



# CNA SOLUTIONS CENTER

"Getting You to the Next Level"

PHONE: 808-744-0454; 808-381-7721 • EMAIL: cnasolutions2@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**

<p><b>Tuition and Fees: \$ 1200.00</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Blood Borne Pathogen Training</li> <li><input type="checkbox"/> Basic Medical Terminology</li> <li><input type="checkbox"/> Criminal Background Check</li> <li><input type="checkbox"/> Supervised Practical Training</li> <li><input type="checkbox"/> American Heart Association First Aid &amp; CPR</li> <li><input type="checkbox"/> Book/Handouts</li> <li><input type="checkbox"/> Supplies/Materials</li> </ul> <p>◆ <b>Optional: BLS Class \$100.00</b></p> <p>*Deposit/Initial Payment</p> <p><input type="checkbox"/> \$300.00 <b>Signature: x</b> _____</p> <p>*Using Debit or Credit Card 2.5% surcharge will be added        *Payment Payable to: <b>CNA Solutions Center</b></p>	<p><b>Program Requirements for Safety Environment</b></p> <ul style="list-style-type: none"> <li>✓ 18 years of age and older</li> <li>✓ High School Diploma or GED Equivalent</li> <li>✓ Able to read, write, and communicate in English Language</li> <li>✓ Valid Photo ID Card</li> <li>✓ Physical Exam</li> <li>✓ TB Test within 1 year</li> <li>✓ Current X-Ray (with the year), if your skin test is positive (must complete TB Clearance Form- form to use available)</li> <li>✓ COVID Vaccination / Card</li> <li>✓ All Students are required to wear scrub uniforms and covered shoes.</li> </ul>
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**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:** \_\_\_\_\_