**STUDENT INFORMATION**

Student Name:

Address:

City/State/Zip:

Home Number: Mobile Number: SSN:

E-mail:

Emergency Contact: Number:

**PROGRAM INFORMATION**

Name of Program: Nurse Assistant Training Program – NA Patient Care Technician - PCT

 (Circle One)

Program Start Date: Anticipated End Date:

|  |  |
| --- | --- |
| Number of Weeks - PCT | **6** |
| Total Clock Hours - PCT | **60** |
| Number of Weeks -NA | **5** |
| Total Clock Hours-NA | **100** |

**TUITION**  NAT-Nurse Assistant Training

 TUITION: $ 1,295-

Additional Expenses for Nurse Assistant Training Program

 $ 265 *(itemize below)*

* Registration Fee $75
* Scrubs $40
* Red Cross NAT Text Book $65
* SLED Background Check $25
* TB Test $60
* Optional NA Enrollment Key for Lecture 40 hrs. $655

**TUITION: PCT – Patient Care Technician Training**

**TUITION: $1895**

**Additional Expenses for PCT -Patient Care Technician Training Program**

**$724 (itemized below)**

* **Registration Fee-------------------------------------------------------$75**
* **Certification Prep and Exam ————————————--$224**
* **Student Phlebotomy Kit: ——————————————-$150**
* **Student EKG Kit: —————————————————-$75**
* **Student Name Badge: ———————————————--$10**
* **Hartman’s Complete Guide For the Phlebotomy Technician**
* **(Text Book) ———————————————————----$35**
* **Hartman’s Complete Guide for the EKG Technician (Text**
* **Book) ——————————————————————---$35**
* **Uniform and Shoes ————————————————----$45**
* **Stethoscope, notebooks, pens ———————————-------$20**
* **SLED Background ————————————————-----$25**
* **TB Test —————————————————————----$30**

**Note:** Third-party loans must be repaid according to the terms of the note even if the borrower does not complete his or her education, cannot get a job after completion of the program, or is dissatisfied with the education.

**• Payment method - bank draft, bank or postal money orders.**

**• Prices for books and supplies are subject to change.**

**• Tuition and associated fees must be paid in full by last day of the first week session.**

**CANCELLATION AND REFUND POLICY**

**Rejection**: An enrollment agreement rejected by the institution is entitled to a refund of all monies paid.

**Three- Day Cancellation:** An enrollee may cancel this agreement without penalty by notifying the institution within three (3) business days after signing this agreement, excluding weekends and holidays. After the third day, but before classes begin, the institution may retain up to $75 registration fee.

**Other Cancellations**: The minimum number of students in program/class is five. If the course needs to be rescheduled due to low enrollment, students will be notified by phone and email. Students will have the choice of a refund in accordance with the institution’s refund policy or to attend the next scheduled class. If the class start date is changed for a second time, the student will be eligible for a full refund of all monies paid.

**Withdrawal:** Student(s) who wish to withdraw from this institution after classes begin will be subject to the below refund policy. The institution may retain up to $75 registration fee after the three-day cancellation or after classes begin. Refunds are computed in ten-percent increments, rounded downward to the nearest ten percent of that period. After sixty percent of attendance, the institution may charge for the entire course. Refunds are issued within 40 days after the effective date of cancellation or last date attended. Student(s) who wish to withdraw must notify the school in writing expressing their desire to withdraw from the program with the effective date.

**Refund Chart (for a 100-hour program): Nurse Assistant**

|  |  |
| --- | --- |
| **Hours Attended** | **Tuition Refund** |
| 1-12 | 90% |
| 13 – 24 | 80% |
| 25-36 | 70% |
| 37-48 | 60% |
| 49-60 | 50% |
| 61-72 | 40% |
| 73-10 | 0% |

**Refund Chart (for a 60-hour program):PCT**

|  |  |
| --- | --- |
| **Hours Attended** | **Tuition Refund** |
| 1-6 | 90% |
| 7-12 | 80% |
| 13-18 | 70% |
| 19-24 | 60% |
| 25-30 | 50% |
| 31-36 | 40% |
| 37-60 | 0% |
|  |  |

**Please read each statement carefully. Mark each to your understanding and sign at the bottom.**

* I have received a copy of the catalog and enrollment agreement.
* I understand the tuition charges, payment options, and refund policy.
* I understand tuition must be paid in full before graduation.
* I understand completion of the program does not guarantee employment.
* I acknowledge this agreement becomes a legally binding contract once completed and signed by both parties.
* I understand Intrepid Healthcare Training makes no claim or guarantee that credit earned will transfer to another institution.
* I understand a certificate of completion is awarded at graduation.
* I understand that Third-party loans must be repaid according to the terms of the note even if the borrower does not complete his or her education, cannot get a job after completion of the program, or is dissatisfied with the education.

Student Name Print: Date:

Student Name Signature: Date:

School Administrator/Official Name Signature: Date:

**Hold Harmless Statement**

Intrepid Healthcare Training and student acknowledge that there is some risk of accident or injury associated with use of equipment and other aspects of the course of study, including but not limited to direct care and contact of other students or clients at the clinical or training site. Student does hereby waive, release, and discharge Intrepid Healthcare Training of any and all liability and all claims for damages for death, personal injury, or property damage which I may have or which hereafter accrue to me as a result of participation in the program whether or not caused by negligence or fault of Intrepid Healthcare Training.

This release is intended to discharge the school, and its officers, employees, representative, volunteers, and agents from and against any and all liability arising out of or connected in any way with my participation in the training, internship/externship, hands-on activities, practice, or other activities.

Knowing risks exist, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all persons or agencies mentioned above that might otherwise be liable to me or my heirs or assigns for damages. I further understand and agree that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

In addition, I give permission to receive, if necessary, emergency medical services by authorized personnel, and that may cost incurred as a result of such medical treatment will by my responsibility.

Student Name Print: Date:

Student Name Signature: Date:

School Administrator/Official Name Signature: Date: