



H.I.H.T.S
Hawai'i Institute of Healthcare
& Training Services
1059 Kilauea Ave., Ste A, Hilo HI 96720

Ph: (808) 933-1295
Email: education@hihts.org

Fax: (808) 961-2507
website: hihts.org

APPLICATION FOR MEDICAL ADMINISTRATIVE ASSISTANT TRAINING

Name: _____ Social Security Number: _____ - _____ - _____
Address: _____ Birthday _____
City _____ State _____ Zip _____
Phone: _____ Cell _____ Work) _____
Email Address (please print:) _____

18 years old or older? Yes € No €
US Citizen? Yes € No € Green Card? Yes € No €

Have you ever been convicted of a crime or had traffic violation (s) by any court? Yes € No €
If Yes, please explain nature of the incident and current status on space provided below:

If applicable, will you be able to provide letters from your probation officer? _____
If applicable, will you be able to provide at least three (3) letters of recommendation? _____

Emergency Contact Person: _____ Phone: _____
Address: _____

How did you hear about Hawaii Institute Healthcare & Training Services _____



Agency Sponsored? Yes € No € Name of Agency _____
Contact Person _____ Phone Number _____

FOR OFFIC

NON REFUNDABLE REGISTRATION: \$250.00

Registration No.: _____ Acct. No. _____ Initial: _____



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STUDENT AGREEMENT

I agree to release and hold harmless, Hawaii Institute Healthcare & Training Services, its staff and clients who provides my training and clinical practice from any accidents or misconduct that arises during the period of my training.

I certify that all statements made here on this application are true to the best of my knowledge and agree to pay all tuition costs.

Student's Name (Printed)

Signature

Date

CONSENT FOR VIDEO OR PHOTOGRAPHY:

I give consent to use any video, photography, digital images and testimonials and all social media (eg. Facebook, instagram, etc) on HIHTS website to promote any and all classes. (If signature is not provided, consent is not given)

Student's signature over printed name

Date

ADMISSION REQUIREMENTS:

- Valid Picture ID
- Application forms (completed)
- Pre-Screening Test complete, Passing
- Eighteen (18) years of age or older
- High school graduate or G E D
- Computer Literature

OTHER REQUIREMENTS:

1. Scrub uniform
2. **White Shoes Only**
3. Notebook/Pen/Pencil

Schedule for Charges:

\$250.00 Non- Refundable Pre-Registration
 \$444.00 1st Week of Class
 \$444.00 2nd Week of Class
 Total Cost \$1,138.00

TUITION DISCLAIMER:

Failure to pay may result in cancellation of registration or suspension of class. Only cash, and cashier's checks are accepted. Checks Payable to: Hawaii Institute of Healthcare & Training Services.

By signing this statement, I acknowledge that I have read this document and have been given the opportunity to read and ask questions about the requirements set forth. Further, by signing this statement, I agree to abide by all the provisions contained in this document and understand that further explanation or requirements can be on this application.

Signature

Print

Date

