



Receipt # \_\_\_\_\_

Seat # \_\_\_\_\_

**CALIFORNIA STATE UNIVERSITY, LONG BEACH**

**Nursing Department**

**Application for TEAS Test at CSU, Long Beach**

**TIME:** Check in by 8:30 a.m. The Test will be from 9:00 a.m. to 1:30 p.m.

**LOCATION:** Nursing Department

**TEST FEE:** \$30.00—prepaid and non refundable

You may only register for **one** test date at a time.

Tues. Aug. 5, 2008

Wed. Aug. 6, 2008

Thurs. Aug. 7, 2008

Fri., Aug. 8, 2008

Last day to register by mail is two weeks before the test date—

After this date, you may only sign up in person 24 hours before the test date if space is available

**TESTING INFORMATION:**

1. The TEAS is a 4 hour test of essential academic skills. You will be tested on Reading Comprehension, English, Math and Science knowledge. You **will not be allowed** to use a calculator during the test.
2. You may purchase the *TEAS Study Guide* in the University Bookstore at the Info Book Counter or through atitesting.com.

**WHAT TO BRING:**

1. Bring Proof of your ATI Test ID Number
2. #2 pencils
3. Photo Student ID or Driver’s License—You will not be admitted to the testing area without proper ID.

**TESTING RESULTS INFORMATION**

1. Your results will be available approximately 96 business hours after your test time.
2. You may access your test results at **www.atitesting.com**
3. Your ati testing ID number is your logon.

**REGISTRATION INFORMATION**

1. You may come to the Department of Nursing, Room 17 to register for the test. At the time you register, you must pay by cash or money order, made payable to CSULB, Department of Nursing. Be sure to indicate on money order the test date and your telephone number

2. Or you may mail this form two weeks before date with a **MONEY ORDER** or **CASHIER’S CHECK** to  
**CSULB Long Beach Nursing—TEAS TEST**  
**1250 Bellflower Boulevard**  
**Long Beach, CA 90840-0301**

3. **SPECIAL INSTRUCTIONS: You must obtain your ATI Paper and Pencil Testing ID prior to submitting this application. Go to atitesting.com and obtain this number. You cannot test without it.**

Name \_\_\_\_\_ ATI Test ID # \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

**I understand this registration fee is non refundable and non transferable.**

Signature: \_\_\_\_\_

**WE CANNOT ACCEPT PERSONAL CHECKS—ONLY CASH OR MONEY ORDERS WILL BE ACCEPTED.**