



# H.I.H.T.S

## Hawai'i Institute of Healthcare & Training Services

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Website: [www.hihts.org](http://www.hihts.org)

### **APPLICATION FOR MEDICAL ADMINISTRATIVE ASSISTANT TRAINING**

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (Residence): \_\_\_\_\_

DOB: \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Gender at Birth: [ ] M [ ] W

Email (please print) \_\_\_\_\_

Are you 18 years age or older? [ ] Yes [ ] No Must be able to lift at least 40 LBs

What languages do you speak? \_\_\_\_\_

U.S. Citizen? [ ] Yes [ ] No Alien/Green Card? [ ] Yes [ ] No Alien Card #: \_\_\_\_\_

How did you hear about Hawaii Institute of Healthcare and Training Services? \_\_\_\_\_

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) \_\_\_\_\_

If applicable, will you be able to provide letters from your probation officer? \_\_\_\_\_

If Applicable, will you provide us at least three (3) letters of recommendation? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address

SCHOLARSHIP INFORMATION (If applicable)

Company/Agency Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Covered Cost: \_\_\_\_\_

#### FOR OFFICE USE ONLY

Registration No.: \_\_\_\_\_ Acct. No.: \_\_\_\_\_ Initial: \_\_\_\_\_

**NON-REFUNDABLE PRE-REGISTRATION FEE: \$300.00**



I, \_\_\_\_\_ (student name), agree to release and hold harmless Hawaii Institute and 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 my knowledge and agree to pay all tuition costs.

\_\_\_\_\_  
Student's Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

**ADMISSION REQUIREMENTS:**

- Valid Picture ID
- If applicable Covid-19 vaccine record
- Completed application form
- Pre-Screening Test complete, Passing
- Eighteen (18) years of age or older
- High school graduate or G E D
- Computer Literate

**OTHER REQUIREMENTS:**

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

**SCHEDULE OF CHARGES:**

\$300.00 Non-Refundable Pre-Registration

\$563.00 1<sup>st</sup> Week of Class

\$563.00 2<sup>nd</sup> Week of Class

**Total cost \$1,426.00**

**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 Healthcare & Training Services (HIHTS.)**

**Signature of Student** \_\_\_\_\_ **Date:** \_\_\_\_\_