



# Nightingale Healthcare Professionals

743 El Cerrito Plaza, El Cerrito CA 94530

☎ : 510.553.1800

☎ : 510.553.1818

✉ : training.nhp@gmail.com

🌐 : www.nhp.training

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## 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/transferrable)	\$	350.00
Nursing Assistant Training Program Fee includes:	\$	1300.00
<b>Total Nursing Assistant Training Program Fee</b>		<b>\$1,650.00</b>

**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:** \_\_\_\_\_

***"Supporting the Future of Healthcare!"***