

8647 Mathis Avenue Suite 202 Manassas, VA 20110

Phone: 571-222-6600 Fax:571-222-6601

info@excelhealthinstitute.com www.excelhealthinstitute.com

Nurse Aide Admission Application

Admission Requirements:

- 1. Completed application form
- 2. Applicants must be at least 18 years old
- 3. Administration fee
- 4. Deposit

Clinical Training Requirements:

- 1. TB Test (PPD test/Chest X-ray) No more than 1 year
- 2. Complete a national criminal background investigation -Order through school recommended service vendor - No more than 30 days.
- 3. CPR
 - CPR classes offered at the School for Students at a discounted rate

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	Student Full	l Legal Nam	e			
Last First		Middle				
Street Address		Apt #				
City	State		Zip			
Home Phone:	1	Cell Pl	Cell Phone:			
Email:						
How would you prefer announceme	ents sent to you? Cell	H Phone	email	(circle on	ne)	
Date of Birth: / /	Social Security Num	ber:			Gender: M F	
Education						
Highest Level: ☐ Middle Sc	hool / High School	/ □ GED / □ College/University				
Name of School:			Date completed:			
	Current E	Employer				
Emergency Contact Information						
Name:		Relationship				
Address:						
Phone:						
Please indicate which	class schedule you ar	e register	ing for:			
□ Weekday Program□ Weekend Program						
* The above information is true to result in termination from the Nur		d I understa	nd falsific	ation of infor	mation can	
Signature:	Da	Date:				
Mail the completed application form	with administration fee an	d denosit to:				

Excel Health Institute LLC

8647 Mathis Avenue Ste. 202

Manassas VA 20110

Make Check and Money Order payable to: Excel Health Institute LLC.

Administration Fee is NON REFUNDABLE.

You will be notified if there is a change in your program start date due to poor enrollment or other reasons. Your enrollment will default to the new schedule unless you apply for withdrawal and refund from the program.