



8647 Mathis Avenue Suite 202
 Manassas, VA 20110
 Phone: 571-222-6600 Fax: 571-222-6601
 info@excelhealthinstitute.com
 www.excelhealthinstitute.com

Home Health/Personal Care Aide Admission Application

Admission Requirements:

1. Completed application form
2. Applicants must be at least 18 years old
3. Full payment

Student Full Legal Name		
<i>Last</i>	<i>First</i>	<i>Middle</i>
Street Address		Apt #
City	State	Zip
Home Phone:		Cell Phone:
Email:		
<i>How would you prefer announcements sent to you? Cell H Phone email (circle one)</i>		
Date of Birth: / /	Social Security Number:	Gender: <u> </u> M <u> </u> F

Education

Highest Level: <input type="checkbox"/> Middle School / <input type="checkbox"/> High School / <input type="checkbox"/> GED / <input type="checkbox"/> College/University
Name of School: _____ Date completed: _____

Current Employer:

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Emergency Contact Information

Name: _____	Relationship _____
Address: _____	
Phone: _____	

Please indicate which class schedule you are registering for:

<input type="checkbox"/> Weekdays	
<input type="checkbox"/> Weekends	

*** The above information is true to best of my knowledge and I understand falsification of information can result in termination from the Home Health Aide/Personal Care Aide program.**

Signature: _____ **Date:** _____

Mail the completed application with the Administration Fee to:
 Excel Health Institute LLC
 8647 Mathis Avenue Ste. 202
 Manassas VA 20110
 Make Checks 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.