



EXPRESS TRAINING SERVICES

"Getting your career on the right track"

3911 Newberry Rd., Suite B
Gainesville, FL 32607
Gainesville: 352-338-1193 / Ft. Myers: 239-378-3800
Fax 352-338-1194

Student Enrollment Agreement for Nursing Assistant Training 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 Training Program** Clock Hours: **120** Credit Hours **N/A**

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

Tuition	\$ 560
Registration Fee (non-refundable)	\$ 100
Books	\$ 109
Materials (included in tuition cost)	\$ 0
Other costs (state exam fee, background check)	\$ 180

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

(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.

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		