

**ADVANCED CARE TRAINING SCHOOL**  
**P.O. Box 893224**  
**Mililani, HI 96789**  
**Office 808-623-7109 Cell 808-754-3934 Fax 808-623-7100**  
**Email lou.marcelo@yahoo.com**

**CNA recertification Only. Applicants must have a current CNA Certificate.**

Dear Applicant,

Thank you for your interest in applying for Advanced Care Training recertification program. Our program follows DHS's Revised Statutes guide lines of Section 346-46 and 457A-2, Hawaii nurse's aide re-certification program. This program comprises of 24 hours of foundation training.

After completing the foundation course and competency evaluation, a certificate will be issued to the applicant and Advanced Care Training will submit your documents to the Department of Human Services and to the Department of Commerce and Consumer Affairs. Your records will remain on file at these individual state departments.

Please complete the attached forms and submit to the address below.. After reviewing your application, we'll contact you to advise you of the next available course dates.

Please print legibly and fill in information accurately.

Be sure to include a contact phone number and your current CNAs certificate number.  
Remember to sign the application form.

Mail application to:  
Advanced Care Training School.  
P.O. Box 893224  
Mililani, HI 96789

Thank you for your interest in Advanced Care Training recertification program.

Sincerely Yours,

Lourdes Vergara Marcelo, RN

# Application for Advanced Care Training Recertification Program

## 1. Applicant Name:

\_\_\_\_\_  
Last Name First Name M.I.

Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip  
Phone \_\_\_\_\_ Cell \_\_\_\_\_

Do you require special accommodations/facilities (wheelchair access, etc.):

\_\_\_\_\_  
Email Address \_\_\_\_\_ SSN \_\_\_\_\_

## 2. Qualifications: Answer each question by circling either YES or NO.

a) Can you meet all qualifications required by the State and U.S. government for and maintaining your C.N.A. license, including but limited to a criminal background check? Yes No

b) Have your nurse aide certification been revoked, suspended or otherwise subject to disciplinary action by another state agency? Yes No

c) Are you currently being investigated or is any disciplinary action pending against you? Yes No

d) If you answered is No to question a or Yes to b and c question above, please explain below.

\_\_\_\_\_  
\_\_\_\_\_

## 3. Education:

a) Highest Grade Completed:

\_\_\_ High School \_\_\_ Associate Degree \_\_\_ Bachelor Degree or Higher

b) Name and Address of Last School Attended \_\_\_\_\_

\_\_\_\_\_

## 4. Certificate: Current Certificates

RN \_\_\_\_\_ Expiration Date \_\_\_\_\_

CNA \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Certificate:** (Continuation)

a) CPR \_\_\_\_\_ Expiration Date \_\_\_\_\_

b) First Aid \_\_\_\_\_ Expiration Date \_\_\_\_\_

**5. Current Employment:**

a) Name and Address of Current Employer

\_\_\_\_\_  
\_\_\_\_\_

Current Position \_\_\_\_\_ Describe Job \_\_\_\_\_

\_\_\_\_\_

How long have you been working this company \_\_\_\_\_

**6. Emergency Contact Information:**

a) Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

b) Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

I hereby certify that the information supplied herein is true to the best to my knowledge. I understand that falsification of information's are grounds for **refusal** of this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed by

\_\_\_\_\_  
Date