

Health Education Application Form

SELECT A PROGRAM

<input type="checkbox"/>	Nurse Aide	Pass placement test at basic English 9th grade level or higher. 2-step TB test, MMR or Titer, Hepatitis B Series, physical examination, and current criminal abstract.
<input type="checkbox"/>	Nurse Aide 24 Hour Recertification	Current State of Hawaii C.N.A. Certification.
<input type="checkbox"/>	Adult Residential Care Home (ARCH)/Nurse Aide (NA)	Completed a 100+ hour Nurse Aide course.
<input type="checkbox"/>	Patient Care Technician	Current State of Hawaii C.N.A. Certification or completed a State of Hawaii DHS/NATP approved training program. Pass placement test at basic English 11th grade level or higher.
<input type="checkbox"/>	Visions	Must be 18 years of age and have either a driver's license, passport or State ID.
<input type="checkbox"/>	Visions - Dental Module 7	Must be 18 years of age. Have Certificate of Completion for Modules 1-6; Department of Health letter and either a driver's license, passport or State ID.

PARTICIPANT INFORMATION

Name (Last, First, M.I.)				Last 4 digits of SSN	
Phone (Home)	Phone (Work)	Phone (Mobile)	Email		
Street Address		City	State	Zip Code	
Why do you want to take this training? (continue on additional page(s) if necessary)					
<p>I certify that I, (print name) _____ have no history of conviction of any felony, such as theft, abuse, assault, neglect, or drug use.</p> <p>Signature _____ Date _____</p>					