CNA SOLUTIONS CENTER "Getting You to the Next Level"

Phone: 808-728-0323 · Email: cnasolutions22@gmail.com

APPLICATION FORM

Last Name	First Name	MI	Date of Birth

Address:	City	State, Zip code	SS No.

Cellphone No. Emergency Contact | Relationship | Contact #

Email Address: [ ] Day [ ] Night Selected Class Dates:

***Name below will be the one printed on the certificate. PRINT LEGIBLY:**

The school agrees to provide the following training:
Course or program title: **NURSE ASSISTANT TRAINING PROGRAM,**
Approved and Certified by the State of Hawaii
NOT INCLUDED: State Certification/Licensing Exam under PROMETRIC

NOTE: We reserve the right to reschedule class DUE TO LOW ENROLLMENT

Tuition and Fees: $ 1200.00

- ☐ Blood Borne Pathogen Training
- ☐ Basic Medical Terminology
- ☐ Criminal Background Check
- ☐ Supervised Practical Training
- ☐ American Heart Association First Aid & CPR
- ☐ Book/Handouts
- ☐ Supplies/Materials
  - ❖ **Optional: BLS Class $80.00**

*De**posit**/Initial Payment

- ☐ $300.00 **Signature: x**_____

*Using Debit or Credit Card 2.5% surcharge will be added
*Payment Payable to: **CNA Solutions Center**

Program Requirements for Safety Environment

- ✔ 18 years of age and older
- ✔ High School Diploma or GED Equivalent
- ✔ Able to read, write, and communicate in English Language
- ✔ Valid Photo ID Card
- ✔ Physical Exam
- ✔ TB Test within 1 year
- ✔ Current X-Ray (with the year), if your skin test is positive (must complete TB Clearance Form- form to use available)
- ✔ COVID Vaccination / Card
- ✔ All Students are required to wear scrub uniforms and covered shoes.

Agreement is Binding:
All of the requirements are to be fully completed, signed, and dated by the student and by an authorized representative of the school before the class begins.

Refund Charge for Cancellation: Initial _____ Date: _____
A student is eligible to obtain a refund as long as the student turns in the REFUND REQUEST FORM prior to 7 business days before the start of the class. $50.00 will be assessed as processing fee, non- refundable.
100% Day of Class or thereafter – NO REFUND.

Date of Acceptance:
I hereby agree to abide by the conditions set forth herein. I declare that I am 18 years old of age or older, and met Program Requirements

Print Name: _____ Signature: _____ Date: _____

School Representative Name: _____ Date: _____

For office use ONLY:

Book_____ CPR/FA_____ BLS_____ BBP _____ Deposit _____ Full Paid _____

By _____ Date: _____