

EXCELSIOR HEALTHCARE ACADEMY

523 South Halsted Street
Chicago Heights, Illinois 60411
Phone (773) 297-2417
Fax (708) 753-2700
Website: Excelsiorhealthcareacademy.com
Email: admin@excelsiorhealthcareacademy.com

ENROLLMENT AGREEMENT

STUDENT INFORMATION

STUDENT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

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

E-MAIL ADDRESS: _____

SOCIAL SECURITY #: _____ STUDENT ID #: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ TELEPHONE #: _____

PROGRAM INFORMATION

1. DATE OF ADMISSION: _____

2. PROGRAM / COURSE NAME: Basic Nurse Assistant

3. DESCRIPTION OF PROGRAM / COURSE: The Basic Nurse Assistant program presents the basics of bedside patient care under the guidelines of the federal and state requirements.

4. REQUIREMENTS FOR ADMISSION TO PROGRAM / COURSE: Because of legal and ethical factors impacting nursing and nursing education, additional standards and requirements are placed on the nursing student that may not be typical of other academic majors. Therefore, applicants must meet the following requirements:

- ✓ Be at least 18 years of age or, if not, have parental permission in writing
- ✓ Have a high school diploma, GED, or successfully pass a Basic Skills Test with a minimum verbal score of 70% and minimum math score of 70%.
- ✓ Have a personal interview.
- ✓ Complete an Application for Admission
- ✓ Submit a signed enrollment agreement.
- ✓ Successfully pass tests in Vocabulary, Reading Comprehension, and Basic Math
- ✓ Produce proof of current and negative TB Skin Test and negative Chest X-ray
- ✓ Submit a criminal background check application*.

*Background checks are required by law through the Illinois Department of Public Health and is the first step towards the certification process. Results of this background check will be sent to you. If the charges are listed “pending” you may continue in the class. If after a more extensive investigation, the results show evidence of one or more of the criminal behaviors which would prohibit employment in the health care field, you will be advised in writing of what recourse you may have. Until the conclusion of the extensive investigation and possible hearing, you will not be permitted to take the certification exam. If you have had a criminal background check within one year of your expected exam date, you must bring a confirming document to the instructor.

5. PROGRAM / COURSE OBJECTIVES: To prepare graduates to sit for the Illinois Department of Public Health Certified Nursing Assistant Examination.

6. PROGRAM START DATE: _____ 7. SCHEDULED END DATE: _____

8. FULL-TIME PART-TIME DAY EVENING

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

10. TIME CLASS BEGINS: _____ 11. TIME CLASS ENDS: _____

12. NUMBER OF WEEKS: _____ 13. TOTAL CREDIT or CLOCK HOURS: _____

CONSUMER INFORMATION

In compliance with the Illinois Board of Higher Education Division of Private Business and Vocational Schools’ disclosure requirements, please see the Institutional Disclosure Table addendum to this agreement. This addendum includes:

- The number of students who were admitted in the program as of July 1 of that reporting period.
- The number of additional students who were admitted in the program during the next 12 months and classified in one of the following categories: new starts, re-enrollments, and transfers into the program from other programs at the school.
- The total number of students admitted in the program during the 12-month reporting period.
- The number of students enrolled in the program during the 12-month reporting period who: 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.
- The number of students enrolled in the program that were: placed in their field of study, placed in a related field, placed out of the field, not available for placement due to personal reasons, and not employed.
- The number of students who took a State licensing exam or professional certification exam, if any, during the reporting period, as well as the number who passed.
- The number of graduates who obtained employment in the field who did not use the school’s placement assistance during the reporting period (pending reasonable efforts to obtain this information from graduates).
- The average starting salary for all school graduates employed during the reporting period.

FINANCING YOUR EDUCATION

In partnership with EBA Financial, the School can provide you with short-term financing plans based on your repayment history as opposed to your credit score. Approximately 90 percent of applicants get approved. The Bursar will provide additional information regarding financing options.

TUITION & FEES

TUITION:	<u>\$ 850.00</u>
BOOKS & SUPPLIES:	<u>\$ 100.00</u>
SUPPLIES:	<u>\$ 120.00</u>
TESTS:	<u>\$ 200.00</u>

TOTAL COST FOR Basic Nurse Assistant PROGRAM / COURSE: \$ 1,270.00

REFUND / CANCELLATION POLICY

The student has the right to cancel the initial enrollment agreement until midnight of the 5th business day after the student has been admitted. If the right to cancel is not given to any prospective student at the time the agreement is signed, then the student has the right to cancel the agreement at any time and receive a refund on all monies paid to date within 15 days of cancellation. Cancellation should be submitted to the authorized official of the school in writing.

- When notice of cancellation is given after the 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 will retain the application/registration fee.
- 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 of instruction, the school may retain the application/registration fee, 10% of the tuition and the other instructional charges and the cost of any books or materials which have been provided by the school.
- When a student has completed in excess of 5% of the course of instruction the school will retain the application/registration fee, if applicable, but shall refund a part of the tuition and other instructional charges in accordance with the following:
 - The School will retain an amount computed pro-rata by days in class plus 10% of tuition and other instructional charges up to completion of 60% of the course of instruction. When the student has completed in excess of 60% of the course of instruction, the school will retain the application/registration fee and the entire tuition and other charges.
- The refund policy for short courses up to 20 clock hours shall refund pro-rata up to 60% completion of the course.
- Applications not accepted by the school shall receive a refund of all tuition and fees paid within 30 calendar days after the determination of non acceptance is made.
- The school shall mail a written acknowledgement of a student's cancellation or written withdrawal to the student 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 calendar days.

- All student refunds shall be made by the school within 30 calendar days from the date of receipt of the student's cancellation.
- A student may give notice of cancellation to the school in writing. The unexplained absence of a student from a school for more than 15 school days shall constitute constructive notice of cancellation to the school. For purposes of cancellation the date shall be the last day of attendance.
- The school shall refund all monies paid to it in any of the following circumstances :
 - the school did not provide the prospective student with a copy of the student's valid enrollment agreement and a current catalog or bulletin;
 - the school cancels or discontinues the course of instruction in which h the student has enrolled ;
 - the school fails to conduct classes on days o r times scheduled, detrimentally affecting the student
- The school must refund any book and materials fees when: (a) the book and materials are returned to the school unmarked; and (b) the student has provided the school with a notice of cancellation.

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, 431 East Adams Street, 2nd Floor, Springfield, IL 62701 or at www.ibhe.org.

Student 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.

Student's Signature

Date

School Representative Signature

Date