



8647 Mathis Avenue Suite 202  
 Manassas, VA 20110  
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 www.excelhealthinstitute.com

## Home Health Aide/Personal Care Aide Admission Application

**Admission Requirements:**

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

<b>Student Full Legal Name</b>		
<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.