

ADVANCED CARE TRAINING SCHOOL

Applying for _____ Course

Name _____
Last First Mi

Address _____
Street Address

_____ City State Zip Code

Phone _____ Cell _____

Birth Date _____ SS Last 4 digits _____

Email Address _____

Do you require special accommodations / wheelchair access Yes ___ No ___

Education:

a) Highest Grade Completed:

___ Less than High School

___ High School Graduate Year _____

___ GED

___ Associate Degree ___ Bachelor's Degree or Higher ___

Name and Address of Last School Attended _____

Have you had experience in care giving or assisting patients with their physical handicap needs, Yes ___ No ___

List experience _____

For School Use Only		
Class _____		Book _____
Deposit _____	Date _____	BP/Cuff _____
Balance _____		Stethoscope _____

Current Employment _____

Address of current employer _____

_____ Years employed _____

Current Position _____ Describe Job _____

Emergency Contact Information:

Name _____ Phone / Cell _____

Address _____ Relationship _____

Name _____ Phone / Cell _____

Address _____ Relationship _____

Qualifications for State exam. Certain criminal convictions or having had your certificate revoked will require further explanation to state examiner.

Answer each question by circling Yes or No.

- a) Have you had past criminal convictions Yes No
- b) Has your I certificate been revoked in the past Yes No
- c) Are you presently being investigated or have pending action against you. Yes No

I certify that I _____, an applicant for the ACT I Course having no history of conviction of any felony such as theft, abuse or assault. Nor have I had my I certificate revoked in the past or presently being investigated or have pending action against me. I shall also agree to conduct myself properly during classroom and clinical settings at the hospitals or nursing home facility. I agree to background criminal check.

I certify that the information supplied herein is true to the best of my knowledge and I have read and understand that any falsifications will be grounds for refusal of my application. I also understand after attending two course classes, no refunds shall be given.

Signature of Applicant

Date

Reviewed by ACT staff / officer

Date

Mail to ACT, POB 893224 Mililani, HI 96789
Phone 808-623-7109 Cell 808-754-3934