



ROYAL HOME AIDE TRAINING LLC  
CASCADE OFFICE PLAZA,  
1209 CENTRAL AVE S STE 219  
KENT WA 98032.

Date: \_\_\_\_\_

## ADMISSION FORM

Student Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Training Required

#### **1. HCA TRAINING (75hrs)**

Orientation and Safety (5hrs)

Mental Health (8hrs)

Dementia (8hrs)

Core Basic Training (54hrs)

**2. CONTINUOUS EDUCATION**

#### **OTHER SERVICE**

CPR, AED and First Aid

Child Care

Skills Practice for HCA State Exams

**\*\* Enrollment every 1st Monday and 3rd Monday of the month**

Enrollment Date: \_\_\_\_\_ Training Fee: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_