

ENVANA Healthcare Training Center, Inc

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ENROLLMENT AGREEMENT

STUDENT INFORMATION (PLEASE PRINT)

REGISTRATION DATE: _____

STUDENT NAME: _____ SOCIAL SECURITY _____ -- ____ -- ____
First MI Last

ADDRESS: _____
Street City State Zip Code

PHONE NUMBERS: (____) _____ E-MAIL ADDRESS: _____ @ _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____ TEL #: _____

PROGRAM / COURSE NAME: (Circle One) **Basic Nursing Assistant / Phlebotomy Technician / EKG Technician / Pharmacy Technician**

PROGRAM START DATE: _____ SCHEDULED END DATE: _____ NUMBER OF WEEKS: _____

DAY EVENING WEEKEND CLASS MEETS: (circle) MON TUES WED THURS FRI SAT SUN

TIME CLASS BEGINS: _____ TIME CLASS ENDS: _____ TOTAL CREDIT or CLOCK HOURS: _____

Tuition & other fees: NON-REFUNDABLE REGISTRATION FEE: \$ 60.00 **We do not process any form of FINANCIAL AID**

| Course Program | Nursing Assistant | Phlebotomy Technician | EKG Technician | Patient Care Technician | Pharmacy Technician | Miscellaneous expenses are not provided by the Institution. Students are responsible to obtain the following. (cost of each may vary) |
|----------------|-------------------|-----------------------|--|----------------------------|---------------------|--|
| Tuition Fee | 880.00 | 840.00 | 780.00 | 2500.00 CNA+PCT +EKG | 1250.00 | BNATP: CEIL BLUE Scrubs, TB or Chest-X-ray, Criminal Background Check Phlebotomy: TB test, Tetanus and Hepatitis B vaccine is optional but highly recommended |
| Laboratory | Included | Included | Included | Included | Included | All Courses: Textbook is needed on the first day of class |
| Certification | SIUC/IDPH | NHA | NHA | NHA | NHA | Certification Fee: SIUC: \$75.00 NHA: \$125.00 |
| Payment | Registration Fee | Tuition Fee | First Payment due 5 days before start of class | | | 50% |
| Cash | | | Last Payment due before Mid-term | | | 50% |
| Cashier's Ck | | | Late payment penalty 10% of balance + \$5.00 daily | | | |
| Money Order | | | | | | |
| Credit Card | | | + 12 % if paying by VISA / MC / DISCOVER / AMEX | | | |

REFUND / CANCELLATION / WITHDRAWAL POLICY

STUDENT'S RIGHT TO CANCEL

The student has the right to cancel the initial enrollment agreement until midnight of the 5th business day after the student has been admitted (Registration Date). Cancellation should be submitted to the authorized official of the school in writing.

Registration Date is the same of the Acceptance Date

1. Student must submit a written notice of cancellation or withdrawal
2. School shall, when a student gives **written notice of cancellation**, provide a refund in the amount of at least the following:
 - a. When notice of cancellation is given **before** midnight of the fifth (5th) business day after the date of enrollment but prior to the first day of class, payment for tuition fee shall be refunded to the student.
 - b. When notice of cancellation is given **after** midnight of the fifth business day after the date of enrollment but prior to the first day of class, the school will retain 25% of the cost of full tuition fee.
 - c. When notice of cancellation is given during the first week i.e. 1st day of class attendance, the school will retain all payments made up to 50% of the cost of full tuition fee
 - d. When notice of cancellation is given during the second week of class attendance or 50% of the course schedule (before midterm), the school will retain the 75% of the cost of full tuition fee
 - e. When notice of cancellation is given after 50% of the course schedule (after midterm), the student must pay the full cost of tuition fee and will not be eligible for refund.
3. Deposits or down payments shall become part of the tuition. **Registration fee is not a part of the tuition fee.**

4. 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 15 calendar days.
5. All student refunds shall be made by the school within 30 calendar days from the date of receipt of the student's cancellation.
6. A student may give notice of cancellation to the school in writing. The unexplained absence of a student from a school for more than 2 school days shall constitute constructive notice of cancellation to the school. For purposes of cancellation the date shall be the last day of attendance.
7. A school may not make refunds which exceed those prescribed in this Section. The school has no refund policy that returns more money to a student than those policies prescribed in this Section. A school shall refund all monies paid to it in any of the following circumstances:
 - a. The school cancels or discontinues the course of instruction in which the student has enrolled.

NOTICE TO STUDENT

1. Do not sign this agreement before you have read it or if it contains any blank spaces.
2. This agreement 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 admissions officer at the school's principal place of business. Read all pages of this contract before signing.
3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
4. This agreement and the school catalog constitute the entire agreement between the student and the school.
5. Any changes in this agreement must be made in writing and shall not be binding on either the student or the school unless such changes have been approved in writing by the authorized official of the school and by the student or the student's parent or guardian. All terms and conditions of the agreement are not subject to amendment or modification by oral agreement.
6. 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.

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 viewed, read a copy of this catalog. (Can be downloaded from the School website: www.envanahealthcare.com). **Student Initials** _____
2. I have carefully read this enrollment agreement. **Student Initials** _____
3. I understand that the school may terminate my enrollment if I fail to comply with attendance, academic, and 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 that the school does not guarantee transferability of credit and that in most cases, credits or coursework are not likely to transfer to another institution. **Student Initials** _____
6. I understand that the school does not guarantee job placement to graduates upon program completion. **Student Initials** _____
7. I understand that complaints, which cannot be resolved by direct negotiation with the school in accordance to its written grievance policy, may be filed with the Illinois Board of Higher Education, 1 N. Old State Capitol Plaza, Suite 333 Springfield, IL 62701 or at <http://complaints.ibhe.org> or www.ibhe.org. **Student Initials** _____

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 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 (If Minor) Parent / Guardian Signature Admission Date

 Program Director's Signature Date

REQUIREMENTS FOR ADMISSION TO PROGRAM / COURSE:

1. Must be at least 16 years of age
2. Submit copy of High School diploma or GED equivalent *
3. Submit copy of Social Security Card and government ID (Driver's License or US passport) *
4. Submit copy of the negative TB skin test / blood test or Chest x-ray *
5. Submit copy of the Covid-19 Vaccination Record Card*
6. No Criminal record for BNATP
7. Hepatitis Shot (optional) for Phlebotomy Technician (recommended)
8. Tetanus Shot (optional) for Phlebotomy Technician (recommended)

*All submitted documents will be a property of the school. If the student requested them to be returned, the school will charge a service fee of \$35.00 and certified mail of \$15.00

Attendance for all Programs / Courses:

- Students who missed 1 day of theory sessions will have to do make up classes.
- Students who missed 2 days of theory sessions will be asked to drop the course
- Students who missed 1 clinical session (if required) will have to do make up clinical session.
- Make up classes and clinical session will be scheduled by the Chief Managing Employee.
- Failure to fulfill make up classes will result to termination of enrollment

Grading Scale for all Programs / Courses

| | | |
|-------------------------|--------------|------------------------|
| Quizzes average | 30% | A = 96% - 100% |
| Mid Term Exam | 30% | B = 91% - 95% |
| Final Exam | 40% | C = 86% - 90% |
| Total = | 100% | D = 80% - 85% |
| Laboratory / Clinical = | Pass or Fail | F = Failed – below 80% |

STUDENT: INSTRUCTOR RATIO

8 to 24 Students per 1 Theory Instructor
8 Students (BNATP) per 1 Clinical Instructor

DESCRIPTION OF PROGRAM / COURSE OBJECTIVES

Basic Nursing Assistant Training Program: Credit Hours: 120 hours (80 hours theory and 40 hours clinical)

Vocational Objective and Instructional Areas:

The students will be learning fundamentals of nursing care skills, the basic daily physical care and comfort needs of client as directed by supervising licensed personnel. Students will understand the importance of safety and security of client, family, self or others by observing safety precautions and promoting a sense of security and well-being. Students will be taught and trained but not limited to the 9 modules through theory discussion and return demonstration for 80 hours and a minimum of 21 performance skills for 40 hours clinical.

Modules: Introduction to Health Care, Residents Rights and NA Responsibilities, Infection Control in the Health Care Setting, Emergency Procedures, Injury Prevention in the Healthcare Environment, Care of Resident, Fundamentals of Rehabilitation/Restorative Nursing, End of Life Care, Alzheimer's Disease and Related Dementia.

Performance Skills: Wash hands, Perform Oral Hygiene, Shave a Resident, Perform Nail Care, Perform Perineal Care, Give Partial Bath, Give a Shower or Tub Bath, Make Occupied Bed, Dress a Resident, Transfer Resident to Wheelchair Using a Transfer Belt, Transfer Using Mechanical Lift, Ambulate with Transfer Belt, Feed A Resident, Calculate Intake and Output, Place Resident in a Side-Lying Position

Perform Passive Range of Motion, Apply and Remove Personal Protective Equipment, Measure and Record Temperature, Pulse and Respiration, Measure and Record Blood Pressure, Measure and Record Weight, Measure and Record Height

Qualified candidates will be scheduled sit for Competency Examination administered by SIUC and earn the title of Certified Nursing Assistant (CNA) from the IDPH.

CNA can work at the following facilities: Hospitals, Long Term Care Facilities, Rehabilitation Facilities, Assisted Living Facilities, Supported Living Facilities, Adult Day Care, Community Care Program Facilities, Retirement Homes, Home Health Care, Home Services, Hospice Care, Nurse Agency, Doctor's Clinic and Private Home Care

Textbook and Workbook: Nursing Assisting, A Foundation in Caregiving 5th Edition by Diana Dugan, RN

Phlebotomy Technician Training Program: Credit Hours: 100 hours (60 hours theory, 40 hours laboratory)

Vocational Objective:

- To increase the number of well trained and dedicated individuals in the field of health care through our principles of learning.
- To maintain and disseminate information on vocational education.
- To develop a comprehensive and successful practice of phlebotomy through highly skilled techniques, wide knowledge of the current healthcare environment, and a sympathetic approach to patients of all ages, backgrounds and medical conditions.
- To achieve accurate knowledge and skills by the time of program course completion.

Instructional Areas:

- Perform a minimum of 30 successful unaided venipuncture collections and 10 successful unaided capillary collections.
 - Instruction in a variety of collection techniques including vacuum collection, syringe and capillary skin-puncture methods.
- Qualified candidates will be scheduled sit for Competency Examination administered by National Healthcareer Association to earn the title of Certified Phlebotomy Technician (CPT)

CPT can work at Hospitals, Laboratory Company, Health Insurance Company, Dialysis clinic, Doctor's Clinic, Home Health Care

Textbook: Phlebotomy Worktext and Procedures Manual, 5th ed. by Robin S. Warekois and Richard Robinson

Electrocardiogram / EKG Technician Training Program: Credit Hours: 40 hours theory

Vocational Objective:

- To increase the number of well trained and dedicated individuals in the field of health care through our principles of learning.
- To maintain and disseminate information on vocational education.
- To develop a comprehensive and successful practice of ECG/EKG Tech through highly skilled techniques, wide knowledge of the current healthcare environment, and a sympathetic approach to patients of all ages, backgrounds and medical conditions.
- To achieve accurate knowledge and skills by the time of program course completion.

Instructional Areas:

- Successful completion of Certification exam: Certified Electrocardiogram / EKG Technician as administered by the National Healthcareer Association

Certified EKG Tech can work in Hospital, Diagnostic Mobile Company, Doctor's Clinic, Heart Center, Cardiac Rehab Center

Textbook: Hartman's Complete Guide for the EKG Technician by Wilma Lynne Clarke, EdD, RN

Pharmacy Technician Training Program: Credit Hours: 100 hours theory

Vocational Objective:

- To increase the number of well trained and dedicated individuals in the field of health care through our principles of learning.
- To maintain and disseminate information on vocational education.
- To develop a comprehensive and successful practice of Pharmacy Tech through highly skilled techniques, wide knowledge of the current healthcare environment, and a sympathetic approach to patients of all ages, backgrounds and medical conditions.
- To achieve accurate knowledge and skills by the time of program course completion.

Instructional Areas:

- Successful completion of Certification exam: Certified Pharmacy Technician as administered by the National Healthcareer Association

Certified Pharmacy Tech can work in Hospital Pharmacy, Retail Pharmacy, Pharmaceutical Company,

Textbook: Mosby's Pharmacy Technician: Principles and Practice, 3rd ed., 2011 Teresa Hopper, BS, CPhT

Patient Care Technician Training Program

- Successful completion of Basic Nursing Assistant Training Program, Phlebotomy Technician Training Program and Electrocardiogram Technician Training Program

Basic Nursing Assistant, Phlebotomy and EKG Technician courses are to be taken separately. Completion of the 3 courses qualifies a candidate to take PCT certification. Each course is independent and not a pre-requisite of the other.

- Successful completion of Certification exam: Certified Patient Care Technician as administered by the National Healthcareer Association

PCT can work at the following facilities: Hospitals, Long Term Care Facilities, Rehabilitation Facilities, Assisted Living Facilities, Supported Living Facilities, Adult Day Care, Community Care Program Facilities, Retirement Homes, Home Health Care, Home Services, Hospice Care, Private Home Care, Nurse Agency, Doctor's Clinic, Doctor's Clinic, Diagnostic Mobile Company, Heart Center, Cardiac Rehab Center

CONSUMER INFORMATION

| DISCLOSURE REPORTING CATEGORY | BNATP | Phlebotomy Technician | EKG Tech | PCT | Pharmacy Tech |
|--|--------------|------------------------------|-----------------|------------|----------------------|
| A) For each program of study, report: | | | | | |
| 1) The number of students who were admitted in the course of instruction as of July 1, 2019 to June 30, 2020 | 182 | 22 | 7 | 0 | 0 |
| 2) The number of additional students who were admitted in the program of instruction during the next 12 months and classified in one of the following categories | | | | | |
| a) New Start | 0 | 0 | 0 | 0 | 0 |
| b) Re-enrollments | 0 | 0 | 0 | 0 | 0 |
| c) Transfers into the program from other programs at the school | 0 | 0 | 0 | 0 | 0 |
| 3) The total number of students admitted in the program or course of instruction during the 12-month reporting period (the number of students reported under subsection A1 plus the total number of students reported under subsection A2) | 182 | 22 | 7 | 0 | 0 |
| 4) The number of students enrolled in the program or course of instruction during the 12-month reporting period who: | | | | | |
| a) Transferred out of the program or course and into another program or course at the school | 0 | 0 | 0 | 0 | 0 |
| b) Completed or graduated from a program or course of instruction | 173 | 22 | 7 | 0 | 0 |
| c) Withdrew from the school | 0 | 0 | 0 | 0 | 0 |
| d) Are still enrolled | 0 | 0 | 0 | 0 | 0 |
| 5) The number of students enrolled in the program or course of instruction who were | | | | | |
| a) Placed in their field of study | 143 | 20 | 7 | 0 | 0 |
| b) Placed in a related field | 0 | 0 | 0 | 0 | 0 |
| c) Placed out of the field | 0 | 0 | 0 | 0 | 0 |
| d) Not available for placement due to personal reasons | 39 | 2 | 0 | 0 | 0 |
| e) Not employed | 0 | 0 | 0 | 0 | 0 |
| B1) The number of students who took a State licensing examination or professional certification examination (if any) during the reporting period | 153 | 22 | 7 | 0 | 0 |
| B2) The number of students who took and passed a State licensing examination or professional certification examination (if any) during the reporting period | 143 | 20 | 7 | 0 | 0 |
| C) The number of graduates who obtained employment in the field who did not use school's placement assistance during the reporting period | 143 | 20 | 7 | 0 | 0 |
| D) The average starting salary for all school graduates employed during the reporting period | \$16.00 | \$16.00 | \$16.00 | n/a | n/a |