

 Broad Spectrum Healthcare Academy

Nurse Aide Training Program Enrollment Form

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

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

Telephone (Home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Cell):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education:

Program Enrollment Info

PROGRAM START DATE: \_\_\_\_\_\_\_\_ SCHEDULED END DATE: \_\_\_\_\_\_\_\_\_\_\_\_

FULL-TIME PART-TIME x DAY EVENING

xxxx

x

DAYS/EVENINGS CLASS MEETS: (circle) M T W Th F Sa Su

TIME CLASS BEGINS: \_\_\_\_\_\_\_\_\_\_ TIME CLASS ENDS: \_\_\_\_\_\_\_\_\_\_

NUMBER OF WEEKS: \_\_\_\_\_

TOTAL CLOCK HOURS: 160 hours

Tuition and Fees

Tuition paid for this course provides you with access to the following:

* Tuition: $1610
* BP/ Cuff $20
* Book $70
* Total Cost: $1700

Please read the items below and sign attesting that you understand and agree to the policies stated.

WITHDRAW, DISMISSAL, REFUND AND RE-ENTRY

*WITHDRAWAL:*

Withdraw from class must be requested in writing and is not official until the administrator receives the letter. Refunds may take up to 2 weeks to process which will be mailed via US Mail to the address on file.*Please know it is your responsibility to ensure we have the most up to date address on file.*Student will be recorded as ‘released from the program’ on the date the student has signed the official termination/withdrawal form.

*Dismissal*

Students will be counseled on behavior issues and code of conduct violations twice prior to dismissal from the program. All counseling sessions will be conducted by the program coordinator in person and will be documented via progress report in the student’s file.

In case of course dismissal by the school for inappropriate behavior, unsafe practices, or consistently violating school policy, the student will not receive a refund. Student will be called into the Program Coordinators office and made aware of the violated policy/ code of conduct and removed from the program immediately.

*Payment Schedule*

1. *Paid in Full*: Students may pay for the Nurse Aide Training program course in full prior to the start of the course. This is the preferred method. Payments will only be accepted in the following forms: cash, money order, certified funds check, credit card, or debit card. No personal checks will be accepted.
2. *Payment Plan*: Students may be given the option to engage in a payment plan. All students engaged in a payment plan must sign the payments arrangement agreement. Cost of the program is $1700 and will be broken down into four payments of $305 each payment until the balance is paid in full. Payments must be paid every week by 5pm on Mondays Please see the following payment schedule.

Tuition Late Fees

4 payments of $305 each. $30

*Late Payments*

If tuition is not paid in full by clinical start date the student will not be allowed to attend clinical and/or take the final exam therefore will not receive a certificate of completion. This will prohibit the student from taking the certified nursing assistant state examination.

If payments are not made when scheduled, the student will be charged a late fee. Students may be dropped from the program if fees are not paid as promised. Students will be assessed a late fee penalty of $30 per week if payments have not been made as promised. Student must pay late fees and balance to be eligible for clinical, school final exam, and obtain a certificate of completion. If a student is delinquent with payments, they may not be able to attend class.

*Refund*

1. Please note the application fee is non-refundable in any event. If a student has paid for tuition in full prior to the start of the program, the student may be eligible for a refund. Please see the paid in full refund scale below.

Week 1 with draw: receive 75% refund

Week 2 withdraw: receive 50% refund

Week 3 withdraw: receive 25% refund

Week 4 and after no refunds will be made

1. Full refunds will be issued up until the third day of class. The application fee of $175 will be deducted to cover administrative fees. Refunds may take up to 2 weeks to process which will be mailed via US Mail to the address on file. Please know it is your responsibility to ensure we have the most up to date address on file.

*Re-Entry*

Any student who has been terminated from the program will NOT be allowed to re-enter the nurse aide training program or any other program offered by the school.

Students who withdraw from the program on their own account will be able to re-enter the program during the next course offering or future offerings if they choose. Funds paid for prior course offering will not be transferred to the new course the student enrolls in. The student will have to pay the application fee again and must have a background check conducted again, however they will NOT be required to take the entry testing again.

Students who fail the nurse aide training program may attempt the course again during the next course offering. However, the student only may attempt the nurse aide training program course one additional time. After two attempts the student will not be able to re-enroll in the nurse aide training program again.

I certify that I have read and understand the information above about enrolling into the Nurse Aide Training Program with Broad Spectrum Healthcare Academy. I agree to the terms in this document.

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