

Professional Healthcare Educators

State and Certified by the State of Hawaii

1286 Kalani St. B-204, Honolulu, HI 96817 / Tel:(808)847-3366 / www.phe-hawaii.com



MyCAA Application – Course Code CNA001

Course Title: Nursing Assistant Training Program

This Enrollment/agreement, is between the above named school and:

STUDENT NAME: Last: _____ First: _____ MI _____

Complete Address: _____ City: _____ Zip: _____

Home Phone:(____) _____ Cell:(____) _____ Photo ID ___ Last 4 digit of SS# _____

We may ask: how did you find us? Newspaper: ___ Friend/Family: ___ Internet: ___

Email address: _____

Start Date: _____ End Date: _____ Day / Evening / Weekend

The school agrees to provide the following training:

Course or program title: Nurse Assistant Training program

Approved and Certified by the State of Hawaii

Course Code: CNA001 (Covered by MyCAA)

Training Cost (covered by MyCAA)

Tuition **\$865.00**

Included:

- BLS (CPR-AED) + First Aid
- Blood Borne Pathogen Training
- Clinical Lab and Practicum
- Supplies and materials
- Basic Medical Terminology
- Criminal Background check

Total Cost of Course (CNA001) **\$865.00**

Student Fees (NOT covered by MyCAA)

- Textbook \$ 60.00
- Scrub Uniform \$ 25.00
- Sales Tax (4.712%) \$ 5.00

Total Student fees **\$ 90.00**

All Forms of Payment *Accepted (Cash, Check, Credit & Debit Cards)*

Note: An additional fee of 4% will be charged to you if paid with Credit or Debit

Agreement is binding:

This agreement will be binding only when it has been fully completed, signed and dated by the student and an authorized representative of the school prior to the time instruction begins.

Drop Policy Charge: Refund Charge For cancellations up to:

25% From 3 to 7 days before class starts

50% From 1 to 2 day(s) before class starts

100% Day of Class or thereafter- No Refund

Full Refund if class is cancelled

There is \$60.00 cancellation fee to cover administrative costs and returned book.

Effective date of acceptance:

I hereby agree to abide by the conditions set forth herein. That I am 18 years of age or older, a high school graduate or equivalent, and of no criminal record.

Print Name _____ Sign _____ Date _____

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School representative _____ Date _____

For office use only: Book _____ CPR/FA _____ E-Crim _____