

Professional Healthcare Educators

WRITTEN REVIEW /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: _____

Review Class Date/s: _____

(Written review is anytime between 9a-5p as long as there is no Prometric Testing going on in our Dillingham location. We give you the test, 120 questions. Once you are done, we give you the answers, and you correct your own. Go over your answers and study your mistakes. Then retake the same test, or just your mistakes. You can come back as many times as you want for the written review. No limit. All we ask you is to call us first just to make sure that we don't have anything going on the day you are coming in. We can't give you a copy or let you bring the test home.)

Student Signature: _____ Date: _____

School Representative: _____ Date: _____