

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

MyCAA Application – Course Code CNA001

Course Title: Nursing Assistant Training Program



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

PRINT STUDENT NAME: _____

Complete Address: _____

Day Phone: () _____ Photo ID____ Last 4 digit of SS# _____

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

Email address: _____

School Location: Honolulu ___ Waipahu ___ AM ___ PM ___ Weekends ___ Class Date: _____

The school agrees to provide the following training:

Course or program title: Nurse Assistant Training program

Approved and Certified by the State of Hawaii

Total \$1579.00

- ❖ Book
- ❖ Handouts
- ❖ Uniform (1 set of scrub)
- ❖ Basic Life Support with American Heart (CPR/AED)
- ❖ Supplies and materials
- ❖ Licensing exam (1 time)
- ❖ Criminal Background check
- ❖ Blood Borne Pathogen
- ❖ Basic Medical Terminology
- ❖ Insurance
- ❖ Clinical at the Palolo Chinese Nursing Home

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:

*If an applicant has put down more than the required \$400.00 deposit he/she is eligible to obtain a refund as long as he/she has turned in a REFUND REQUEST FORM prior to 10 (ten) working days before the start of the class initially applied for. \$20.00 will be assessed as a processing fee.

100% Day of Class or thereafter- No Refund

Full Refund if class is cancelled

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 or equivalent, and of no criminal record.

Print Name _____ Sign _____ Date _____

School representative _____ Date _____

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

By: _____ Date: _____

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PHLEBOTOMY CLASS

MyCAA Application Form – Course Code: 132064

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

PRINT LEGIBLY



Last Name: _____ First Name: _____

Address: _____ City _____ Zip Code: _____

Day Phone:() _____ Last 4 digit of SS# _____

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

Email address: _____

School Location: Honolulu ___ Waipahu ___ AM ___ PM ___ Class Date: _____

The school agrees to provide the following training:

Course or program title: **PHLEBOTOMY CLASS/TRAINING**

Tuition Fee: \$1689.00

Training /class includes:

- ❖ Book
- ❖ Uniform
- ❖ Supplies
- ❖ Handouts
- ❖ Materials
- ❖ BLS (CPR-AED) with American Hearth
- ❖ National Certification through American Education Certification Association (AECA)

We need TB Clearance and HEP B shot record. Initial: _____

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.

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 or equivalent, and of no criminal record.

Print Name _____ Sign _____ Date: _____

PHE School representative _____ Date: _____

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For office use only: Book _____ CPR/FA: _____ Uniform: _____

By: _____ Date: _____