

Healthcare School of Hawaii, LLC
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Review Class

Preparation for Hawaii State Nurse Aide Certification Exam

About the Review Class

The Review Class will be a 2-day session for 4 hours each day. Only eight (8) students will be accepted for each 2-day session.

The Review Class will consist of an updated skills review with the current requirements, hands-on practice for all 22 skills that are part of the clinical skills test, and practice written tests consisting of topics and content covered in the written test portion of the certification exam.

Review Class Fee

- HSCH students/ Non-HSCH students - \$150

Note: If you completed your Nurse Aide course more than two (2) years ago, it is recommended that you repeat the course

Note: Fees must be paid at the time of registration.

Review Class Requirements

Registration cannot be completed over the phone and must be done at our office. Please bring original or copy of your Nurse Aide Training Certificate of Completion. As you register for the class, you will be given two (2) options to obtain the Prometric Documents:

Option 1) Go to: www.prometric.com/nurseaide/hi

Print out the following documents under “Candidate Information”

- Hi Nurse Aide Application
- Clinical Skills Checklist
- Written Test Content Outline
- Actor Questionnaire
- General Instructions for Taking the Clinical Skills Test

Print out the following documents under “Employer/Training Program Information”

- Indirect Care Behaviors
- Clinical Skills Timing Information

Option 2) Purchase all necessary documents from HSCH for \$5.00 at time of registration.

Note: You must read through these documents **PRIOR** to your Review Class so that you are familiarized with the changes. There is already too much to be covered within the review session.

Please remember that it is your responsibility to do your own individual study for the state certification exam. When you come in for the review class, we expect you to be competent in your knowledge of content and ability to perform skills. The certification exam may have changed, but the skills are standard, unchanging procedures. Please read your book, and review your handouts and notes from your training course so that you will be well prepared for your Review Class.

Review Class Application Form

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

Address: _____

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

E-mail: _____

Emergency Contact: Full Name: _____ **Relationship:** _____

Phone: () _____

HSCH Nurse Aide Training Course Date: (if applicable): Month: _____ **Year:** _____

(Note: Submit/show copy or original Certificate of Completion during registration)

Review Class Date(s): _____

Prometric Documents (please circle one): Option 1 or Option2 (additional \$5.00)

Review Class Fee (according to the year of applicant's HSCH/non-HSCH Nurse Aide Training course)

HSCH/Non-HSCH Student \$150.00

Note: If you completed your Nurse Aide Training course more than two (2) years ago, it is recommended that you repeat the course.

Payment Policy: Tuition and/or fees must be paid in full at the time of registration. All forms of payment accepted (cash, certified check, credit & debit cards). Make checks payable to Healthcare School of Hawaii, LLC.

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 withdraw, a 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. Telephone cancellation is not accepted.

Effective date of acceptance:

I hereby agree to abide by the condition set forth herein. I declare that I am 18 years of age or older, a high school graduate, and of no criminal record.

Student's Signature: _____ **Date:** _____

Office use only:

School Representative: _____ **Date:** _____