

Toledo Public Schools
 Adult & Continuing Education

3281 Upton Avenue
 Toledo, OH 43613
 Phone: 419-671-8700
 Fax: 419-671-8704
 email: tpsLPN@TPS.org

<http://www.tps.org/find-your-school/career-tech/adult-education.htm>



LPN Program Start Dates

TEAS-VI Test Dates 2019

Monday, April 1, 2019

Wednesday, March 6, 2019

Monday, July 8, 2019

Wednesday, April 10, 2019

Wednesday, May 1, 2019

Wednesday, May 15, 2019

Wednesday, June 5, 2019

Monday, September 30, 2019

Wednesday, July 17, 2019

Wednesday, July 31, 2019

Wednesday, August 14, 2019

Wednesday, August 28, 2019

Tuesday, January 7, 2020

Wednesday, October 9, 2019

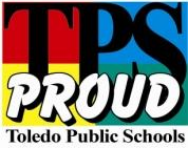
Wednesday, October 23, 2019

Wednesday, November 6, 2019

Wednesday, November 20, 2019

*Test dates are subject to change.

****The Licensed Practical Nursing program follows the schedule of Toledo Public Schools regarding closure due to holidays and weather-related conditions. In adverse weather conditions the day of the test, please check to see if Toledo Public Schools issued a two-hour delay or cancelled.**



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TEAS Registration Form

- Pre-registration is required. Testing is scheduled on a first come, first served basis.
 - A score of 47% is needed to successfully pass the exam.
 - The TEAS test is given at 8:00 AM. Please arrive by 7:45 AM
 - A current valid photo ID will be needed to test.
 - The exam last approximately 3 ½ - 4 hours.
 - Your TEAS Test score is good for two years.
 - An applicant may reschedule a test date one time only.
 - A No Call/No Show will result in forfeiture of test fee.
 - If you already have an account with ATI Testing.com, please have your login information available to take the test.
- COST: \$65 (Non-refundable fee)
 - PAYMENT METHOD: Money Order Only
 - (No personal checks or debit cards accepted)
 - Money orders should be made **payable to: TPS Adult Education**

*** FOR OFFICE USE ONLY ***

Name: _____

Date Paid: _____

Test Date: _____

Signature: _____

When the registration form is received with payment, the applicant will be notified and scheduled for the next available test date of their choice.



(keep top half for your records)



Licensed Practical Nursing Program TEAS Test Registration

Please complete (print) all information below, and submit with payment to the school address (listed above).

Name: _____

Address: _____

City/State/Zip: _____

Phone # _____ Social Security #: _____

E-mail Address: _____ Date of Birth: _____

Retake? Yes No If yes, when/where? _____

FOR OFFICE USE ONLY

Testing Date: _____

Date Paid: _____

Rec'd By: _____