (FORMERLY LOCAL 250/399) <input type="checkbox"/> OTHER : _____		SUPERVISOR'S PHONE ()	

4. CERTIFICATION

I certify that all of the information on this form is true and complete to the best of my knowledge. If asked, I agree to provide substantiation of the information that I have given on this form.

APPLICANT'S SIGNATURE

APPLICATION DATE

***REQUIRED:** Only list the last 6 digits of your social security number

****REQUIRED** Incomplete applications will not be reviewed. If fields are left blank, you will be asked to resend a completed application.

FAX, MAIL or HAND DELIVER APPLICATION no later than July 1, 2011 to:

Lai-San Seto
 Assistant Director of Training
 360 22nd Street, Suite 200
 Oakland, CA 94612
 1-888-872-4606 x 244
 Fax: 1-877-433-0613
 lseto@seiu-uhweduc.org

For more information, call 1-888-872-4606 TOLL FREE