



FIRST STEP TO EXCELLENCE HEALTH CARE TRAINING ACADEMY, LTD

1639 EAST 87TH STREET

CHICAGO, ILLINOIS 60617

Phone: 773-437-5003 (fax) 844-676-1699

www.fsteacademy.education

BASIC NURSE ASSISTANT TRAINING PROGRAM

ENROLLMENT AGREEMENT

STUDENT INFORMATION

STUDENT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP _____

PHONE: (H) _____ (C) _____ (W) _____

E-MAIL ADDRESS _____

SOCIAL SECURITY # _____ STATE ID# _____

EMERGENCY CONTACT _____

RELATIONSHIP _____ TELEPHONE# _____

BASIC NURSE ASSISTANT TRAINING CERTIFICATION PROGRAM

DATE OF ADMISSION ____/____/____

This course is designed to prepare individuals to function in the role of nurse assistant in a variety of health care settings. Content includes basic nursing care procedures and skills, body mechanics, safety measures, special treatments, communication skills, and care of persons with Alzheimer's Disease and related dementias. The course consists of theory instruction in the classroom/lab and clinical experience in a long-term care facility. This course is approved by the Illinois Department of Public Health, and Illinois Board of Higher Education for private and vocational schools. This course fulfills the state mandated meeting requirements.

Certified Nurses are an essential part of health care delivery. Basic Nurse Assistant Training education provides an opportunity to improve society's utilization of the basic nursing skills that will serve communities. We believe the certified nursing assistants can improve healthcare outcomes by providing safe, effective, evidence-based, therapeutic, unbiased and competent care for clients of all ages and stages of life. Certified Nurse Assistants utilize critical thinking skills and are an integral part of the nursing process. Upon completion of the program, the student will have acquired the knowledge and skills to function as a nursing assistant and will be eligible to take the Illinois Nurse Aide Competency Exam administered by Southern Illinois University of Carbondale. The student will also receive a Certificate of Completion.

ADMISSION REQUIREMENTS

- 17 years of age *16 years of age currently enrolled in High School (parents acknowledgement is required for students 17 or younger)*
- High school/GED (copies of high school/GED or transcripts submitted with application and enrollment agreement)
- Reading Comprehension and Math (basic) placement exams – tests will be administered during the first week of the course. There is no fee for exams
- Physical examination by a licensed physician (include COVID vaccine proof, TB screen, Immunization history) 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

10:00 am – 3:00 pm



EVENING 5:00pm – 9:00 pm



CLASS DAYS: MONDAY, TUESDAY, WEDNESDAY CLINICAL: SATURDAY 6:45 AM – 3:45 PM

TOTAL CLOCK HOURS 120

6 WEEKS

STUDENT PAYMENT OPTIONS

FSTE accepts the following methods of payment.

- _____ PAYMENT IN FULL (\$1200.00)
- _____ ½ DOWN (\$600.00) ½ BALANCE (\$600.00) DUE ON OR BEFORE THE 4TH WEEK OF CLASS
- _____ WIOA
- _____ FACILITY PAY
- _____ MONTGOMERY BILL (VETERANS BENEFITS)

WORKFORCE INNOVATION AND OPPORTUNITY ACT(WIOA) www.2.illinois.gov, federally funded program that is designed to help job seekers access employment, education, training and support services to succeed in the labor market and to match employers with the skilled workers they need to complete in the global economy.

TUITION & FEES

ADMISSION FEE SCHEDULE

FEE PER STUDENT	AMOUNT
Registration Fee (non-Refundable)	\$100.00
BNATP Certification Training (includes non-refundable Registration fee)	\$950.00
Textbook(s) electronic skills resources	\$130.00
Healthcare Workers Background Screen	\$37.00
Drug Screen	\$25.00
Illinois State Comprehensive Exam	\$75.00
Lab Fee/Biohazard	138.00
CPR*	\$60.00
BNATP Uniform (Blue monogrammed scrubs)top range \$14.99-\$18.99	
BNATP Uniform Black scrub pants range \$15.99-\$19.99	
White toe/heel shoes (no designs or colors)	
Sphymomanometer	\$30.00
Stethoscope	\$14.00
Gait belt	\$14.00
Watch with second hand	\$14.00

Book Vendor: Evolve.Elsevier.com

Students may purchase texts from vendor of choice. Note: Additional charges will incur to purchase electronic codes to access all course material. * All students must be certified with the American Heart Association for CPR. Students may obtain CPR certification from other vendors. Textbooks/electronic resource prices subject to change based on manufacture/vendor

Students that are delinquent on a scheduled payment will receive a notice of their account reminding them a payment is past due. Failure to pay after notice is provided, the student may be withdrawn from the course. The student may reapply for admission once the account is reconciled. Students will not receive completion certificates until all outstanding debits have been reconciled.

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 Nurse Assistant Training program at First Step to Excellence Health Care Training Academy Ltd.
- When notice of cancellation is given by 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 acknowledgment of a students' written cancellation within 15 calendar days of the postmark date of notification. Such written acknowledgment is not necessary if a refund has been mailed to the student within the 15-day period.
- 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.

VETERANS REFUND OF TUITION FOR STUDENTS RECEIVING VETERANS' EDUCATIONAL BENEFITS

FSTEs adheres to the above refund policy. The following table provides specific amounts refunded to students receiving Veterans Benefits when the student's enrollment is terminated before completing the program.

REFUND TABLE

Total number of days remaining	Percentage of tuition refunded
96-100	100
91-95	95
86-90	90
81-85	85
76-80	80
71-75	75
66-70	70
61-65	65
56-60	60
51-55	55
46-50	50
41-45	45
36-40	40
31-35	35
26-30	30
21-25	25
16-20	20
11-15	15
6-10	10
0-5	0

First Step to Excellence Health Care Training Academy has given me, the undersigned, a copy of the school catalog, and this addendum to the catalog

ACCEPTANCE

Veterans Signature _____ Date

Receiving Representative _____ Date

STUDENTS RIGHT TO CANCEL

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 monies paid minus nonrefundable registration fee to date within 10 days of cancellation. Cancellation must be in writing and submitted to the Director of First Step to Excellence Health Care Training Academy.

WITHDRAWAL PROCEDURE

The withdrawal procedure is initiated by the student submitting a written notification to withdraw. A refund, if applicable will be calculated and returned within 30 days from the date of the written notice of withdrawal.

APPROVAL AND ACCREDITATION

First Step to Excellence Health Care Training Academy, Ltd, 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, Montgomery Bill (Veterans and Families Benefits). First Step to Excellence Health Care Training Academy is not accredited the US Department of Education and therefore does not participate in Title IV funding.

1. Do not sign this agreement before you have read, or if the agreement 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 document before signing.
3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
4. The 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 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 by signing below. The parent/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, 2020 – June 30, 2021	30
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:* 30 • Students re-enrolled 1 • 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.	30
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 22 • withdrew from the school • and are still enrolled. 	0
5.The number of students enrolled in a program who were: <ul style="list-style-type: none"> • Placed in their field of study** 	22
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	21
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	17.00- \$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 _____

