Passionate Hands School of Nursing

Admission Packet

APPLICANT INFORMATION

Full Name:_____ Date:_____

Last *First* *M.I.*

Address: _____

Street Address *Apartment/Unit#*

_____

City *State* *Zip Code*

Phone: _____ Email: _____

Program Applying for: _____ Requested Class Date: _____

SSN: _____ DOB: _____

Are you a citizen of the United States: ____yes ____no

Have you ever applied at this school: _____yes _____no If yes, when: _____

Have you ever been convicted of a crime? _____yes _____no

If yes, explain: _____

EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? ___yes ___no Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? ___yes ___no Diploma: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? ___yes ___no Diploma: _____

HOW DID YOU HEAR ABOUT US

Company of employment? _____ Name: _____

Referral? _____ Name: _____

Walk In? _____ Advertisement: Flyer, Mailer, Online: _____

EMERGENCY CONTACT

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

DISCLAIMER AND SIGNATURE

I certify that my information is true and complete to my knowledge.

If my admission application leads to acceptance, I understand that false or misleading information in my application may result in my dismissal from the program.

Signature: _____ Date: _____

PASSIONATE HANDS
SCHOOL OF NURSING

TERMS & AGREEMENTS

____ Tuition of **$800.00** must be paid in full 2 weeks prior to start the program.

____ A deposit of **$400.00** is needed to reserve a seat in the scheduled session.

____ A **$760.00** refund will be issued for cancellations made 2 days prior to the start of the session.

____ A **$40.00** processing fee will be applied for each make-up day(s) made to: course days, and testing days scheduled. Tuition will need to be paid in full prior to receiving certificate of completion.

____ The tuition of the program will provide the student with: course textbook, course workbook, drug test, background test, TB testing, Physical, and CPR Certification.

____ Students must pass: 2 Step Tuberculosis Test (negative)

____ Student will need and is responsible for acquiring uniform and shoes (prefer closed toe white or black shoes).

____ Passionate Hands School of Nursing requires for each nurse aide student to complete 105 hours; they include at least 75 hours clinical training and 30 hours of classroom education. Attending all classes, complete all scheduled assignments, pass all the exams, and lastly attend all the scheduled clinical days.

____ Candidate's that successfully completed all of the program required work will continue to for the certification test.

PASSIONATE HANDS
SCHOOL OF NURSING

I understand and acknowledge the terms and agreements of ***Passionate Hands School of Nursing*** and acknowledge that the school reserves the right to revise these terms and agreements. I will abide by these policies and acknowledge that should any of these requirements not be met a certificate of completion will not be issued.

Signature: _____

Date: _____