

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

CNA ENROLLMENT AGREEMENT

STUDENT INFORMATION

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 _____

Program Start Date (mm/dd/yyyy) Program End Date (mm/dd/yyyy) Day Course or Evening

Total Tuition Cost; includes Registration, Lab Fee, Textbook, CPR Certification. Please note that the background checks are \$38.00 this fee is *not* covered in the tuition cost. Students will also be responsible for the state certification fee of \$65.00 at the successful completion of the program. Students *must* purchase a uniform and attendance badge from the Academy for \$35-\$55 depending on uniform size. Gait Belts and Blood Pressure Cuff sets can be purchased for \$30. To participate at clinical, it is the students responsibility to have a physical and TB test performed.

Registration 25.00 Lab 100.00 CPR 30.00 TextBook 80.00 Tuition 600.00 Total: 835.00

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

Program clock hours: 120

Days of Week (circle)

80 hours Theory

Monday Tuesday Wednesday Thursday Friday Saturday

40 hours Clinical

*3 hours of study at home
per day is strongly advised

COURSE DESCRIPTION:

This course is approved by the Illinois Board of Higher Education and the Department of Public Health, designed to prepare individuals to work as a nursing assistant in long term care facilities, hospitals, and private homes. This course focuses on the basic nursing knowledge and skills needed to care for individuals with dignity and respect one critical. Upon successful completion of this course, students are eligible to take the required State Board of Illinois competency exam for nursing assistant certification. Under the direction and supervision of a Registered Nurse, the nursing assistant will learn and return demonstrate the twenty- basic nursing skills through a combination of theory lectures, lab, and supervised clinical experiences in a long term health care facility. The nursing assistant performs functions and procedures relating to the safety, nutrition, personal hygiene, range of motion exercises, and elimination needs.

❖ *This Course Curriculum is also taught in our Patient Care Technician Program.*

PROGRAM ADMISSION PEREQUISTES: Applicants must be at least 16 yrs of age at time of enrollment, possess a high school diploma or GED equivalent. If neither are applicable, the student must score 75% on a competency exam which requires reading and math at the 8th grade level. Have a valid state ID and Social Security Card. Authorization to have a fee app background check (required by Illinois Law), physical exam with TB test, and submit proof of healthcare insurance or signed release of liability waiver, passing of a 10 panel drug screen, submission of immunization records or titers for the Varicella and MMR vaccinations.

CRIMINAL BACKGROUND CHECKS: Illinois Department of Public Health code (77 Ill. Adm. Code, Section 395) states that a nurses' aide cannot work for a hospital, nursing home, or health agency if they have been charged with certain convictions. A list of disqualifying convictions that will prevent a student from participating in the nurse aide training program can be reviewed on the IDPH website: <http://www.idph.state.il.us/nar/home.htm>. Hyperlink: **Disqualifying Convictions.**

However, if you have a conviction, a waiver procedure may be optional. This waiver must be granted from the Illinois Department of Public Health. A waiver allows employment despite a criminal record. A waiver is granted at the discretion of IDPH on a case by case analysis.

Authorization for a criminal background check must be initiated before the start of class. Refusal to participate in a criminal background check will result in immediate disenrollment from the course. Any concerns can privately be discussed with the instructor.

❖ Classes are held three days a week Monday, Wednesday, and Friday day and evening. Day classes are held from 8:30am until 1:30pm or evening classes from 5:00pm until 10:00pm. Students should call the academy to discuss start dates. Dates are subject to change.

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 28- November 20- CNA
August 25- September 26- Phlebotomy
November 10 – January 21, 2016-EKG
November 30- February 5, 2016-CNA

REQUIRED TEXT:

Sorrentino, Sheila. (2012) . Mosby's Textbook for Nursing Assistants. (8th Ed). St. Louis, MO.
ISBN: 978-0-323-08067-5

ATTENDANCE POLICY: Attendance will be taken at the start of theory, lab, and clinical. As prescribed by Illinois Department of Public Health, it is mandated that a student must participate in a minimal 80 hours of theory and 40 hours of clinical experience. Personal appointments that include, but not limited to (doctor's appointments, child physicals, attorney meetings, and parent-teacher conferences) should be scheduled so that there is not a conflict with the nursing assistant training course. Punctual and regular attendance is mandatory. Habitual tardiness will not be tolerated, it is a distraction to the instructor and other students, violates the states mandated allotment of theory/clinical hours, and forfeits the learning objective of accountability and responsibility.

In the event a student is ill, and must miss a theory/clinical, only one make up day will be granted at the instructors' discretion. A physician note must accompany the absence and the student must notify the training academy two hours before the scheduled class/clinical. A make up day will be scheduled the following week, and it is the students' responsibility to make the necessary arrangements to be present.

NO EXCEPTIONS WILL BE GRANTED.

A student may not miss any of the mandatory curriculum content, which includes: Communication and interpersonal skills, Infection Control, Safety/Emergency procedures, including the Heimlich maneuver, Promoting resident's independence, Promoting residents' rights, and 12 hours of Alzheimer's disease and related dementias. There will be **NO EXCEPTIONS** to this policy due to federal regulations.

**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 the Payment Plan Option, must have an active checking account at time of registration. A down payment of \$350.00 is due one week prior the start of class and two post dated checks must be filled out and endorsed to the Prestige Academy. The checks must be dated for the start of the third week and sixth week. One week prior each 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 occurring at \$50 per week.

Program Fees Includes;

Registration 25.00 Lab 100.00 CPR 30.00 TextBook 80.00 Tuition 600.00 Total: 835.00

Tuition is payable by 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 \$25 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, Textbook, Lab Fee, and CPR 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 the student has enrolled;
 - C) The school fails to conduct classes on days or times scheduled, detrimentally affecting the student.

Tuition Reimbursement Scale

Day Withdrawal Occurred	% of Term Enrolled	Entitled Refund- Minus CPR/Lab Fee Registration/TextBook Remaining Balance \$600
1	4%	\$576
2	8%	\$552
3	13%	\$522
4	17%	\$498
5	21%	\$474
6	25%	\$450
7	29%	\$426
8	33%	\$402
9	38%	\$372
10	42%	\$348
11	46%	\$324
12	50%	\$300
13	54%	\$276
14-24	60-100%	\$0.00

- ❖ Discounts issued due to payments in full will not be honored if a student withdraws.

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

Illinois Board of Higher Education
Division of Private Business Vocational Schools
1 N. Old State Capitol Plaza,
Suite 333
Springfield, Illinois 62701-1394
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.**

NOTICE 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 Basic Nursing Assistant Program.

FY 2014-2015

1. <u>The number of students who were admitted in the course of instruction as of July 1 of that reporting period</u>	<u>40</u>
2. <u>Additions during the year due to:</u>	
a. <u>New Start</u>	<u>20</u>
b. <u>Re enrollment</u>	<u>6</u>
c. <u>Transfers in the course of instruction from other courses of instruction of the school</u>	<u>0</u>
3. <u>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)).</u>	<u>66</u>
4. <u>Of the total course of instruction enrollment, the number of students who:</u>	
a. <u>Transferred out of the course of instruction to another course of instruction</u>	<u>0</u>
b. <u>Completed or graduated from a course of instruction</u>	<u>34</u>
c. <u>Withdrew from the school</u>	<u>3</u>
d. <u>Are still enrolled</u>	<u>29</u>
5. <u>The number of students listed in item (3) who:</u>	
a. <u>Were placed in their field of study</u>	<u>30</u>
b. <u>Were placed in a related field</u>	<u>4</u>
c. <u>Placed out of the field</u>	<u>0</u>
d. <u>Were not available for placement due to personal reason</u>	<u>0</u>
e. <u>Were not employed</u>	<u>0</u>
6. <u>The number of students who took a State licensing examination, if any, during the reporting period.</u>	<u>34</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>	<u>32</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>	<u>28</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>	<u>\$39,000</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 or at www.ibhe.org.
Student Initials _____

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