

Healthcare School of Hawaii LLC
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MyCAA Application – Course Code: CNA001
Course Title:
Nursing Assistant Training Program
Approved and Certified by the State of Hawaii

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

Address: _____

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

Last four (4) digits of SSN: _____ **Email:** _____

Uniform Size: (please circle one): XXS / XS / S / M / L / XL / XXL / XXXL

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

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

Start Date: _____ **End Date:** _____ **Shift: (please circle one):** Day or Evening

Course Code: CNA001 (Covered by MyCAA)

Includes:

Tuition _____	\$865.00
Basic Medical Terminology _____	Included
Healthcare Provider CPR/AED/First Aid Training _____	Included
Blood Borne Pathogens Training _____	Included
Clinical Lab and Practicum _____	Included
Materials/Supplies/Course Documents _____	Included
TOTAL COST OF COURSE (CNA001) _____	\$865.00

Additional Fees/Charges:

Textbook _____	\$ 60.00
Scrub Uniform _____	\$ 25.00
Sales Tax (4.712%) _____	\$ 5.00
Total Student Fees (Not Covered by MyCAA) _____	\$ 90.00

A deposit of **\$300.00** must be paid at time of registration.

All forms of payment accepted (Cash, Check, Credit and Debit Cards)

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 decided 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. There is a \$60.00 cancellation fee to cover administrative costs and returned book.

Effective date of acceptance:

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

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

Office use only:

School Representative: _____ **Date:** _____

