

**PRESTIGE NURSE AIDE TRAINING ACADEMY**  
**841 EAST 162<sup>ND</sup> STREET**  
**SOUTH HOLLAND, IL 60473**  
**P (708) 331-4580 F (708)331-4581**  
**www.prestigenurseaide.net**  
**Email: prestigenurseaide@att.net**

**DIALYSIS TECHNICIAN ENROLLMENT AGREEMENT**

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**STUDENT INFORMATION**

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**Name:** \_\_\_\_\_ **Date of Admission** \_\_\_\_\_

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

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Phone (Include Area Code)** \_\_\_\_\_ **Emergency Number:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

<b>Program</b>	<b>Start Date (mm/dd/yyyy)</b>	<b>Program End Date (mm/dd/yyyy)</b>	<b>Day Course or Evening</b>
_____	_____	_____	_____

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**Total Tuition Cost; includes registration, lab fee, textbook rental, tuition and uniform. Background checks are \$38.00 paid separately by students to Biometrics Screening Facility. Students are required to wear school ID visible and attend all classes in school uniform.**

**Registration 50.00 Lab 100.00 Uniform \$55.00 Tuition 770.00 Total: 975.00**

**Tuition is payable by cash, check, Visa/MC/Discover, or money order.**

**Program clock hours: 54**

**Days of Week (circle)**

40 hours Theory

14 hours Lab

\*3 hours of study at home

Per day is strongly advised

**Monday Tuesday Wednesday Thursday Friday Saturday**

## **COURSE DESCRIPTION:**

This is a 6 week comprehensive training program designed to train Hemodialysis Technicians in the basic skills necessary to perform hemodialysis functions and to be efficient in Patient Care Delivery. Dialysis is the process of removing waste products and excess fluid from the blood. Dialysis is necessary when the kidneys are not able to adequately filter the blood. Dialysis allows patients with kidney failure a chance to live productive lives. Hemodialysis Technicians work with patients whose kidneys are no longer working efficiently. This program is designed to provide the students with thorough knowledge about the Anatomy of the kidney and its primary function in the human body. Infection Control Principals, Medical Terminology, Patients Rights, HIPAA, Communication, and a Phlebotomy review will be covered. (Students must have active certification as a phlebotomist and an AHA Healthcare Provider CPR Card to register for this program). Students will be instructed and must return demonstration how to operate machines related to hemodialysis and peritoneal dialysis. The student technicians will have a working knowledge of commonly used concepts, practices, and procedure as it related to the care of patients with End Stage Renal Disease ESRD. Classroom theory and hands on practicals will be taught at Prestige Nurse Aide Training Academy. Students will have the opportunity to take tours of local dialysis centers.

Upon completion of this course, the student will be rewarded a certificate of completion. *Credit hours are not awarded for this course.*

**PROGRAM ADMISSION PREREQUISTES:** Applicants must be at least 17yrs of age at the time of enrollment, possess a high school diploma or GED equivalent. Have a valid state ID and Social Security Card. Authorization to have a fee app background check. Physical exam with a TB test current within a year; Submit proof of health insurance or signed release of liability waiver, passing of a 10 panel drug screen, submission of immunization records or titers for the Varicella, MMR, and Hepatitis B vaccinations. The Hepatitis B Declination form can be signed if you do not want this vaccination. (HEALTHFORMS can be picked up at the Admission Office) Must have active certification as a Phlebotomy Technician at time of registration. Must have a valid AHA Healthcare Provider CPR Card.

Classes are held two days a week Monday and Friday Day or evening. Day classes are held 9:00am until 1:00pm or Evenings from 5:00pm until 9:00pm. Students should call the academy to discuss class start dates. Dates are subject to change.

## **INSURANCE POLICY:**

We recommend that students participating in this course have healthcare insurance in the event of accidental needle punctures. Students that do not have healthcare insurance will be charged according to the hospital billing policy. Students will be sent to the nearest ER for blood work and follow up.

## **ATTENDANCE POLICY:**

**Due to the extensiveness of the program's curriculum,** attendance is expected for every class. There are **no** make up days allowed. Student are allowed to only accrue one absence, but are still held responsible for missed theory content. Students that accrue more than one absence will be dropped from this program of study. *No exception.*

## **ACADEMIC CALENDAR:**

Prestige Nurse Aide Training Academy will be closed on the following recognized federal holidays; **New Years Day, Martin L. King Holiday, Presidents Day, Memorial Day, Labor Day, Independence Day, Veterans Day, Thanksgiving, and Christmas.** The day following Thanksgivings, Christmas, and New Years will also be observed. Lecture and clinical schedules will be made accordingly to accommodate the holidays.

## **Prestige Nurse Aide Training Academy 2015 Projected Calendar of Course Offerings:**

January 6- February 24- CNA

February 17- March 14-Phlebotomy

April 6 –June 1- CNA

March 24-May 28 –EKG

March 31– May 2- Phlebotomy

May 11- June 13 - Phlebotomy

June 15 – August 7- CNA

June 23- August 1-Phlebotomy

August 25 -October 27- EKG

August 31- October 23- CNA

September 15- October 24- Dialysis

August 25- September 26- Phlebotomy

October 27 – December 23 - Dialysis

November 30- February 5, 2016-CNA

## **ACADEMIC INTERGRITY:**

Honesty and academic integrity is essential to the credibility of the Prestige Nurse Aide Academy's Dialysis Technicians curriculum. Therefore, any acts of cheating, plagiarism, falsification of academic records, theft, or violations of confidentiality is classified as a major offense and **will result in immediate disenrollment from the training program.**

## **TRANSCRIPTS:**

Transcript request must be in writing addressed to the school with the student signature and year of program completion. There may be up to 3 business days processing time in some cases. Transcripts are \$5.00 each for official copies and \$3.00 each for unofficial copies.

**PRESTIGE NURSE AIDE TRAINING ACADEMY  
TUITION PAYMENT PLAN OPTION  
AND REFUND POLICY**

Prestige Nurse Aide Training Academy is dedicated to maintaining academic success and progression. Tuition payments can place a burden on some and have potential of delaying one's career advancement. Our program has implemented a payment plan option to those that choose to take advantage of it. Individuals enrolled in a Payment Plan, must have an active checking account at time of registration. A down payment of \$500 is due one week prior the start of class and one post dated check for the remainder of the balance must be filled out and endorsed to Prestige Nurse Aide Academy. The remainder of the balance is due at the start of the third week. One week prior the deposit a courtesy reminder notice will be issued to you in writing that your next payment is coming up and will state your unpaid balance as of date.

There is *no* charge for setting up a payment plan agreement; however there will be a \$50.00 charge added to your tuition for any returned checks or insufficient funds notices plus any late fee accruing at \$50 per week.

**Program Cost; includes Registration, Lab, Tuition, Uniform, and Textbookrental.**

**Registration 50.00 Lab 100.00 Uniform \$55.00 Tuition 770.00 Total 975.00**

**Tuition is payable in cash, check, Visa/MC, or money order.**

**BUYERS RIGHT TO CANCEL**

- The student has the right to cancel the initial enrollment agreement until 5:00pm of the fifth business day after the student has been accepted; and if the right to cancel is not given to any prospective student at the time of the enrollment agreement is signed, then the student has the right to cancel the agreement at any time and receive a refund of all monies paid to date within 15 days of cancellation.
- Any Cancellation should be in writing and must be delivered to school management

**SCHOOLS REFUND POLICY**

1. When notice of cancellation is given before 5:00pm of the fifth business day after the date of enrollment, but One week prior to the first day of class, all fees minus the registration processing fee shall be refunded to the student.
2. Should a student's enrollment be terminated after the start of class or less than one week prior the course beginning, the student will be entitled to a prorated refund.
3. Refunds shall be based on when written notice of cancellation from the student is submitted.

4. Applicants not accepted by the school shall receive a refund of all tuition and fees paid within 30 calendar days after the determination of non-acceptance is made. The refund amount will show the registration fee of \$50 deducted.

5. Deposits or down payments shall become part of the tuition.

6. The school shall mail a written acknowledgement of a student's cancellation or written withdrawal to the student within 15 calendar days of the postmark date of notification. Such written acknowledgement is not necessary if a refund has been mailed to the student within the 15 calendar days.

7. A student's refunds shall be made by the school within 30 calendar days from the date of receipt of the student's cancellation.

8. The student's registration and Lab fee are non refundable expenses.

9. A school shall refund all monies paid to it in any of the following circumstances:

A) The school did not provide the prospective student with a copy of the student's valid enrollment agreement and a current catalogue or bulletin;

B) The school cancels or discontinues the course of instruction in which he student has enrolled;

C) The school fails to conduct classes on days or times scheduled, detrimentally affecting the student.

### **Tuition Reimbursement Scale**

<b>Day Withdrawal Occurred</b>	<b>% of Term Enrolled</b>	<b>Entitled Refund \$770 – Minus Registration/Lab/Uniform/ID</b>
1	8%	\$706
2	16%	\$642
3	25%	\$578
4	33%	\$514
5	41%	\$450
6	50%	\$385
7-12	58-100%	\$0.00

❖ Discounts that were received for payments in full will not be honored if a student withdrawals.

**Complaints against the school may be registered at the addresses listed below:**

Illinois Board of Higher Education  
Private Business and Vocational Schools  
1 N. Old State Capitol Plaza,  
Suite 333  
Springfield, Illinois 62701-1394  
[www.ibhe.org](http://www.ibhe.org)

- ❖ **Prestige Nurse Aide Training Academy holds the right to disenroll any student due to misconduct, plagiarism, academic dishonesty, theft, assault, battery, or violation of the HIPAA LAW.**

**Certificate of Approval to Operate Issued by the Illinois Board of Higher Education  
1 N. Old State Capitol Plaza,  
Suite 333  
Springfield, Illinois 62701-1394**

## TO THE STUDENT

- Do not sign this catalog before you read it or if it contains any blank spaces.
- This is a legally binding instrument and is only binding when the agreement is accepted, signed, and dated by the authorized official of the school or the admission officer at the school's principal place of business. Read all pages of this contract before signing.
- You are entitled to receive an exact copy of the catalog, enrollment agreement, and any disclosure pages you sign.
- Any changes in the agreement shall not be binding on either the student or the school unless such changes have been approved in writing by an authorized official of the school and by the student or the student's parent or guardian if the student is a minor.
- The terms and conditions of the catalog are not subject to amendment or modifications by oral agreement.
- The school does not guarantee the transferability of credits to another school, college, or university. Credits or coursework are not likely to transfer; any decision on the comparability, appropriateness and applicability of credit and whether credit should be accepted is the decision of the receiving institution.

The following contains information for the most recent 12 month reporting period of July 1 through June 30 for the Dialysis Technician Program. (This is a New Program of Study and Data has not yet been compiled)

FY 2015-2016

1. The number of students who were admitted in the course of instruction as of July 1 of that reporting period	_____
2. Additions during the year due to: a. New Start b. Re enrollment c. Transfers in the course of instruction from other courses of instruction of the school	_____ _____ _____
3. Total number of students admitted during the reporting period (the number of students reported under item (1) plus the additional reported under parts (A), (B),and (C) of item (2).	_____
4. Of the total course of instruction enrollment, the number of students who: a. Transferred out of the course of instruction to another course of instruction b. Completed or graduated from a course of instruction c. Withdrew from the school d. Are still enrolled	_____ _____ _____ _____
5. The number of students listed in item (3) who:  a. Were placed in their field of study b. Were placed in a related field c. Placed out of the field d. Were not available for placement due to personal reason e. Were not employed	_____ _____ _____ _____
6. <u>The number of students who took a State licensing examination, if any during the reporting period.</u>	_____
7. <u>The number of students who took and passed a State licensing examination or professional certification examination, if any, during the reporting period.</u>	_____
8. <u>The number of graduates who obtained employment in the field who did not use the school's placement assistance during the reporting period; such information may be compiled by reasonable efforts of the school to contact graduates by written correspondence</u>	_____
9. <u>The average starting salary for all school graduates employed during the reporting period; such information may be compiled by reasonable efforts of the school to contact graduates by written correspondence</u>	_____



**STUDENT ACKNOWLEDGMENTS**

- 1. I hereby acknowledge receipt of the school’s catalog, which contains information describing programs offered, and equipment or supplies provided. The school catalog is included as part of this enrollment agreement and I acknowledge that I have received a copy of this catalog.

**Student Initials** \_\_\_\_\_

- 2. I have carefully read and received an exact copy of this enrollment agreement.

**Student Initials** \_\_\_\_\_

- 3. I understand that the school may terminate my enrollment agreement if I fail to comply with attendance, academic, financial requirements, or if I fail to abide by established standards of conduct, as outlined in the school catalog. While enrolled in the school, I understand that I must maintain satisfactory academic progress as described in the school catalog and that my financial obligation to the school must be paid in full before a certificate or credential may be awarded.

**Student Initials** \_\_\_\_\_

- 4. I hereby acknowledge that the school has made available to me all required disclosure information listed under the consumer Information Section of this Enrollment Agreement.

**Student Initials** \_\_\_\_\_

- 5. I understand the school does not guarantee transferability of credit and that in some cases, credits or coursework are not likely to transfer to another institution. In cases where transferability is guaranteed, Prestige Nurse Aide Training Academy must provide me copies of transfer agreements that name the exact institution (s) and include agreement details and limitations.

**Student Initials** \_\_\_\_\_

- 6. I understand that the school does not guarantee job placement to graduates upon program completion.

**Student Initials** \_\_\_\_\_

- 7. I understand complaints, which cannot be resolved by direct negotiation with the school in accordance to its written grievance policy, may be filed with Illinois Board of Higher Education, Division of Private Business and Vocational Schools, Illinois Board of Higher Education 1 N. Old State Capitol Plaza, Suite 333 Springfield, Illinois 62701-1394 62701 or at [www.ibhe.org](http://www.ibhe.org).

**Student Initials** \_\_\_\_\_

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The Student acknowledges receiving an exact copy of this completed agreement, the school catalog, and a written confirmation of acceptance prior to signing this contract. The student by signing this contract acknowledges that he/she has read this contract, understands the terms and conditions, and agrees to the conditions outlined in this contract. It is further understood that this agreement that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. The student and the school will retain a copy of this agreement.

\_\_\_\_\_  
**Student’s Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Program Director’s Signature**

\_\_\_\_\_  
**Date**