



# 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

## Student Enrollment Agreement for Practical Nursing 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:** \_\_\_\_/\_\_\_\_/\_\_\_\_                      **Email address:** \_\_\_\_\_  
                    MM/DD/YYYY

Do you have a High School Diploma or its equivalent (GED)?  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)

#### Submit with application

You **must** provide the following before being considered for admission. Failure to provide the following will result in non-consideration of admission and/or removal from program. Attach proof of each to application.

- **Proof of High School diploma or G.E.D.**

- **Record of immunizations as follow:**

- a. MMR (Measles, Mumps, Rubella) - (Rubella is required) must have written verification of immunization after 1968 or a positive titer to show immunity to rubella.
- b. PPD-Every student will be required to have a PPD skin test for Tuberculosis. The test must be completed and read as negative prior to any clinical experience. On admission, PPD results cannot be more than 12 months old. During enrollment as a student, the PPD will need to be repeated annually. If the PPD serum cannot be taken, a copy of a chest x-ray report that is no more than one year old must be added to the physical exam report. The chest x-ray must be repeated annually or a written statement from a M.D., D.O., or A.R.N.P. indicating clear respiratory status.
- c. Hepatitis B Vaccination-the school highly recommends you be immunized against Hepatitis B. If, upon admission to the program you choose not to be immunized, you must sign a letter of declination. If you have been immunized, please provide written documentation of such for your student file.

- **T.A.B.E. scores**

11.0 or better on each of the Math, Reading, Language and Spelling sections.

- **References**

3 (three) are required; 1 (one) should be a work reference, and 2 (two) character references; (in lieu of a work reference, a teacher or another professional person - a doctor, nurse, dentist or a minister, rabbi, or priest may be acceptable.) A recent High School Graduate should have one from the principal, counselor, or a teacher.

- **Essay**

A double-spaced, **typed** essay of 250-500 words must be submitted. The essay should include, at a minimum, why candidate wants to become a practical nurse, and what qualities are needed to be a successful practical nurse.

- **CPR/First Aid Certification**

You must either have a valid CPR and First Aid certification or proof you are enrolled in a CPR and First Aid class before applying to this program. The CPR class must be at "BLS for Healthcare Providers" level or above.

Once the application is complete, and the \$25 application fee has been submitted along with the completed application, you will be notified by mail or email of your personal interview date. After your interview, you will be notified via mail of acceptance or denial into the program.

Submission of application without all required documents will result in the forfeiture of the application fee and non-consideration for the program. **Please make sure all required documents are included in the application.**

**PROGRAM INFORMATION**  
(INSTITUTION ONLY)

Program

Title: **Practical Nursing** Clock Hours: **1446** Credit Hours **N/A**

Start Date: \_\_\_/\_\_\_/\_\_\_ Anticipated Ending Date: \_\_\_/\_\_\_/\_\_\_ Class Time: \_\_\_\_\_ am/pm

Tuition	\$ 8,295
Registration Fee (non-refundable)	\$ 100
Application Fee (non-refundable)	\$ 25
Books	\$ 550
Materials (included in tuition cost)	\$ 0
Other costs (HOSA membership (mandatory) CPR class, uniforms, background check)	\$ 155

**Total Program Cost \$ 9,125**

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

**METHODS OF PAYMENT**

- Full payment at time of signing enrollment agreement.
- Registration fee at the time of signing enrollment agreement with \$4000 paid prior to program start date, and \$400/month payments due on first of each month until balance is paid. Full balance must be paid prior to completion of program.

**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	TOTAL OF PAYMENT	TOTAL SALES PRICE
%	\$	The dollar amount the credit provided to you or on your behalf. \$	The amount you will have paid after you have made all payments as scheduled. \$	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.

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**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.

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**EMPLOYMENT ASSISTANCE**

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

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**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.

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**CREDENTIAL AWARDED**

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

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**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.**

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Signature of Applicant

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Date

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Signature of Parent/Guardian  
(If under 18 years of age)

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Date

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Signature of School Official

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Date