



Nightingale Healthcare Professionals

903 University Ave., Berkeley, CA 94710

☎ : 510.553.1800

☎ : 510.553.1818

✉ : training.nhp@gmail.com

🌐 : www.nhp.training

NURSING ASSISTANT TRAINING PROGRAM

ADMISSION APPLICATION

Name: _____

Driver License or State ID Number: _____ State: _____

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

Pronoun (circle one) she/her he/him they/them

Date of Birth: _____ SS#: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: () _____ cell or home (circle one)

Email Address: _____ @ _____

Occupation: _____ Employer: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Tel: () _____ Alternate Phone: () _____

EDUCATIONAL BACKGROUND (HIGHEST EDUCATION ATTAINED):

___ PRIMARY/HIGH SCHOOL ___ VOCATIONAL CERTIFICATE _____

___ UNDERGRADUATE DEGREE ___ GRADUATE SCHOOL

LANGUAGE ACCESS

What language(s) do you speak at home? _____

If English is not your primary language have you taken ESL classes? (circle one) YES NO

Be advised the entire program is taught in English and completion of ESL level A2-B1 or better required.

How did you find out about *Nightingale Healthcare Professionals*?

- Personal Referral (name) _____
- Online Source (website) _____
- Other (please be specific) _____
- Facility Referral (Name) _____

I hereby certify all the above to be true and correct to the best of my knowledge

Today's Date: _____

Signature of Applicant _____

"Supporting the Future of Healthcare!"



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NURSING ASSISTANT TRAINING PROGRAM ENROLLMENT AGREEMENT

Name: _____

Date of Birth: _____ SS#: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: C () _____ H: () _____

TOTAL CLOCK HOURS OF INSTRUCTION: 160 Hours (60 hours Theory & 100 hours Clinical)

SPECIFIC TIMES OF THEORY TRAINING 8:30 am – 5:00 pm

SPECIFIC TIMES OF CLINICAL TRAINING 7:00 am – 3:30 pm

EXACT DAYS AND TIMES CLARIFIED ON SPECIFIC PROGRAM CALENDAR

By signing this enrollment agreement, you agree to attend all hours on your specified program calendar and understand that any and all time missed will need to be made up before you are considered to have completed the program and additional fees may be incurred.

TYPE OF DOCUMENT AWARDED UPON COMPLETION:

Upon successfully completing all requirements of the course, the student will receive a **Certificate of Completion**.

Scheduled Start Date: _____ Scheduled Completion Date: _____

FEES AND CHARGES

Application Fee (non-refundable/transerable)	\$	350.00
Nursing Assistant Training Program Fee includes:	\$	1300.00
Total Nursing Assistant Training Program Fee		\$1,650.00

Additional Fees - Students Responsibility

- State Clearance Forms
 - COVID-19 test. TB, Physical, Live scan, Flu shot*
- State Examination Testing Fee
- Uniforms & White/Black Shoes with slip resistant sole
- Stethoscope & Gait Belt (optional)
- BLS/CPR Certification

I understand the content of this page, that the app fee is non-refundable and that I will be expected to submit all required clearance forms prior to any direct client contact.

Today's Date: _____

Signature of Applicant: _____

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