



**CNA Training School of Nursing, Inc.**  
**5317 NE St Johns Road Suite F**  
**Vancouver, WA. 98661**  
**(360) 546-0098**

This Enrollment Agreement is Between the above named school and the student below:

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

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

The school agrees to provide the following training: **Nursing Assistant Training**

**Start Date** \_\_\_\_\_ **Completion Date** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**NA Training is complete in 3- 3 1/2 weeks: Theory 35, Clinical / Lab 50-65 hours**

**This training will cost: \$750.00**

<b>Tuition</b> .....	<b>\$750.00</b>
<b>Free books</b> .....	<b>(\$60.00 value)</b>
<b>Free tuberculosis test</b> .....	<b>(\$35.00 value)</b>
<b>Free background check</b> .....	<b>(\$15.00 value)</b>
<b>Free registration</b> .....	<b>(\$70.00 value)</b>

**Total Cost For The Course**.....**\$750.00**

**Agreement is Binding:**

This agreement will be binding only when it has been fully completed, signed, and dated by the Student and an authorized representative of the school prior to the time instruction begins.

**Changes in the Agreement:**

Any changes in the agreement will not be binding on either the student or the school unless such changes are acknowledged in writing by an authorized representative of the school and by the student or the student's parent or guardian if he/she wishes.

**Effective Date of Acceptance:**

I certify that I have read and understand the cancellation and refund policy and the complaint procedure. I have received a copy of the school brochure, and any other papers I signed. I hereby agree to abide by conditions set forth herein.

## **Cancellation and refund policy for Nursing Assistant Program:**

1. Our Nursing Assistant School will refund all money paid if the applicant is not accepted. This includes when the school cancels a starting class.
2. The school must refund all money paid if the applicant cancels within 5 business days (excluding Sundays and Holidays) after the day the contract is signed or the payment is made, so long as applicant has not started the training.
3. The school will retain an established registration fee equal to 10% of the total tuition cost which would be \$70.00, if the applicant cancels after the 5<sup>th</sup> business day after signing the contract or making a payment. A “registration fee”, is any fee charged by our school to process student applications and establish a student record system.
4. If training is terminated after the student enters classes, the school may retain the registration fee established under (c) of this subsection, plus a percentage of total tuition as described in the following table:

<b>If the student completes this amount of training</b>	<b>The school make keep this percentage of tuition cost</b>
<b>One week or up to 10% whichever is less</b>	<b>10%</b>
<b>More than one week or 10% whichever is but &lt; than 25%</b>	<b>25%</b>
<b>25% through 50%</b>	<b>50%</b>
<b>More than 50%</b>	<b>100% .</b>

5. When calculating refunds, the official date of a student’s termination is the last day of recorded attendance: (a) When the school receives notice of the student’s intention to discontinue the training program: or, (b) When the student is terminated for a violation of a published school policy which provides for termination, or (c) When a student, without notice fails to attend classes for thirty calendar days.
6. All refunds must be paid within 30 days of the student’s official termination date.

### **Discontinued programs:**

If the school discontinues instruction after students enter training, including circumstances where the school changes its location, students must be notified in writing of such events. Students are entitled to a pro-rata refund of all tuition and fees paid unless comparable training is arranged for by the school and agreed upon, in writing, by the student. A written request for such a refund must be made within 90 days from the date the programs was discontinued or relocated and the refund must be paid within 30 days after receipt of such a request.

### **Termination by the School:**

A student who fails to maintain satisfactory progress, violates safety regulations, interferes with other students who are working, is disruptive, obscene, under the influence of alcohol or drugs, or does not make timely tuition payment or payments, is subject to immediate termination.

### **Cancellation of Classes:**

The school reserves the right to cancel a starting class if the number of students enrolled is insufficient. Such a cancellation will be considered a rejection by our school and you will be entitled to a full refund of all money paid.

### **Notice to Buyers:**

Do not sign this agreement before you read it or if it contains any blank spaces. This is a legal document. All pages of this agreement are binding. Read all sides of all pages before signing. You are entitled to an exact copy of agreement, school brochure, and any other papers you may sign and are required to sign a statement acknowledging receipt of those.

**Please Note: CNA Training School will make every effort to ensure your success of this program. Our mission is to provide the highest quality for the field of nursing, honor and integrity will be practiced here at all times. Please do not hesitate to come to us with a concern, we want to be the link in your success as a Nursing Assistant!**

**CNA Training School of Nursing, Inc.**

**NOTICE**

Washington State Law requires the following information to be supplied to each student enrolling in a private vocational school licensed under RCW 28C.10. One copy of this notice bearing signatures must be attached by the school as an addenda to that individual's enrollment agreement and a copy must be provided to the enrollee by the school.

**Acknowledgment by Enrollee:**

1) I understand and accept that any contract for training I enter into with the above named school contains legally binding obligations and responsibilities.

2) I understand and accept the repayment obligations will be placed upon me by any loans or other financing arrangements I enter into as a means to pay for my training.

3) I understand that any enrollment contract I enter into will not be binding or take effect for at least five days, excluding Sundays and Holidays, following the last date such a contract is signed by the school and myself, provided that I have not entered classes sooner.

Name (Please print) \_\_\_\_\_

Signed by Student: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2012

**Acknowledgment By School:**

Prior to being enrolled in this school, the applicant whose name and signature appears above has been made aware of the legal obligations he/she takes on by entering into a contract for training. Those discussions included cautions by the school about acquiring excessive debt burden that might become difficult to repay given employment opportunities and average starting salaries in his/her chosen field or occupation.

Signature Signed: \_\_\_\_\_  
MaryAnn Wilson, RN Program Director

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2012

# CNA Training School of Nursing Inc.

## Terms of Agreement

Our mission here at CNA Training School Of Nursing inc. is to provide the essential training needed to those who wish to contribute to the increasingly growing group of individuals in need of personal assistance in fulfilling their activities of daily living. This programs demands commitment, and a mature level of responsibility from all those who participate. Lastly, individuals in need, deserve nothing less, and in every case, the decisions we make as medical professionals directly affect the quality of life of each other and every individual under our care.

### *I understand to the above mentioned and agree to the following (Initial where required):*

- \_\_\_\_\_ I understand that I am solely responsible for my actions as a student at CNA Training School Of Nursing inc., and **I agree** to behave in a mature and professional manner at all times while receiving instruction from any of the faculty or staff whether here at the main campus or at any of the other locations where instruction is received.
- \_\_\_\_\_ I understand that the educational and work environment as a Certified Nursing Assistant student (whether on the main campus or during clinical rotations at one of the affiliate facilities), I will potentially be exposed to all of the risks and dangers as that of an already certified nursing assistant working for a nursing or other healthcare facility; *Including but not limited to:* potential accident or injury, exposure to blood borne pathogens, illness, needle sticks, as well as many other potential unforeseen hazards, and **I hereby release and hold harmless CNA Training School Of Nursing inc., and any of these faculty staff, as well as any affiliate individuals or organizations to CNA Training School of Nursing inc. from any liabilities associated with the above stated risks.**
- \_\_\_\_\_ I understand that at all times while on campus or during clinical rotations, or receiving instruction from faculty or affiliates of CNA Training School of Nursing inc., I am to act in accordance with all applicable policies, procedures, rules on conduct, and all state and federal laws and regulation expected of a Certified Nursing Assistant. Failure to comply with the above mentioned are grounds for dismissal.
- \_\_\_\_\_ I understand that **at no time** while on campus or at any of the clinical site, **am I to be under any degree of influence of any illicit substances or intoxicants.**
- \_\_\_\_\_ I understand that a certificate of completion will be issued at the end of my training upon receiving passing grades in all of my courses of study and exams, which will then allow me to be eligible to apply for the state board examination. **Additionally, all fees and tuition must be paid in full prior to my receiving of a certificate of completion.**
- \_\_\_\_\_ I understand that CNA Training School of Nursing **cannot** promise or guarantee employment or any degree of income or wage rate to any applicant or graduate.
- \_\_\_\_\_ I understand that a refund may only be issued in accordance to CNA Training School of Nursing's Refund Policy and that I have read and understand clearly of said policy.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_