


How to Pay with Individual Payment

If you are not a current user on www.atitesting.com you need to setup a new account. This will allow you access to the student portal to complete a purchase at ATI Allied Health's online store. Please follow the steps below to setup a new account.

1. Go to www.atitesting.com
2. Click on the "Create an account" button, located below the password field in the Secure Sign On area.

The screenshot displays the ATI Nursing Education website. At the top, there is a search bar and navigation links: "Create an Account", "Online Store", and "Contact Us". The main header features the ATI logo and a quote from an Associate Dean. Below the header, the navigation menu includes "About ATI", "ATI Product Solutions", "ATI Resources", and "Secure Sign On". The "Secure Sign On" section contains a login form with fields for "Username" and "Password", a "GO" button, and links for "Forgot username and/or password?" and "Create an account". A red arrow points to the "Create an account" link. Below the login form, there are two "Important!" notices: one about technical requirements and another about Silverlight software.

Search [Create an Account](#) | [Online Store](#) | [Contact Us](#)

 **Customer Service is what sets ATI apart. We have never had a concern that was not addressed or a question that was not answered.**
Associate Dean, mid-sized BSN program located in the Northeast

[About ATI](#) [ATI Product Solutions](#) [ATI Resources](#) [Secure Sign On](#)

High Performance Tools Educators Need To Succeed
ATI Nursing Education is what nurse educators need to do their jobs and do them really well. As the nation's preeminent e-learning provider, ATI offers programs that are instrumental in improving faculty, student and program outcomes. With our programs, educators have the power to augment curriculum, revamp courses and faculty development, improve student tests outcomes and lower attrition rates.
[Learn More](#)

Our Customer Service Is Better Than Customer Service
Or so we've been told. "Awesome." "Wonderful." "They go above and beyond." "My ATI rep fixed a problem that wasn't even hers to fix." Those are just a few comments from our clients about our passionate service team. Our programs and tools are renowned, but it's our people who truly make the difference. And it shows. Right now, we're working with more than 20,000 nurse educators, 2,100 colleges and universities nationwide and 225,000 students. And counting.
[Learn More](#)

Secure Sign On

Username

Password

[Forgot username and/or password?](#)
[Create an account.](#)

Important!
[Click here to view our full list of technical requirements.](#)

Important!
You must have the free Silverlight software on your computer (if you don't have it already) in order to open the new Faculty and Student home pages and resources. Please [click here](#) before you attempt to log in to install it or determine if you already have it on your computer.

3. The following screen will appear. Fill in all of the blue fields. Blue fields are required information necessary to create a new account.

ATI NURSING EDUCATION

atitesting.com | Online Store | Contact Us | Log In

Welcome Again!
This is a secure page, and transfer of the information to ATI is encrypted for your protection. Complete student/employee data are needed to provide accurate reporting information for schools and employers.
Items in **blue** are required.
For your added security, please upgrade your profile information before continuing:
• Enter three (3) **security questions** for retrieving your password
• Enter the **Student/Employee ID** your institution has given you

Personal Information

First Name:

Middle initial:

Last Name:

User Name:

* Username may contain a-z, 0-9, dots(.), underscores and @.

Email:

Confirm email:

* Your email address is required to retrieve a forgotten username/password via email.
Enter new password:

Confirm new password:

* Maximum password length is 16 characters.

Password Retrieval

Specify three security questions that you must answer if you forget your password.

Security question 1:

Your answer:

Security question 2:

Your answer:

Security question 3:

Your answer:

Institution

Institution:

Select Institution...

Student/Employee ID:

Credentials:

For example, PhD, RN, BSN, MSN, MS, NP, AACN

☒ **Non-degree seeking:**

Expected Graduation Month / Day / Year:

* Required unless "Non-degree seeking" above is checked.

Home

Country:

Address 1:

Address 2:

Address 3:

City:

State/Province, Zip/Postal Code:

Phone:

Demographics

Gender:

Primary language:

Race:

☐ Other
☐ Caucasian/White
☐ African American/Black
☐ Native American
☐ Hispanic
☐ Asian

Birth date:

Subscriptions, Updates & Notes

ATI does not share personal information with any third party without your permission. By creating an Account on the ATI website, you are giving ATI permission to allow the Institution that has arranged for the use of ATI products the ability to view scores affiliated with that Institution and the ability to look up students' usernames and passwords in the event that a student forgets. We will share info with you regarding your account, as well as ATI Nursing-specific products and services, events and updates. If you do not wish to receive any of the above correspondence from us, including info regarding your account, you may opt out by deselecting the box below. For more details, please read ATI's [Privacy Policy](#).
Would you like to receive communications from ATI, its affiliates or partners regarding sweepstakes, discounts and other offers, market research, and relevant product updates?

☐ Yes, I consent to ATI using and sharing my information so that I can receive such communication described above.

User Terms and Conditions

ASSESSMENT TECHNOLOGIES INSTITUTE, LLC

USER TERMS AND CONDITIONS

THE USER TERMS AND CONDITIONS SET OUT BELOW ARE A LEGAL AGREEMENT

☐ Yes, I Agree. I have read and understand the ATI User Terms and Conditions, and agree to be bound by all of the terms, conditions and policies described therein, including, but not limited to, the following specific consents:

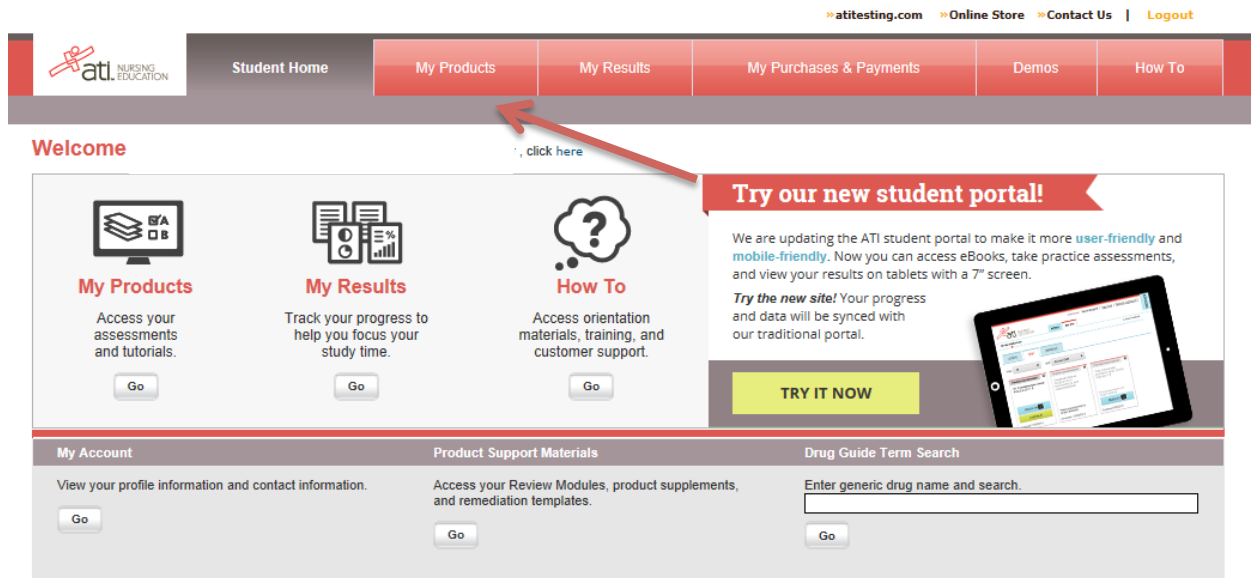
I consent to the transmission and transfer of my personal information, into the United States, to be processed, stored and maintained on or through ATI servers located in the United States, as described in the "Use of Data" section, above; and

I consent to the collection, use and disclosure of my data, for the purposes described in the "Use of Data" section, above.

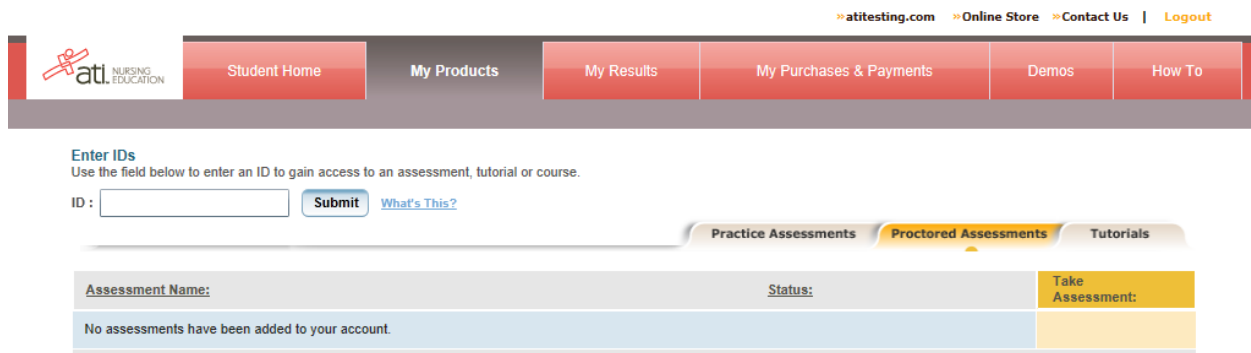
Cancel Register

Click the "Register" button. You will be directed to your home page.

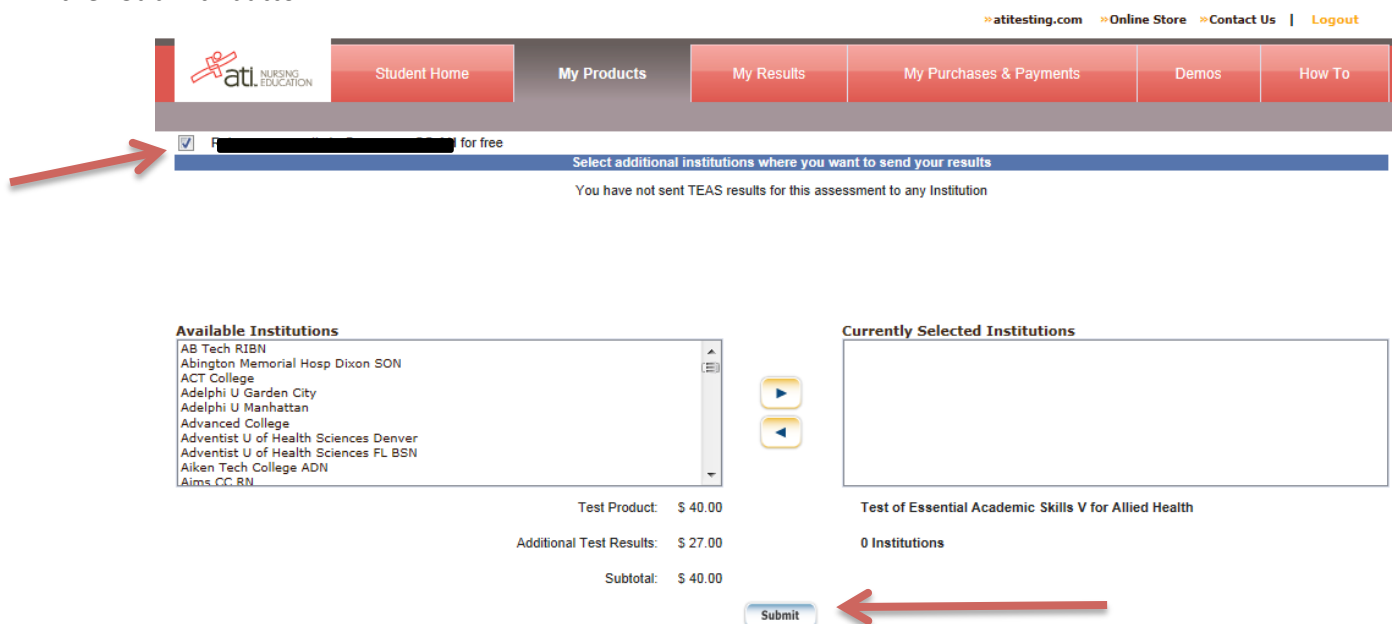
5. On the day of the assessment, the proctor will ask you to log into your www.atitesting.com account. Then you will click on “My Products” tab.



6. Enter the Assessment ID under Enter IDs on the My Products page.




7. You may be asked if you would like to have your results sent to another institution other than the one in the check area. If you only want the selected institution to receive your results you may skip this section by clicking on the “Submit” button.



8. You will be prompted to enter your credit card information, once finished click Process Card.

[»atitesting.com](#) [»Online Store](#) [»Contact Us](#) | [Logout](#)



Student HomeMy ProductsMy ResultsMy Purchases & PaymentsDemosHow To

Items written in BLUE, below, are required.





In order to ensure the accuracy of your order, please complete all address information accurately, including the words "Street", "Avenue" or "Road" (or the equivalent abbreviation) where needed.

Name As It Appears On Card:	First Name:	MI:	Last Name:
Credit Card Billing Address 1:			
Address 2:			
Address 3:			
City, State/Province:			Select
Postal Code, Country:		USA	
<input type="checkbox"/> Same as Billing Address			
Ship To:	First Name:	MI:	Last Name:
Shipping Email:			
Shipping Phone:			
Shipping Address 1:			
Address 2:			
Address 3:			
City, State/Province:			Select
Postal Code, Country:		USA	

Check Out

Subtotal:	\$40.00
Taxes:	\$0.00
Total:	\$40.00

Please enter your credit card number and your card's expiration date below.



Credit Card Number:			
Expiration Date:	Month	Year	
CVV Number:			
Name As It Appears On Card:	First Name:	MI:	Last Name:
Credit Card Billing Address 1:			
Address 2:			
Address 3:			
City, State/Province:		Arizona	
Postal Code, Country:		USA	

Back to Address InformationSubmit Order