



FIRST STEP TO EXCELLENCE HEALTH CARE TRAINING ACADEMY, LTD

1639 East 87th Street
Chicago, Illinois 60617

Phone: 773-437-5003

www.fsteacademy.education

ENROLLMENT AGREEMENT

Certified Nursing Assistant

STUDENT INFORMATION

STUDENT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBERS: H) _____ C) _____ W) _____

E-MAIL ADDRESS: _____

SOCIAL SECURITY #: _____ STATE ID# _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ TELEPHONE #: _____

BASIC NURSING ASSISTANT PROGRAM (BNATP)

DATE OF ADMISSION: ____/____/____

The BNATP is a study of principles and procedures used by the nurse assistant in long term care, home health settings and hospitals. Through lecture/discussion/role play, supervised laboratory and actual clinical experience, students are provided with knowledge and skills needed to provide basic nursing care for patients in hospitals, nursing homes, private duty and other health care facilities. Upon successful completion of all program requirements students will be eligible to take the Illinois Nurse Aide Competency Examination administered by Southern Illinois University of Carbondale; the student will also receive a Certificate of Completion from First Step to Excellence Health Care Training Academy, Ltd.

6 weeks 120 hours - 80 hours' theory + 40 hours Clinical

ADMISSION REQUIREMENTS

- Must have a high school diploma /GED * qualified candidates may also be in high school, in good academic standing, (Official transcripts (high school transcripts, GED) must be submitted to FSTE site address: 1639 E. 87th Street; Chicago, Il 60617. Official transcripts must be received 2 weeks before scheduled admission date
- 17 years of age * 16 years of age if candidate is currently in high school
- Reading Comprehension and Math (basic) placement exams – tests will be administered upon registration. There is no fee for exams
- Physical examination by a licensed physician (see clinical requirements) Clinical training involves lifting, direct contact with patients/residents and other activities which may cause harm or injury. Each student is responsible for acquiring and maintaining necessary insurance coverage throughout his/her enrollment in the program. Proof of coverage is to be presented to FSTE prior to start of program
- Drug Screen (5 panel drug screen conducted)
- Required Criminal Background check - In compliance with Health Care Worker Background Check Act. Applicants with disqualifying felony convictions are discouraged from continuing with the program until a Waiver from Illinois Department of Public Health is obtained.
- State issued picture identification and social security card
- Complete and signed Enrollment Agreement and Student payment agreement for the registered course(s)
- Student Payment Agreement must be signed before the 1st day of class. Payments are accepted by debit or credit card only and made in person at FSTE site or via pay pal on FSTE website once accepted.

PROGRAM START DATE: _____ SCHEDULED END DATE: _____

DAY EVENING

DAYS/EVENINGS CLASS MEETS: (circle) M T W Th F Sa Su

TIME CLASS BEGINS: _____ TIME CLASS ENDS: _____

NUMBER OF WEEKS: _____ TOTAL CLOCK HOURS: _____

FINANCIAL AID

STUDENT PAYMENT OPTIONS

FSTE Ltd., accepts the following methods of payment: Employee Assistance, Work Force Innovation and Opportunity (WIOA) and CEDA payment vouchers and Debit/Credit. All deposits, down payments become part of tuition and fees.

Standard Plans

- _____ A. Payment In Full
- _____ B. _____ $\frac{1}{2}$ Down _____ Full (due by end of 4th week)
(Includes \$100.00 non-refundable fee, balance due by the end of the third week).
- _____ C. _____ $\frac{1}{3}$ Down _____ Weekly _____ Full (by 4th week)
(Includes \$100.00 non-refundable fee, balance due by the end of the fourth week).
- _____ D. _____ $\frac{1}{3}$ Down _____ Bi-Weekly _____ Full (by 4th week)
(Includes \$100.00 non-refundable fee, balance due by the end of the fourth week).
- _____ E. Voucher (WIOA or CEDA)
- _____ F. Tuition Reimbursement/Facility Pay
- _____ G. Montgomery Bill Veterans Benefits

Tuition Reimbursement

- Students may qualify for tuition reimbursement from your employer. Check with your human resources department or supervisor for eligibility
- CEDA grants accepted

Workforce Innovation and Opportunity (WIA) Training Program*

- WIOA provides funding for training as an option for those determined unable to become employed with their current skills. Eligibility is determined based upon employment status and history, government assistance currently receiving and income level. Contact WIOA for information and eligibility.

Students who are delinquent on a scheduled payment will receive a notice of their account, reminding them that a payment was due. If payment is not received within 7 days of the original notice, a second notice is sent. Failure to pay 14 days after the initial notice is sent will result in a

student being dropped from the course. If a student is dropped from a course, he/she may reapply for admission after his/her account has been reconciled.

Students will not receive any completion certificates until all outstanding debts to the school have been paid.

TUITION & FEES

ADMISSION FEES	
Fee Per Student	Amount
Registration Fee (Non-Refundable)*	\$ 100.00
CNA Program	\$ 950.00
CNA Recertification Program	\$ 300.00
CPR Class	\$ 50.00
Text book	\$ *
Video Series	\$ *
Lab Fee/BioHazard	\$ 138.00
MISCELLANEOUS FEES**	
Healthcare Worker Background Screening	\$ 37.00
Drug Screening	\$ 25.00
Student Uniform	\$ 45.00
Blood Pressure Cuff	\$ 30.00
Stethoscope	\$ 14.00
Gait belt	\$ 14.00
White shoes (toe and heel in)**	\$ 50.00
Watch with second hand	\$ 18.00
State Exam (CNA)	\$ 75.00

* Registration Fee is deducted from tuition cost

** Students are welcome to purchase all white gym shoes with no markings

*** Textbook/e-Video series prices subject to change – based on manufacturer. Students will be provided a book list with current price of books Students are welcome to purchase books from other distributors.

Student signature purchase books from FSTE _____
 date_____

Students will incur additional out of pocket expenses for the following:

- Uniform
- White rubber sole shoes/gym shoes all white (toe and heel in – no clogs)
- Watch with second hand
- Gait belt
- Blood pressure cuff

Refund/Cancellation Policy

A notice of cancellation must be in writing. It is the policy of First Step to Excellence Health Care Training Academy, Ltd. to issue refunds of tuition and fees in a prompt manner. When a

student gives notice of cancellation, FSTE will provide a refund in the amount of at least the following:

- ~~FSTE shall refund the applicant's Application/Registration fee and any tuition or other charges paid by the student in the following circumstances:~~
 - Any student applying for a program that is discontinued by the school shall receive a complete refund of all fees and/or tuition paid.
 - First Step to Excellence Health Care Training Academy, Ltd did not provide the prospective student with a copy of the student's valid Enrollment Agreement
 - First Step to Excellence Health Care Training Academy, Ltd cancels or discontinues the course of instruction in which the student has enrolled.
 - First Step to Excellence Health Care Education, Ltd, regularly fails to conduct classes on days or times scheduled detrimentally affecting the student
 - Student is not accepted for admission in the Basic Nurses Training program at First Step to Excellence Health Care Training Academy Ltd.
- When notice of cancellation is given until midnight of the fifth business day after the date of enrollment but prior to the first day of class, student will be refunded any tuition aside from the application/registration fee paid.
- Notice of cancellation is given after completion of the first day of scheduled class attendance, but prior to the student's completion of 5% of course instruction, application/registration fee will be retained; 10% of the students' tuition and other instructional charges paid by the student up to, but not to exceed \$300, less the cost of any books or materials provide by the institution.
- Notice of cancellation is given after the student's completion of 5% of course instruction but prior to completion of 60% of course, First Step to Excellence Health Care Training Academy, Ltd will retain application/registration fee plus a tuition amount prorated by days in class and other instructional charges
- First Step to Excellence Health Care Training Academy, Ltd., will retain the application/registration and all tuition and other charges paid by the student when notice of cancellation is given after the student has completed over 60% of the course, measured by days in class.
- The school shall mail a written acknowledgement of a students' written cancellation 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-day time frame.
- All student refunds shall be and within 30 calendar days from the date of receipt of the students' cancellation notice. For the purpose of cancellation, the date shall be the last day of attendance.
- A written cancellation notice must be documented to First Step to Excellence Health Care Training Academy, Ltd.
- Unexplained absence of a student for more than 10 days shall constitute constructive notice of cancellation. The last day of attendance shall be considered for cancellation.
- FSTE will not provide refunds for books and other course related material

- Should the student's enrollment be terminated or should the student withdraw for any reason, all refunds will be made according to the following refund schedule:

STUDENTS' RIGHT TO CANCEL CANCELLATION POLICY

- The student has the right to cancel the initial Enrollment Agreement until midnight of the fifth business day after the student has been accepted. If the right to cancel is not given to any prospective student at the time the enrollment agreement is signed, the student has the right to cancel the agreement at any time and receive a refund of all monies paid to date within 10 days of cancellation. Cancellation must be in writing and submitted Director of Training for FSTE.

WITHDRAWAL PROCEDURE

Withdrawal procedure for students attending First Step to Excellence Health Care Training Academy, Ltd, is initiated by the student submitting a written notification to withdraw. A refund, if applicable will be calculated and returned within 30 days from date of the written notice of withdrawal. Please refer to Cancellation and Refund Policy.

APPROVAL AND ACCREDITATION

First Step to Excellence Health Care Training Academy Ltd., (FSTE) is approved to operate by the Illinois Board of Higher Education, Private and Vocational Schools Division, Illinois Department of Financial and Professional Regulation, Illinois Board of Nursing, Illinois Department of Public Health, National Health Careers Association., Veterans GI Bill. FSTE is not accredited by the US Department of Education recognized agency at this time; and does not accept Federal funding at this time.

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 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 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. In cases where transferability is guaranteed, [school name] 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 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 Capital Plaza, Suite 333 Springfield, IL 62701 or at www.ibhe.org.

Student Initials _____

8. I, the parent and/or legal guardian of the candidate have read all information above regarding the BNATP program conducted and I agree to all terms and conditions.

Parent/guardian Initials _____

The **Student** acknowledges receiving a copy of this completed agreement, the school catalog, and 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 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.

The **Parent** acknowledges receiving a copy of this completed agreement, the school catalog, and 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 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

Parent's Signature

Date

Program Director's Signature

Date

CONSUMER INFORMATION

1.Students admitted to FSTE certification programs as of July 1, 2019 – June 30, 2020	64
2. Number of additional students admitted to FSTE BNATP certification program and classified in one of the following categories: <ul style="list-style-type: none"> • New Starts:* 80 • Students re-enrolled 6 • Students transfer into the program from another program at the school 	0
3. The total number of students admitted in the program during the 12-month reporting period.	150
4.The number of students enrolled in the program during the 12-month reporting period: <ul style="list-style-type: none"> • transferred out of the program and into another program at the school • completed or graduated from a program 145 • withdrew from the school 5 • and are still enrolled. 10 	0
5.The number of students enrolled in a program who were: <ul style="list-style-type: none"> • Placed in their field of study** 	145
6.The number of students who took a State licensing exam or professional certification exam during reporting period	22
7.Number of students who took and passed a State licensing exam or professional certification exam during reporting period	15
8.The number of graduates who obtained employment in the field who did not use the school’s placement assistance during the reporting period	
9.The average starting salary for all school graduates employed during the reporting period	16.00- \$20.00

Memo: VETERANS AND BENEFICIARIES OF VETERANS:

ADDITIONAL OUT OF POCKET EXPENSES FOR VETERANS AND BENEFICIARIES RECEIVING VETERANS EDUCATIONAL BENEFITS

Veterans and beneficiaries may purchase fees/items on their own at different vendors. However, note: for books student may incur additional fees for electronic codes which may or may not be available from other vendors. A list of items which may be purchased independently is listed in the body of the Enrollment Agreement.

I, _____ (veteran/beneficiary) agree to purchase books from FSTE.
Date _____

I _____ (veteran/beneficiary) decline to purchase books from FSTE. I will be purchasing books independently. I am aware I may incur additional costs for electronic codes required.
Date _____
FSTE Administrator/designee signature _____
Date _____

Rev12/20

Revised 12/20

Rev 12/20