401 7852202 Info@hitepri.com
515 Elmwood Ave Providence RI 02907

Class: **P3**

Trainee Application

Full name: **Date:** 01/10/2024

First: IVANDA M.I: F Last: LOPES

Address:

Address Line 1: 43 JAPONICA ST City: PAWTUCKET State: RI Zip Code: 02860

Phone: +14014454932 Email: uvandalopes1990@gmail.com

Date of Birth: 06/20/1990 Social Security#: 039721054 Desired Start Date: 02/19/2024

Are you a RI Resident? Yes If no, are you authorized to study in the U.S.? Yes

Have you previously held a CNA license? No If yes, when?

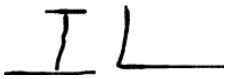
Have you ever been convicted of a felony? No If yes, explain?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to enrollment, I understand that false or misleading information in my application may result in dismissal.

Signature: Date: 01/10/2024



Uniform Size Scrub Top: M Scrub Botton: XL Standard

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AGREEMENT FOR NURSING ASSITANT TRAINING

I, IVANDA LOPES understand that the cost for the nursing assistant training program is as follows:

Tution: $1.100

Registration Fee: $600

Books / Materials / Handouts: $150

Fee For Medical Supplies: $100

Uniforms / Badge: $50

TOTAL: $2.000

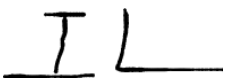
If I decide to withdraw before the starting date of the course **01/08/2024**

I understand this includes a $100 non-refundable registration fee. I also understand that I am responsible for payment in full before receiving my certification. If for some reason I must withdraw from the class after I have begun the course, I will be able to apply the full balance to another class of my choice within a year of the registration date. **No refund is available after the starting date of the course**.

All my questions have been answered and I understand my financial obligations to Hitep Inc.

Trainee Print Name: IVANDA LOPES

Signature: Date: 01/10/2024



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HITEP Emergency Contact Form

Name: IVANDA LOPES

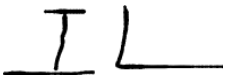
Phone Number: +14014454932 Address: 43 JAPONICA ST PAWTUCKET RI 02860

Primary Emergency Contact Name: EDSON NASCARNHAS

Relationship: SON Cell Number: +14012048456

This information is very important to us at HITEP, your safety is our priority.
Please ensure that all information provided is correct, once done, sign and date below.

Signature: Date: 01/10/2024



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RELEASE AND WAIVER OF LIABILITY

In consideration of allowing me to participate in HITEP's Nursing Assistant Training Program, I, the undersigned (or parent or legal guardian if a minor), do hereby waive, release, and forever discharge HITEP, its affiliates, officers, agents, employees, agents and representatives, from any and all liability, including future damages, from injuries or damages of any kind resulting from my participation in the Nursing Assistant Training Program. I have voluntarily and knowingly agreed to participate in the certified nurse aide training and do hereby assume all responsibility for my participation and activities in such training.

Signature: Printed Name of Participant: IVANDA LOPES Date: 01/10/2024

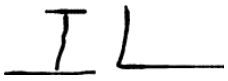

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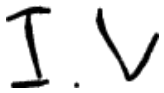
Photo Release

I hereby consent that all photographs taken of me by HITEP staff may be used by for the purpose of illustration, advertising, school web information/promotion, or publication.

Signature: Date: 01/10/2024



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The Family Educational Rights and Privacy Act (FERPA)

FERPA CONSENT TO RELEASE TRAINEE INFORMATION

TO: HITEP, Inc.

Please provide information from the educational records of IVANDA LOPES

[Name of Student requesting the release of educational records] to: IVANDA LOPES

[Name(s) of person to whom the educational records will be released, and if appropriate the relationship to the student such as "parents" or "prospective employer" or "attorney"]

(Note: this Consent does not cover medical records.)

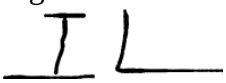
- ☑ Grades, competencies
- ☑ Disciplinary records
- ☑ Recommendations for employment or admission to other schools
- ☑ All records of education
- ☑ Other (example): Absent explanations, notes, etc....

The information is to be released for the following purpose: Upon request of student.

I understand the information may be released in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent I understand I may revoke this Consent upon providing written notice to HITEP I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to person listed above to whom the educational records will be released for the specific purpose described above.

Name (print): IVANDA LOPES

Signature: Date: 01/10/2024



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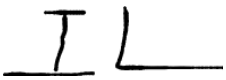
Nursing Assistant Training Program Trainee Checklist

- [x] Fill out and complete registration application form
- [x] Submit Payment of course
- [x] Complete and sign agreement forms (if applicable)
- [x] Submit two forms of identification, a Social Security Card and a State-issued photo identification or driver's license
- [x] Complete and sign FERPA form
- [x] Sign photo release (unsigned release will indicate release of photo is not permitted)
- [x] Determine uniform size and obtain photo for badge
- [x] Review trainee health requirements and precautions- Covid Card
- [ ] Submit proof of physical exam and required immunizations
- [ ] Submit Original BCI (State Background Check) with stamp and seal from the RI Attorney General's Office only. BCI must be given by Orientation.

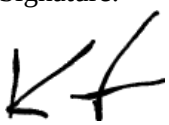
Signature: Date: 01/10/2024



FOR OFFICE USE ONLY:

The checklist has been reviewed and the trainee understands the eligibility requirements.

Signature: Date: 01/10/2024



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I, IVANDA LOPES understand that the nursing assistant training program is taught in English as required by the RI department of health.

HITEP staff can provide resources to help with Spanish translation

(written material and skills practice)

Yo, IVANDA LOPES entiendo que el programa de capacitación de asistente de enfermería es impartido en Ingles como es requerido por el departamento de salud de RI .

Si es necesario el personal de HITEP pueden asistirme con recursos como son las traducciones al Español (material escrito y practica de habilidades)

Signature: Date: 01/10/2024