

Professional Healthcare Educators

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

NURSE AIDE CLASS APPLICATION FORM



Course Title: Nursing Assistant Training Program / Approved and Certified by the State Of Hawaii

PRINT LEGIBLY:

LAST NAME: _____ FIRST NAME: _____ MI: _____
(Name above will be the one printed on the certificate/s)

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

Cell Phone: () _____ - _____ Last 4 digit of SS# _____ - _____ - _____
 We may ask: how did you find us? Newspaper: _____ Friend/Family: _____ Internet: _____

Email address: _____

School Location: _____ Class Date: _____

The school agrees to provide the following training:

Note: State Licensing Fee of \$250.00 is not included

OPTION 1

(Without BLS or CPR/EAD and First Aid)

- Books
- Handouts/materials course documents
- Uniform (1 SET) Royal Blue in Color
- Supplies/Materials
- Blood Borne Pathogen
- Student Liability Insurance
- Clinical (Skills) Lab and Practicum

TOTAL: 998.00 + 4%tax (\$39.92) = \$1037.92

Note: We reserved the right to reschedule a scheduled class if less than eight (8) students are enrolled. Once a deposit/payment is received, no refund is allowed

OPTION 2

(WITH BLS or CPR/AED and First Aid)

- Book
- Handouts/materials course documents
- Uniform (1 SET) Royal Blue in Color
- Supplies/Materials
- Blood Borne Pathogen
- Student Liability Insurance
- Clinical (Skills) Lab and Practicum
- American Heart Assc. CPR or BLS
- BLS Provider (Hospital use or need)
- or
- Heartsaver CPR/AED and First Aid

TOTAL: \$1108 + 4%tax (\$44.32) = \$1152.32

Less: Registration fee (Initial Payment).....\$400.00 * **(Non-refundable) Signature:** _____ **X**
 If using debit or credit card 6% surcharge will be added. Balance must be paid in full on or before the class ends.

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: Initial: _____ **X Date:** _____ **X**

*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 X _____ Sign X _____ Date X _____

School representative _____ Date _____

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

Deposit: _____ Balance: _____ Date Paid: _____