

# Health Education Application Form

## SELECT A PROGRAM

|                          |   |  |
|--------------------------|---|--|
| <input type="checkbox"/> | <b>Nurse Aide</b>   | 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"/> | <b>Adult Residential Care Home (ARCH)/Nurse Aide (NA)</b> | Completed a 100+ hour Nurse Aide course.   |
| <input type="checkbox"/> | <b>Pharmacy Technician</b>                                | High school diploma or GED, basic computer and typing skills (35+ wpm), pass the math assessment test with 9th grade or higher, and a criminal abstract no older than 30 days.   |
| <input type="checkbox"/> | <b>Patient Care Technician</b>                            | 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"/> | <b>Medical Receptionist/PSR</b>                           | Pass placement test at basic English 9th grade level or higher. Current resume and a photo ID. You will be contacted for an interview prior to being accepted into the program.  |
| <input type="checkbox"/> | <b>Medical Assisting</b>                                  | Pass placement test at basic English and math 12th grade level or higher. 2-step TB test, MMR or Titer, Hepatitis B Series, physical examination, and current criminal abstract. You will be contacted for an interview prior to being accepted into the program. Submit an essay of no more than 1,000 words answering "Why do you want a career in healthcare?". |

## PARTICIPANT INFORMATION

|   |              |                |       |                      |          |
|---|--------------|----------------|-------|----------------------|----------|
| Legal 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> |              |                |       |                      |          |