Nurse Aide Education of Tennessee, LLC

107 Jefferson Street, Smyrna, TN 37167

 **Enrollment Agreement**

**Student Information**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: (Cell/Home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Work)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Eye Color:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest Level of Education Completed?\_\_\_\_\_\_\_\_\_\_

How did you hear about our program?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrolling in NAT 101: Nurse Aide Training Course Program Length: 80 hours

 64 Hours Course Instruction

Start Date of Class (class beginning):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 16 Clinical Practicum

Expected Completion Date (ending date):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduation Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* \_\_\_\_\_\_I have read/received the School Catalog and understand the polices therein.
* \_\_\_\_\_\_I agree to pay Nurse Aide Education of TN, LLC (NAET) the total cost of tuition, criminal background fees, & insurance of $785. This course includes instruction including exams, 64 hours content instruction , and 16 hours Clinical Experience; for a total of 80 hours (This if for Self Paid Students Only – Does not apply to Facility Employees).
* \_\_\_\_\_\_I understand that following refund policy for Self Paid Students Only (Does not apply to Facility Employees:

If a student withdraws from the institution on or before the first day of classes, or fails to begin classes, the refund shall equal the sum of all amounts paid or to be paid by or on behalf of the student for the period of enrollment, less an administrative fee of one hundred dollars ($100.00).

If after classes have commenced and before expiration of ten percent (10% - one day from the start date of the class period) of the period of enrollment for which he or she was charged, a student withdraws, drops out, is expelled, or otherwise fails to attend classes, the refund shall equal seventy-five percent (75%) of all amounts paid or to be paid by or on behalf of the student for the period, less administrative fee of one hundred dollars ($100.00).

If after expiration of the ten percent (10% - one day of attendance from the start date of the class period) of the period of enrollment for which he or she was charged, and before expiration of twenty-five (25% - 2.5 days from the start date of the class period) of the period, a student withdraws, drops out, is expelled, or otherwise fails to attend classes, the refund shall equal twenty-five percent (25%) of all amounts paid or to be paid by or on behalf of the student for the period, less administrative fee of one hundred dollars ($100.00).

If after expiration of twenty-five (25% - 2. 5 days from the start date of the class period) of the period of enrollment for which he or she was charged, a student withdraws, drops out, is expelled or otherwise fails to attend classes, the student will be deemed obligated for one hundred (100%) of the tuition, fees, and other charges assessed by the institution.

If a student assistance program pays all or a portion of the tuition, and/or fees on behalf of the student, that was sponsored by one or more governmental or private agencies or organization, including employer provided financial assistance, and the institution, as a condition of establishing eligibility for its students to participate in such programs, is required to adhere to a refund policy prescribed by the sponsor of the student assistance.

* NAE has a no cancellation policy. **I understand there will be a $35.00 charge for returned checks plus a $50 late fee for each check and I will not be permitted to continue in the course unless cash restitution is made in full on the day of discovery of a NSF check. If cash restitution is not made, I understand that I will be dismissed from the course immediately and NAE will follow the refund policy guidelines to determine if other fees are due or to be refunded, plus owing the return check fee. Credit will not be earned for any hours of course work previously attended. I must restart the course at another enrollment period owing all original fees.**
* \_\_\_\_\_I understand that if I complete the Credit/Debit Card automatic withdrawal payment agreement that all NSF charges apply including $35 NSF plus $50 late fee. I understand unpaid NSF funds will be sent to collections and prosecuted to the fullest.
* \_\_\_\_\_\_I understand my signature on this agreement serves as permission for NAE to obtain a Nurse Aide Abuse Report. Criminal Back ground Check. I understand that if I am found on the Nurse Aide Abuse Registry Report of have a conviction of a felony offense related to theft; abuse or sale of illegal drugs; abuse, neglect, or exploitation of an adult; or a sexual crime, I will be dismissed immediately from this training program.

For the program entitled NAT 101: Nurse Aide Training, I have been informed that the current withdrawal rate is \_\_\_%, or in the past 12 months \_\_\_students enrolled in this program and \_\_\_\_\_completed this program.

For the program entitled NAT 101: Nurse Aide Training, I have been informed that for the students who graduated, the job placement rate is \_\_\_\_\_%, or in the past 12 months \_\_\_\_\_were placed in their field of study out of \_\_\_\_\_students who graduated from the program.

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, verify that I have received an exact signed copy of this agreement.

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_