

Healthcare School of Hawaii LLC
98-025 Hekaha St. Bldg., 4 Suite 4, Aiea, Hawaii 96701
Website: <http://www.healthcareschoolofhawaii.com>
E-mail: hschcna@gmail.com
Phone: 808-488-9449

Course Title: New Nursing Assistant Training Program
Approved and Certified by the State of Hawaii

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

Address: _____

Home Phone: () _____ Cell () _____

Email: _____

Emergency Contact: Full Name: _____ Relationship: _____
Phone: _____

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

Start Date: _____ End Date: _____ Course: (please circle one): Day or Evening or Online

Training Package #1
(Includes BLS or CPR/AED/First Aid)

INCLUDES:

- Tuition
- Textbook
- Basic Medical Terminology
- Blood Borne Pathogens Training
- Clinical (Skills) Lab and Practicum
- Student Liability Insurance
- Materials/Course Documents
- **American Heart Association CPR or BLS Training**

- BLS Provider
OR
 Heartsaver CPR/AED/First Aid

OPTIONAL:

- Scrub Uniform (Teal)..... \$35.00

Training Package #1 (with tax).....\$990.00
State Tax 4.712%

Training Package #2
(Does NOT include BLS or CPR/AED/First Aid)

INCLUDES:

- Tuition
- Textbook
- Basic Medical Terminology
- Blood Borne Pathogens Training
- Clinical (Skills) Lab and Practicum
- Student Liability Insurance
- Materials/Course Documents

OPTIONAL:

- BLS Provider..... \$90.00
- Heartsaver CPR/AED/First Aid.....\$90.00
- Scrub Uniform (Teal)..... \$35.00

Training Package #2 (with tax)\$940.00
State Tax 4.712%

A deposit of **\$400.00** must be paid at time of registration.

All forms of payment accepted (Cash, Check, Credit and Debit Cards) if using debit or credit, a 4% surcharge will be added.

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 5 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: _____