

Healthcare School of Hawaii, LLC
98-025 Hekaha St. Suite 4 Bldg 4, Aiea, Hawaii 96701
Website: healthcareschoolofhawaii.com
E-mail: hsch@hawaii.rr.com
Tel 808-488-9449

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

Student Name: First _____ Last _____ MI _____
(Please Print)

Address: _____

Phone: () _____ **Cell/Other:** () _____ **Email:** _____

Emergency Contact: Full Name _____ **Relation:** _____
Phone: () _____

Are you interested in attending In-Services for Continuing Education? (Please Circle One) YES NO

How did you find us? Friend/Family: _____ Website: _____ Other: _____

CNA Certification Number: _____ **Expiration Date:** _____

Last four (4) digits of SSN: _____

Course Description: Eight (8) hours lecture/discussion at Healthcare School of Hawaii in Aiea

Requirements:

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

Tuition: \$100.00

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 Healthcare School of Hawaii, LLC. An additional fee of 4% will be charged to you if paid with credit or debit.

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:** _____

Office use only:

School representative: _____ Date: _____