

**East Arkansas Community College  
Allied Health Science Department  
Entrance Exam Form**

**Applicant's Name:** \_\_\_\_\_

\_\_\_\_\_  
(Please Print)

**Student ID Number:** \_\_\_\_\_

**Instructions:**

1. Complete this form and submit to EACC Cashier (located in the EACC Student Center) along with the appropriate payment for Entrance Exams.
2. Return this form, along with a copy of receipt, to the Department of Allied Health Science to schedule exam date(s). **Applicants will not be allowed to schedule or take Entrance Exams prior to providing proof of payment for Entrance Exam(s).**
3. **Exam Fees are not refundable.**
4. Please mark the program in which you wish to take the entrance test(s). If you are applying for more than one program, you do not need to pay for the ATI Critical Thinking Entrance Exam twice.

\_\_\_\_\_ **Nursing Program (Traditional)** (Total \$50)

- A. ATI Critical Thinking Entrance Exam
- B. PSB Entrance Exam

\_\_\_\_\_ **Nursing Program (LPN Accelerated Track)** (Total \$50)

- A. ATI Critical Thinking Entrance Exam
- B. PSB Entrance Exam

\_\_\_\_\_ **EMT- Paramedic Program** (Total \$23)

- A. ATI Critical Thinking Entrance Exam

\_\_\_\_\_ **Radiologic Technology Program** (Total \$23)

- A. ATI Critical Thinking Entrance Exam

\_\_\_\_\_ **Medical Assisting Technology Program** (Total \$23)

- A. ATI Critical Thinking Entrance Exam

\_\_\_\_\_ **Occupational Therapy Assistant Program** (Total \$23)

- A. ATI Critical Thinking Entrance Exam