

Professional Healthcare Educators

1286 Kalani St. B-204, Honolulu, Hawaii 96817

NURSE AIDE RECERTIFICATION APPLICATION FORM



Course Title: CNA Competency/Proficiency Evaluation
Approved and Certified by the State of Hawaii Department of
Human Services, Med-Quest Division

FEE: \$150.00

PRINT ONLY PLEASE:

Last: _____ **First:** _____ **MI** _____

Address: _____ **City:** _____ **State:** _____ **Zip** _____

Phone/Cell _____ **Last 4 digit SS #:** ____ - ____ - ____ - ____

CNA License: HI ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ **Exp. Date:** ____/____/____
Month Date Year

Course Description: 24hrs lecture/discussion/clinical

Requirements:

Copy of current CNA certificate,
Employed as a CNA in a State Approved Facility (at least 8 hours)
and verified by qualifying employer to get recertified
Photo identification
Last 4 digits of Social Security number

Payment Policy: Tuition and/or fees must be paid in full at time of registration. All forms of payment accepted (cash, certified check, credit & debit cards). Make checks payable to Professional Healthcare Educators. An additional fee of 6% will be charged to you if paid with credit or debit card.

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.

Changes in the agreement:

Any changes in the agreement will not be binding on either the student or the school unless such changes are acknowledged in writing by an authorized representative of the school and by the student. We reserve the right to cancel classes for any reason or postpone classes due to insufficient enrollment. Every effort will be made to notify you of a cancelled class well in advance. If we cancel a class you will receive a full refund of the class fee. In the event that you decide to cancel, a full refund may be given if a written or personal cancellation is received at least 3 working days prior to start of class. No refund granted after.

Effective date of acceptance:

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

Signature: _____ **Date:** _____