

REGISTRATION FORM
Promise Healthcare Training Center
3610 Dodge Street, Suite B10 Omaha, NE 68131
402-968-4786

Payment for tuition and fees must be included with this enrollment form. Make a copy of this form for your records.

A student's Social Security number is required as a condition of enrollment. A student's Social Security number constitutes an "educational record" under the Federal Educational Rights and Privacy Act (FERPA). That information will be disclosed only with the consent of the student or in those very limited circumstances when consent is not required by FERPA.

PLEASE PRINT

Social Security Number _____

Student Name (Last) _____ (First) _____ (MI) _____

Home Address _____

City _____ State _____ Zip _____

Phone (Day) _____ (Evening) _____

E-mail _____

Birth Date ____/____/____ Gender: M F

Race (used for statistical purposes only):

- | | |
|---|---|
| <input type="checkbox"/> Asian/Pacific Island | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Native American |
| <input type="checkbox"/> White/Non-Hispanic | <input type="checkbox"/> Other |

Resident Status: Resident of Nebraska Non-resident of Nebraska

Course Title: Basic Nursing Assistant and Medication Aide Training

76 hours for C.N.A (completed in 2 weeks) 40 hours for C.M.A (completed in 1 week)

I am Interested In: C.N.A C.M.A Both

Registration fee, Tuition, Textbook and Testing for C.N.A = **\$500.00**

Registration fee, Tuition and Textbook for C.M.A = **\$385.00**

Exam Fee for C.M.A (payable to Providence healthcare Institution) = **\$20.00**

Contact Cheryl Walburn at 402-326-2792

State License fee for C.M.A (payable to DHHS) = **\$18.00**

Check One box for Payment Method:

- Check Cash Voucher Money Order Credit Card

Make checks and money orders payable to:

Promise Healthcare Training Center
3610 Dodge Street, Suite B10
Omaha, NE 68131
Phone 402-968-4786
E-mail: naenyealoziem@yahoo.com

Student Signature _____ Date _____

Instructor's Signature _____ Date _____