

Health Education Application Form

For all health programs, in addition to this form, applicants need to also submit a completed Non-credit Registration Form and a copy of their photo ID.

Participant Information:

Legal Name: Last, First, Middle Initial	Last four digits of your Social Security number:
Why would you like to take this training? Please continue on a different page(s) if necessary.	
I certify that I, (print name) _____ have no history of conviction of any felony, such as theft, abuse, assault, neglect, or drug use.	
Signature _____	Date _____



Certified Nurse Aide

1. Pass a placement assessment- 9th grade English level or equivalent.
 - a. Examples of equivalent:
 - i. AA, BA, college transcripts, TABE etc.
2. Health Education Application Form
3. Non-credit Registration Form
4. Physical Examination Clearance Form completed by doctor
5. Criminal Abstract (not older than 30 days)
6. Photo ID
7. 2-Step TB, MMR or Titer, and Hepatitis B Series
8. Agency Authorization Form (if applicable)



Medical Receptionist and Patient Services

1. Pass a placement assessment- 9th grade English level or equivalent.
 - a. Examples of equivalent:
 - i. AA, BA, college transcripts, TABE etc.
2. Intermediate computer skills
3. Criminal Abstract (not older than 30 days)
4. Non-credit Registration Form
5. Health Education Application Form
6. Photo ID
7. 1-Step TB
8. Agency Authorization Form (if applicable)



Pharmacy Technician

1. Basic computer and typing skills (35+ wpm)
2. Pass a placement assessment-9th grade math level or higher or equivalent.
 - a. Examples of equivalent:
 - i. AA, BA, college transcripts, TABE etc.
3. Criminal Abstract (not older than 30 days)
4. Health Education Application Form
5. Non-credit Registration Form
6. 1-Step TB
7. Photo ID
8. Agency Authorization Form (if applicable)



Patient Care Technician

1. Completion of State of Hawai'i approved CNA certification **or** completed a State of Hawai'i DHS/NATP approved training
2. Pass a placement assessment -11th grade English level or equivalent
 - a. Examples of equivalent
 - i. AA, BA, college transcripts, TABE etc.
3. Non-credit Registration Form
4. Photo ID
5. Health Education Application Form
6. 2-step TB, MMR or Titer, and Hepatitis B Series **if** CNA certification is not from LCC.
7. Agency Authorization Form (if applicable)



Medical Assisting

1. Submit 1000 word max essay: Why do you want a career in healthcare?
2. Pass placement assessment - 12th grade English and math level or higher or equivalent.
 - a. Examples of equivalent:
 - i. AA, BA, college transcripts, TABE, etc.
3. 2-step TB, MMR or Titer, and Hepatitis B Series
4. Physical Examination Clearance completed by a doctor
5. Photo ID
6. Agency Authorization Form (if applicable)
7. Criminal Abstract (not older than 30 days)



Adult Residential Care Home (ARCH)/Nurse Aide (NA)

1. Documentation of completed Hawaii State 100+ hrs of certified Nurse Aide Training (NAPT) **OR** copy of current CNA card administered by American Red Cross or Prometric
2. Health Education Application Form
3. Non-credit Registration Form
4. Photo ID
5. Agency Authorization Form (if applicable)



Health Education Application Form



Introduction to Medical Terminology

1. Non-credit Registration Form
2. 1 Step TB Test
3. Photo ID
4. Health Education Application Form
5. Agency Authorization Form (if applicable)



Medical Billing and Reimbursement

1. Non-credit Registration Form
2. Health Education Application Form
3. Photo ID
4. 1-Step TB
5. Agency Authorization Form (if applicable)



Advance Medical Terminology

1. Successful completion of Introduction to Medical Terminology
2. Non-credit Registration Form
3. 1 Step TB Test
4. Photo ID
5. Health Education Application Form
6. Agency Authorization Form (if applicable)



Anatomy and Physiology

1. Successful completion of Advance Medical Terminology
2. Non-credit Registration Form
3. 1 Step TB Test
4. Photo ID
5. Health Education Application Form
6. Agency Authorization Form (if applicable)

