



Home Health Aide Training Institute
321 Post Avenue
Westbury, New York 11590
(516) 333-3689

Admission Application

Name: _____ **DOB:** _____

Name Printed on Certificate of Completion (Print Clearly)

Address: _____

Telephone #: _____

Social Security #: _____

Do you have a High School Diploma/GED of TASC (please circle) Yes No

Name of High School: _____

City and State: _____

GED - State of issued _____

If a foreign student, did you complete High School in your country of origin?

Please circle: Yes No

If so, can you provide a copy of the original?

Please circle: Yes No

Course of enrollment: Please Circle:

PCA PCA Upgrade to HHA HHA CNA Transition to HHA

Uniform Size - Please circle: Small Medium Large Xtra Large