

Buszta NCLEX Review 2018

Renee Buszta, RN, BS, MEd & Tina Raftery, RN, BS, MS

June 25, July 2, 9, 16, 23	9:00am – 5:00pm	FULL Except to Trumbull
KSU Trumbull, 4314 Mahoning Ave. NW, Warren, Ohio 44483		
June 26, 28, July 3, 5, 10, 12, 17, 19	9:00am – 1:00pm	Groupies Welcome/CVCC
Knights of Columbus Hall (KOC), 10806 Granger Rd., Garfield Hts., Oh, 44125		
June 27, July 4, 11, 18, 25	9:00am – 5:00pm	Space Limited/CVCC
Buszta Review Building, 5637 Turney Rd., Garfield Hts., Oh 44125		
June 29, July 6, 13, 20, 27	9:00am – 5:00pm	KENT ADN Priority
KSU E. Liverpool, 400 E. 4 th St., E. Liverpool, Oh 43920		
August 27, 29, 31, Sept. 5, 7, 10, 12, 14	9:00am – 1:00pm	Space Limited
Buszta Review Building, 5637 Turney Rd., Garfield Hts., Ohio 44125		
August 21, 28, Sept. 4, 11, 18	9:00am – 5:00pm	KSU Twin Bridge ONLY
Buszta Review Building, 5637 Turney Rd, Garfield Hts., Oh 44125		
September 17, 19, 21, 24, 26, 28, Oct. 2, 4	4:00 – 8:00pm	Herzing Priority
Herzing University Akron, 1600 S. Arlington St., Akron, Ohio 44306		
October 1, 3, 5, 8, 10, 12, 15, 17	9:00am – 1:00pm	Space Limited
Buszta Review Building, 5637 Turney Rd, Garfield Hts., Oh 44125		

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Registration Form

Please send this completed form with your Non Refundable \$50.00 deposit/money order ONLY. **WE DO NOT ACCEPT PERSONAL CHECKS!!!** If you enclose a self-addressed stamped envelope you will receive a confirmation via mail. If one is not enclosed we will send you a confirmation via email. **Your remaining \$400.00 is due the FIRST DAY of CLASS ~ cash or money order only. Please print clearly when writing your email address down. Certified MAIL Registrations are not accepted & will not be picked up from the post office!!!!**

Made out & Sent to: Helping Hands R Us, LLC
5910 Hollywood Dr.
Parma, Ohio 44129
(440)843-3653 or rnsign4u@att.net

We will respond to you about 3 weeks after receiving your registration. Class size is limited so register early. Please **do not** inquire about availability of a class - if it is full we will post it on our website.

Complete and mail with enclosed SELF ADDRESSED STAMPED ENVELOPE and money order to above address:

Name: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Cell: _____
E-mail: _____
School of Nursing: _____ RN or LPN _____
Date of Completion: _____

*****If you have already taken the NCLEX and were not successful email us BEFORE completing this registration*******

Mark the line before the date with the numbers 1 and 2 to indicate your first and second choices.

FULL 6/25 9am – 5pm KSU Trumbull

_____ 6/26 9am – 1pm KOC

_____ 6/27 9am – 5pm Buszta Review Building

_____ 6/29 9am – 5pm KSU KSU-East Liverpool

_____ 8/21 9am – 5pm Buszta Review Building

_____ 8/27 9am – 1pm Buszta Review Building

_____ 9/17 4pm – 8pm Herzing

_____ 10/1 9am – 1pm Buszta Review Building

Office use only: Date entered _____ MO _____