8105 Edgewater Dr., Ste. 290 Oakland, CA 94621 Phone (510) 553-1800 Fax (510) 553-1818





1617 Canyon Drive, Ste. 101 Pinole, CA 94564 Phone (510) 724-6929 Fax (510) 724-6929

Email: info@NightingaleHealthcareProfessionals.com

o White Shoes

o Watch with second hand

Website: www.NightingaleHealthcareProfessionals.com

NURSING ASSISTANT TRAINING PROGRAM ENROLLMENT AGREEMENT

name:				
Date of Birth:SS#:				
Address:				
State:Zip:	Phone: C()	H()_	
TOTAL CLOCK HOU	RS OF INSTRUCTION:	150 HOURS		
PROGRAM LENGTH: 21 DAYS (DAY PROGRAM 30 DAYS (EVENING PROG		· · · · · · · · · · · · · · · · · · ·)	
SPECIFIC TIMES OF CLASS ATTENDANCE (DAY PROGRAM):				8:00am-4:30pm
SPECIFIC TIMES OF CLASS ATTENDANCE (EVENING PROGRAM):				3:00 pm – 8:00 pm
TYPE OF DOCUMEN	T AWARDED UPON COMPLI	ETION:		
Upon successfully cor Completion.	npleting all requirements of the	course, the student	will re	eceive a Certificate of
Scheduled Start Date:		Scheduled Completion Date:		
	FEES AND	CHARGES		
Application Fee (non-refundable)			\$	150.00
○ Tuit ○ Tex	ning Program Fee includes: ion Fee tbook ls CD		\$	900.00
Total Nursing Assistant Training Program Fee				\$1,050.00
Additional Fees-Stud	ents Responsibility			
UnitStet	C Testing Fee forms choscope (optional) t Belt (optional)			