

**Certified Nurse Aide Training Program (STNA)
Student Enrollment Agreement**

Expected program length: 76 Clock Hours Start Date: _____
Full Time Class: 2 weeks to complete (10 working days)
Night Class: 4 weeks to complete
Weekend Class: 5 weeks to complete

Name: _____ S.S.N.: _____ DOB: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Emergency Contact: _____ Emergency Contact #: _____
Class Date Desired: _____ Alternate Date: _____
Sponsor Information: _____
(Agency or Facility paying for training) if applicable:
Address: _____ Contact Person: _____
Title: _____ Phone: _____ Fax: _____

Tuition and Fees

Student:

CNA Training: \$500.00 (Included a \$250.00 non-refundable registration fee)

Additional Fees:

BCI \$35.00

Gait Belt: \$15.00

Work Book: \$12.00

Payment: _____ Cash _____ Check _____

Total Due: _____ Amount Paid: _____ Bal. Due: _____ Bal. Due Date: _____

Uniforms any color in class, Clinical light blue only (No open toe shoes to be worn).

ALL STUDENTS MUST BE ABLE TO READ AND WRITE IN ENGLISH

Sponsor:

Application Fee: \$ 250.00 (non-refundable)

CNA Training: \$ 390.00

Textbook: \$ 25.00

Gait Belt: \$ 12.00 tax exempt

Total Due: _____

CANCELLATION/REFUNDS POLICY

Two business days before class start date: 50% refund of deposit (must be in writing.)
No show to scheduled class date: NO REFUND

BCI NEED TO BE COMPLETE BEFORE STARTING CLINICALS
\$35.00 @ QC/CHC Inc.

CNA REFRESHER COURSE
(Skills only, 1 hr. max.)
\$30.00 @ QC/CHC Inc.

Refunds must be requested in writing. Refunds are issued within 30 days of cancellation date and will be sent via US mail.

All applicants are required to have a current two-step Mantoux TB test on file before participating in the clinical rotation. All tuition and fees are payable for ONE session only. Tuition must be paid in FULL before the first date of class. Tuition and fee charges are subject to change at Quality Care/CHC Inc. discretion. Tuition is non-transferable.

I agree to submit payment for tuition and fees as outlined above. I understand that this agreement is a legal and binding contract once. I certify that I do not have any physical limitations that would place any restrictions on my mobility or my ability to lift and move equipment and patients.

Student Signature: _____ Date: _____

Printed Name: _____ Date: _____