

Northern Michigan Health Training School
1396 Douglas Drive, Unit 22C
Traverse City, MI 49696
office: (231) 941-1000
fax: (231) 941-1055

CNA ENROLLMENT AGREEMENT

Please print legibly in blue or black ink

Student Name: _____

Address: _____

Phone Number: _____ Email: _____

Date of Birth: _____ Social Security Number: _____

Start Date: _____ Tuition Cost: _____

If a Payment Plan is requested: \$ _____ down, \$ _____ month
(Payment Plan Contract will be completed)

Tuition Charges and Fees/Refund Policy:

The cost of tuition for the Nurse Aide Training Program is **\$875**. For the CNA program plus American Heart Association Basic Life Support (BLS) for the HealthCare Provider (CPR) certification total is **\$925**. Cash, check and credit cards are accepted. Make checks payable to: Northern Michigan Health Training School. Tuition includes required textbook, skills testing, use of required equipment and certificate upon completion. If a criminal background check is required as outlined in the *NMHTS Application*, an additional fee of **\$20** is required.

Documentation of a TB skin test (Mantoux) within the past year will be required before the clinical component of training; students are encouraged to prepare for class by completing this requirement ahead of time.

A NON-REFUNDABLE deposit of \$45.00 is required to secure position upon registration. If choosing a payment plan it will be applied towards your downpayment.

Should the tuition fee (minus \$45 non-refundable deposit) be refunded, it must be requested within three (3) days after the class has begun. Any refund, or partial refund, will be returned within thirty (30) days and prorated for days attended as well as supplies received. After completion of the first week, no refund will be given. By signing below, student agrees to the terms of this contract and has read all school policies.

Student Signature: _____