



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

Licensed Practical Nursing

STUDENT INFORMATION

STUDENT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

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

E-MAIL ADDRESS: _____

SOCIAL SECURITY #: _____ STATE ID# _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ TELEPHONE #: _____

LICENSED PRACTICAL NURSE PROGRAM

DATE OF ADMISSION: ____/____/____

PRACTICAL NURSING PROGRAM

The Practical Nursing Program at First Step to Excellence Health Care Training Academy, Ltd. (FSTE) is a certificate program which provides students with the knowledge and skills to be successful in a health care setting as a Practical Nurse under the direction of a Registered Professional nurse, licensed physician, dentist or podiatrist.

The Practical Nursing Program at FSTE utilizes the Adult Learning Theory, incorporating biological sciences, social sciences, nursing theory and clinical experience through classroom instruction, laboratory simulations, externships in clinical settings such as hospitals, long term care facilities, and community health care settings.

Upon successful completion of the program, graduates receive a certificate in Practical Nursing and Pharmacology. Graduates are eligible to apply and sit for the National Council Licensure Examination for Practical Nurses (NCLEX-PN). Eligibility to sit for the NCLEX-PN is determined by the Illinois Department of Financial and Professional Regulation.

The LPN program is approved by the Illinois Board of Higher Education, Illinois Department of Financial and Professional Regulation, the Illinois State Board of Education and the Illinois State Board of Nursing

FSTE's LPN Program is a full time 56 week program consisting of 1080 hours of classroom and clinical experiences. Class sessions are Mondays – Fridays with day and evening classroom hours are available.

ADMISSION REQUIREMENTS/PROCESS

- high school diploma/GED 18 years of age;
- Certified Nurse Assistant, Med. Tech, or EMT Certification, in good standing on Illinois Department of Public Health Nurse Aide Registry
- Official high school transcript
- Completion of the following with a minimum grade of C:
 - English composition
 - Human Anatomy and Physiology
 - Intermediate College Math/Algebra
- GPA 2.5 or above on a 4.0 scale
- Take the HESI (Health Education Systems Incorporated) A2 Entrance Exam in Reading, Math, Science & English. The exam is non-refundable \$60.00 fee
- current CPR certification (BLS)
- FSTE Certified Nurse Assistant graduates shall have priority admission into the Practical Nursing Program, supporting the career ladder
- Health Education Systems, Inc., (HESI) exams for: Reading, Math, Science, Grammar and English will be conducted. Students must achieve a score of 75% or higher in all areas to be considered for admission to the Licensed Practical Nursing Program.
- Students not achieving 75% or higher on each area on the HESI may be admitted as an "AT RISK STUDENT"
- At Risk Students are required to take the Comprehensive NCLEX Review Course, before taking the LPN NCLEX state board exam.

- Interview with Nursing Director and/or Education Manager
- 3 letters of reference

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: _____

STUDENT PAYMENT OPTIONS

Charges for the LPN program are charged by the period of Enrollment. All students will be charged a deposit fee of \$850.00 (\$100.00 non refundable registration fee). **Option 1: Monthly:** \$850.00 - \$1,782.00 due 1st of each month: **Option 2: Weekly** \$850.00 deposit \$407.25 for 56 weeks due every Friday: **Option #3:** per class \$2286.60 ½ down – ½ by the 3rd week. .

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

- _____ 1. Private Pay \$850. 00 Down \$1,782.00 **Monthly** FOR 56 WEEKS
(includes \$100.00 non-refundable registration fee).
- _____ 2. Private Pay \$850.00 DOWN \$407.25 Weekly Due Every Friday
(Includes \$100.00 non-refundable registration fee).
- _____ 3. Per Class: \$2,286.50 ½ down ½ by third week
- _____ Payment in Full \$22,856. 00
- _____ Voucher (WIOA or CEDA/MERITIZE LOAN)
- _____ Tuition Reimbursement/Facility
- _____ Montgomery Bill (Veterans Assistance) *SEE ATTACHED MEMO

Tuition Reimbursement

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

Workforce Innovation and Opportunity (WIOA) 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
LPN Program tuition plus \$100.00 non refundable fee included	\$ 21,000.00
HESI exams	\$ 856.00
Administrative Course Fee	\$ 1,000.00
Textbooks *	
TOTAL	\$

Registration Fee is deducted from tuition cost

Students will be provided a book list; and are welcomed to purchase books from other vendors. Please sign and date below after reviewing FSTE book list and decision to purchase from FSTE

I will purchase books from FSTE _____ date

Students will incur additional out of pocket expenses for the following: * see addendum for Veterans/Veterans Beneficiaries

- Teal Scrubs (top white slacks) \$45.00 *approx
- Monogrammed shirt/white slacks \$60.00 * approx
- White lab jacket \$40.00
- NCLEX-PN exam \$200.00
- Drug Screen \$25.00
- Health Care Worker Background screen \$37.00
- Graduation fee \$75.00

Refund Policy:

- When a student gives notice of cancellation, FSTE will provide a refund in the amount of at least the following:
 - 1). Any student applying for a program that is discontinued by the school shall receive a complete refund of all fees and or tuition paid.
 - 2). When notice of cancellation is given before midnight of the fifth business day after the date of enrollment but prior to the first day of class, all registration fees, tuition and any other charges shall be refunded to the student

- 3). When notice of cancellation is given after midnight of the fifth business day following acceptance but prior to the close of business on the student's first day of class attendance, the school may retain no more than the registration fee which may not exceed \$100.00 or 50% of the cost of tuition, whichever is less.
- 5). When notice of cancellation is given after the student's completion of the first day of class attendance, but prior to the student's completion of 5% of the course instruction, the school may retain the application/registration fee, an amount not to exceed 10% of the unearned tuition and other instructional charges or \$100.00 whichever is less.
- 6). When a student has completed in excess of 5% of the course of instruction the school may retain the application/registration fee but shall refund a part of the tuition and other instructional charges in accordance with whichever of the following applies: (s) FSTE will retain an amount computed pro rata by days in class plus 10% of unearned tuition up to completion of 50% of the course of instruction. When the student has completed in excess of 50% of the course of instruction, the school will retain the application/registration fee and the entire tuition and other charges.
- 7). The refund policy for short courses up to 20 clock hours shall refund pro rata up to 50% completion of the course. (a). A student, who on personal initiative and without solicitation enrolls, starts and completes a course of instruction before midnight of the fifth business day after the enrollment agreement is signed, is not subject to the cancellation provisions of this Section.
- 8). Applicants not accepted by the school shall receive a refund of all tuition and any fees paid within 30 calendar days of determination of non-acceptance are made.
- 9). Deposits or down payments shall become part of the tuition.
- 10). All student refunds to students shall be made by the school within 30 calendar days from the date of determination that the student is no longer enrolled in the program.
- 11). Students may give notice of cancellation to the school in writing. The unexplained absence of a student from school for more than 14 days shall constitute constructive notice of cancellation to the school. For purposes of cancellation, the date shall be the last day of attendance.
- 12). Schools may make refunds which exceed those prescribed in this section. If the school has a refund policy that returns more money to a student than those policies prescribed in this section, that refund policy must be filed with the Superintendent.
- 13). FSTE will refund any book and materials fees when: (s) the book and materials are returned to the school unmarked and if a media package is included, the media package has not been opened or removed; and (b) the student has provided the school with a notice of cancellation.
- 14). FSTE will refund all monies paid to it in any of the following circumstances: (s) the school did not provide the prospective student with a copy of the student's valid enrollment agreement and a current catalog or bulletin: (b) the school cancels or discontinues the course of instruction in which the student has enrolled: or (c) the school fails to conduct classes on days or times scheduled, detrimentally affecting the student.
- 15). FSTE reserves the right to make revisions in the course of instruction during the period of the student's enrollment.

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, or Illinois Department of Professional and Financial Regulations, 100 W. Randolph 9th floor Chicago, IL60601 1(888) 473-4858

Student Initials _____

Student signature

Date

Program Director's Signature

Date

CONSUMER INFORMATION

DISCLOSURE REPORTING CATEGORY Reporting period (last 2 years): July 1, 2018-June 30, 2019 July 2019-June 2020	LPN 2019- 2020	LPN 2020- 2021
1.Students admitted to FSTE Licensed practical Nurse Program as of July 1, 2019-2020	NA	5
2. Number of additional students admitted to FSTE certification programs during the next 12 months and classified in one of the following categories: <ul style="list-style-type: none"> • New Starts: 5 NS • Students re-enrolled 2 RE-ENROLLED • Students transfer into the program from another program at the school 		
3. The total number of students admitted in the program during the 12-month reporting period.		5
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 • withdrew from the school • and are still enrolled. 		0 1 4
5.The number of students enrolled in a program who were: <ul style="list-style-type: none"> • Placed in their field of study • Placed in a related field • Placed out of the field • Not available for placement due to personal reasons • Not employed. 	NA	
6.The number of students who took a State licensing exam or professional certification exam	NA	
7.Number of students who took and passed a State licensing exam or professional certification exam	NA	
8.The number of graduates who obtained employment in the field who did not use the school's placement assistance during the reporting period	NA	
9.The average starting salary for all school graduates employed during the reporting period	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 _____