



EXPRESS TRAINING SERVICES

"Getting your career on the right track"

3911 Newberry Rd., Suite B
Gainesville, FL 32607
352-338-1193
Fax 352-338-1194
School's License #: 3276

Student Enrollment Agreement for Nursing Assistant Program

**ALL SIGNERS MUST RECEIVE AND READ A COPY OF THE BINDING DOCUMENT
AND CATALOG.**

STUDENT INFORMATION

Name: _____
First Middle Initial Last

Social Security Number: _____ - _____ - _____

Address: _____
Number Street

_____ City _____ St _____ Zip _____ Phone #

Birthdate: ____/____/____
MM/DD/YYYY

Gender, Race and "Is English your primary language?" are not required, and are only used for the State Certification Registration form. If you do not provide this information, you will still be registered.

Is English your primary language? Yes No

Gender: Male Female

Race (pick one):

- American Indian/Alaskan Native
- Asian American/Pacific Islander
- African American/Black
- Hispanic
- Caucasian/White
- Other

Do you have a High School Diploma or its equivalent (GED)? Yes No

Have you ever taken the state certification exam before? Yes No

If "Yes", when _____

Do you have a valid Social Security Card? Yes No

If "No", you must obtain a valid card before registering for this course

Have you been a resident of Florida continuously during the last five (5) years?

Yes No

If "No", what date did you move to Florida? _____

The following questions are on the Nursing Assistant State Certification Registration Form. Failure to answer these questions will prevent you from registering for this course. Answering "Yes" to any of the questions does not necessarily mean you cannot be certified. Express Training Services, LLC wants to make sure you can be certified by the state. That is why these questions are asked before you take this course.

Have you EVER been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors, felonies, and juvenile offenses, even if adjudication was withheld. Driving under the influence (DUI) or driving while impaired (DWI) is not a minor traffic offense for purposes of this question.

Yes No

Have you ever been denied or is there now any proceeding to deny your application for any healthcare certification to practice in Florida or any other state, jurisdiction or country?

Yes No

Have you ever had disciplinary action taken against your certification to practice any healthcare-related profession by the licensing authority in Florida or in any other state, jurisdiction or country?

Yes No

Have you ever surrendered a certification to practice any healthcare-related profession in Florida or in any other state, jurisdiction or country while any such disciplinary charges were pending against you?

Yes No

Do you have any disciplinary actions pending against your certification?

Yes No

In the event we are unable to contact you at the phone number listed above, please provide two (2) additional contacts:

Name	Relationship	Phone number (include area code)

PROGRAM INFORMATION
(INSTITUTION ONLY)

Program

Title: **Nursing Assistant Program** Clock Hours: **120**

Start Date: ___/___/___ Anticipated Ending Date: ___/___/___ Class Time: _____ am/pm

Tuition	\$ 579
Registration Fee (non-refundable)	\$ 100
Books	\$ 109
Materials (included in tuition cost)	\$ 0
Other costs (state exam fee, background check)	\$ 161

Total Program Cost **\$949**

Goods or Services not included in the tuition \$ _____

METHODS OF PAYMENT

[] Full payment at time of signing enrollment agreement.

[] Registration fee at the time of signing enrollment agreement with balance paid prior to program start date

NOTE: For Schools offering a payment plan with four or more payments the federal boxes or vertical listing must be included on the contract. **(ENTER N/A or LINE THROUGH if not applicable)**

ANNUAL PERCENTAGE RATE %	FINANCE CHARGE \$	AMOUNT FINANCED The dollar amount the credit provided to you or on your behalf. \$	TOTAL OF PAYMENT The amount you will have paid after you have made all payments as scheduled. \$	TOTAL SALES PRICE The total cost of your purchase on credit including your down payment of \$
YOUR PAYMENT SCHEDULE WILL BE:				
NUMBER OF PAYMENTS		AMOUNT OF EACH PAYMENT	WHEN PAYMENTS ARE DUE	
		\$	Beginning on ___/___/___ and on the same day each (check one) ___ weekly or ___ bi-weekly thereafter	

(Any late fee payments and conditions thereof must be disclosed on the enrollment agreement and in the catalog) All prices for program are printed herein. Contracts are not sold to a third party at any time. There are no carrying charges, interest charges, or service charges connected or charged with any of these programs unless stated.

CANCELLATION AND REFUND POLICY

Should a student's enrollment be terminated or cancelled for any reason, all refunds will be made according to the following refund schedule:

1. Cancellation can be made in person, by electronic mail, by Certified Mail or by termination.
2. All monies will be refunded if the school does not accept the applicant or if the student cancels within three (3) business days after signing the enrollment agreement and making initial payment.
3. Cancellation after the third (3rd) Business Day, but before the first class, will result in a refund of all monies paid, with the exception of the registration fee (not to exceed \$150.00).
4. Cancellation after attendance has begun, but prior to 40% completion of the program, will result in a Pro Rata refund computed on the number of hours completed to the total program hours.
5. Exam fees will be fully refundable until submitted to the testing company. After they are submitted, no refund of those fees will be made.
6. Once scrubs are worn, the fee for those cannot be refunded.
7. Cancellation after completing 40% of the program will result in no refund.
8. Termination Date: When calculating the refund due to a student, the last date of actual attendance by the student is used in the calculation unless earlier written notice was received.
9. Refunds will be made within 30 days of termination of the student's enrollment or receipt of a Cancellation Notice from the student.

Percentage of refund = Number of hours remaining divided by total number of hours in course times 100. If this number is greater than or equal to 40%, no refund will be issued.

Refund Amount = Percentage of refund times tuition fee

Textbooks, Uniforms

No refunds will be given on a textbook that has been written in, marked, or otherwise damaged. If the textbook is in good condition, a refund will be made according to the tuition refund rules. Once a uniform is worn, the fee cannot be refunded.

Registration Fees

Registration fees are non-refundable.

State Certification Exam Fees (only for Nursing Assistant Training or Exam Prep Students)

Every effort will be made to immediately submit the state certification exam fees to the exam company to assure a quick turnaround by the exam company and thus a quick exam date. These fees will be refunded at any time, if they have not

already been submitted to the exam company. Once they have been submitted, refunds will need to be applied for through the exam company. Any faculty member or Express Training Services, LLC staff-person will have information on how to contact the exam company

Package Deals

There are some classes that offer a "package" deal. This means multiple services are lumped together and provided at one price. The package deal is for the convenience of the student as everything needed for certification is included for one price. Refunds of a package deal will be made using the "Individual Fees" for the refund amounts. The refunds will be made for the state certification exam first, followed by Textbook, Uniforms, registration fee, and lastly tuition. The total refund amount will never exceed the fee paid.

Class Cancellation

A full refund of all fees paid will be made for classes that are cancelled regardless of length. The refunds will be made to the appropriate agency or student as prescribed above.

GROUND FOR TERMINATION

A student's enrollment can be terminated at the discretion of the institution for insufficient academic progress, non-payment of academic costs, or failure to comply with rules and policies established by the institution as outlined in the catalog and this agreement.

EMPLOYMENT ASSISTANCE

Although placement assistance may be offered, the institution does not guarantee employment.

ACKNOWLEDGEMENT

This document and the catalog constitute a binding contract between the institution and the student and no further modification or representation except as herein expressed by both parties will be recognized.

CREDENTIAL AWARDED

Upon satisfactory completion of the program the student will be awarded a diploma.

DO NOT SIGN THIS CONTRACT BEFORE YOU HAVE READ IT OR IF IT CONTAINS ANY BLANK SPACES. ALL SIGNERS HAVE RECEIVED AND READ A COPY OF THE BINDING DOCUMENT AND CATALOG.

_____ Signature of Applicant	_____ Date	_____ Signature of Parent/Guardian (If under 18 years of age)	_____ Date
_____ Signature of School Official	_____ Date		