

**DIMAN REGIONAL SCHOOL OF PRACTICAL NURSING**  
251 STONEHAVEN ROAD  
FALL RIVER, MASSACHUSETTS 02723  
Phone: (508) 672-2970  
Fax: (508) 672-2973 email: [bpitera@dimanregional.org](mailto:bpitera@dimanregional.org)

**PRE-ENTRANCE EXAMINATION FOR THE PRACTICAL NURSE PROGRAM**

**PLEASE READ FORM AND FOLLOW DIRECTIONS**

**AS OF AUGUST 1, 2008, THERE HAVE BEEN SIGNIFICANT CHANGES IN THE TESTING PROCESS**

Diman Regional School of Practical Nursing is pleased to announce a change in the vendor of our Pre-Admission Test to Assessment Technologies Institute (ATI)

**IF YOU HAVE PREVIOUSLY APPLIED TO TEST OR HAVE TESTED IN THE PAST, You will now be required to take the Test of Essential Academic Skills (TEAS) test.**

**Prior to taking the test**, applicants are required to create an ATI account. They may do this by going to [www.atitesting.com](http://www.atitesting.com), clicking on **Create New Account** and following the screen prompts. After registering on this site, tester ID # will be displayed under **Account Information**. At this point applicants are able to print a copy of their ID#. This will serve as admission identification for scheduled test date. **No tester will be admitted without bringing with them this ATI ID # and signed photo identification.** Testers need to register only once for ATI ID.

Test preparation products are available to applicants. Books may be purchased at the school for \$40.00. Please check our website [www.dimanregional.org](http://www.dimanregional.org) for dates for our next scheduled TEAS Prep Course. You can also refer to the vendor's website [www.ati.testing.com/onlinestore](http://www.ati.testing.com/onlinestore) for product/purchase information. **There is an additional charge for these products and classes.**

- **PAID** Applications **must** be received by the school **prior** to booking test date.
- Pre-Entrance Examination Testing for the **August 2010 full time day and August 2010 part time evening program** of Diman Regional School of Practical Nursing began October 2009 and will continue through February 2010. March 2010 test dates to establish waiting list consideration will be on:

- |              |                |          |
|--------------|----------------|----------|
| 1. Tuesday   | March 30, 2010 | 12:30 PM |
| 2. Wednesday | March 31, 2010 | 4:00PM   |

**Testing on these dates will be used only to establish a wait list for 2010 consideration.** Applicants requesting special accommodations are asked to notify the office **prior** to scheduling test.

**PARKING: 12:00PM Testing:** Student parking lot off Stonehaven Rd.

Enter Main High School Building through door #1 and follow signs to new Practical Nurse building. **DO NOT PARK IN NUMBERED PARKING SPACES, IN THE FLAG CIRCLE OR ALONG THE FENCE**

**4:00PM Testing:** North on Stonehaven Rd., pass main driveway and turn right at the next one. Building will be at end of driveway. South on Stonehaven Rd. **turn left at first driveway.**

**FEE: \$35.00 –Test fee payable day of Examination. This is in addition to previously submitted application fee. Please have exact amount in CASH or CERTIFIED CHECK (NO personal checks will be accepted)**

Check payable to: Diman Regional School of Practical Nursing  
**DO NOT** send money with notice of intention to test!

**NOTE:** This is a closed-examination. The door will be locked at time specified for each test. **There will be NO late admits/no exceptions.** It is requested you arrive **at least** 15 minutes early for processing. **No tester will be admitted without a printed ATI ID # and signed photo identification.**

\*These dates are on a first-received, first-placed basis. We will only accommodate 30 applicants per date. Paid application must be on file to test, no walk-ins. Please return form as soon as possible. You will **only** be notified if there are **NO** spaces available for the date chosen. Please do not call the school to ask for verification of receipt of request.

**EXAM TIME - APPROXIMATELY 3 ½ HOURS**

---

(Cut off and return to school as soon as possible)

I plan to attend the Diman Regional School of Practical Nursing pre-entrance examination on:

- |              |                |          |
|--------------|----------------|----------|
| 1. Tuesday   | March 30, 2010 | 12:30 PM |
| 2. Wednesday | March 31, 2010 | 4:00PM   |

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Day Phone Number: \_\_\_\_\_