



Nightingale Healthcare Professionals

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RESTORATIVE NURSING ASSISTANT (RNA) TRAINING PROGRAM REGISTRATION FORM

Name: _____

Driver License or State ID Number: _____ Issuing State: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Date of Birth: ____/____/____ Social Security Number: ____-____-____ CNA#: _____

Address: _____ City: _____

State: _____ Zip: _____ Cell Phone: () _____

Email Address: _____

Occupation: _____ Employer: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Cell Phone: _____ Alternate: _____

Total Clock Hours of Instruction: 16 hours (16 hours theory)

Upon successfully completing all requirements of the program, the student will receive a **Certificate of Completion**, and a certificate for 8 Continuing Education Units, registration with the California RNA Database and enamel lapel pin.

Scheduled Start Date: _____ **Scheduled Completion Date:** _____

TRAINING FEES

Registration Fee (non-refundable) \$200.00

Restorative Nursing Assistant Training Program Fee \$200.00

Total Training Cost \$400.00

ADDITIONAL STUDENT RESPONSIBILITIES

- **SUBMIT** a TB Test, Physical and Flu shot (Flu season October 1st – March 31st)
 - (we accept results **within 6 months of program start date**)
- Scrubs

I hereby agree to fulfill all requirements for the 16-hour training; and confirm all the info I provided above to be correct to the best of my knowledge

Applicant Signature X: _____ Date: _____

"Your future in Healthcare starts now!"