

Professional Healthcare Educators

SKILLS REVIEW CLASS /Nurse Aide

1286 Kalani St. B-204, Honolulu, Hawaii 96817 / Tel:(808)847-3366



Student Name: PRINT Last: _____ First: _____ MI _____

Complete Address: _____

Phone (____) _____ Cell: (____) _____

Email address: _____

Training Course Completion Date: _____ (Submit/show original certificate of completion)

Review Class Date/s: _____

Agreement is binding: This payment is good ONLY for the date you are scheduled, so please pay attention to the instructor during the review. You need to pay again if you want to join another REVIEW CLASS.

Student Signature: _____ Date: _____

School Representative: _____ Date: _____