

WILCO AREA CAREER CENTER

Adult Summer CNA Enrollment Agreement

This Enrollment Agreement ("Agreement") is entered into between Wilco Area Career Center, located at 500 Wilco Blvd., Romeoville, IL 60446, hereinafter referred to as the "Center," and [Student's Name], hereinafter referred to as the "Student," effective as of [Date of Enrollment]. Please be aware that this program is **not accredited by the US Department of Education** but is permitted by the Illinois Department of Public Health to provide training and certification for Nursing Assistants.

Student Name: _____

Student Street Address: _____

City/State/ZIP: _____

Phone Number: _____

Emergency Contact (Name, Relationship, and Phone Number):

Student Email Address: _____

Middle or High School Attended: _____

Dates of Attendance: _____

1. Course Description:

The Student hereby enrolls in the Adult CNA program offered by the Center, which includes: The Certified Nursing Assistant program is structured to prepare the student for employment as a Certified Nurse Assistant. The curriculum includes all standards and procedures contained in the Illinois Department of Public Health Certified Nurse Aide Instruction Model. The State Nurse Aide Examination can be taken through this course with the completion of 40 hours of on-site clinical experience at a local nursing facility, included in the class structure if the student has a social security number. Students must have transportation to the clinical site, a physical, and TB test before

June 1st and have completed a Health Care Provider CPR course/certification. Before beginning the clinical experience, students must undergo a Health Care Worker criminal background check. During the summer session-144 hours, students must maintain an 80% to remain eligible for the Illinois Department of Public Health Certified Nurse Aide Exam. Many medical related college programs require clinical hours or specifically CNA certification before being admitted to the program. Upon completion of this course, students may choose to continue their education in preparation for any of a number of careers in the healthcare field i.e.; Registered Nurse, Physical Therapist, Respiratory Therapist, Ultrasound Technician, etc. Students are required to wear appropriate clothing at clinical sites.

Submission of Documentation:

Before the first day of class:

- Submit proof of completion of at least 8 years of grade school with official school district confirmation.
- Undergo a criminal background check through an approved vendor.
- Submit proof of a negative TB tests that is either a 2-step or Quantiferon Gold.
- Submit a physical form signed by a doctor.
- Submit proof of Health Care Provider CPR certification.

Students cannot participate in the Nursing Assistant program without completing these requirements and will receive a refund of their deposit and any tuition money paid.

1. Objectives:

- Discuss the role of the nurse assistant in various healthcare settings.
- Name the body systems and describe their main functions.
- Perform all 21 state required performance skills satisfactorily (competently).
- Demonstrate effective ways to care for residents with Alzheimer's Disease and related dementias.
- Identify and demonstrate the correct procedure when performing CPR.
- Demonstrate respect for the resident as a physical, social, psychological and spiritual being.
- Practice safe and complete personal care to all assigned residents.

2. Tuition and Fees:

The Student agrees to pay the total tuition fee of \$895 for the entire course, in addition to obtaining a criminal background check, Healthcare Provider CPR, and scrubs, watch, and appropriate shoes for clinical participation. Students are responsible for payment of the state testing fee (\$90) to Southern Illinois University (SIU).

3. Payment Schedule:

The tuition fee shall be paid in full prior to the commencement of the course unless otherwise agreed upon by both parties in writing. A \$200 deposit is required to hold your seat in the course and is applied to the overall tuition cost.

4. Required Fees:

- a. Criminal Background Check-
- b. American Heart Association BLS – CPR certification if students does not hold a current card; a Pre-Class will be offered at the Center- \$30
- c. Scrubs, shoes, watch with a second hand, closed toe shoes, and gait belt are to be purchased by the student and not through the Center
- d. State Testing Fee of \$90 to be paid by the student
- e. Textbook: Maybe purchased through the Center or ordered by the student:
Estimated cost -

4. Refund Policy:

- a. If the Student withdraws from the course before the commencement date or if the Center cancels the class due to low enrollment, the Center shall refund 100% of the tuition fee.
- b. No refunds shall be provided past the first week of class. Students who drop in the first week of class shall be refunded \$745 which constitutes a pro -ration of the tuition for the remainder of the program.
- c. Hardship cases will be considered in the event that an unforeseen circumstance occurs which prevents students from completing the course. A student may apply to the Executive Director of Wilco Area Career Center in writing for the refund.

5. Financial Aid:

Students may apply to the Will County Workforce Board for WIOA funding. Wilco will work with students on a payment plan; however, the tuition must be paid before the session begins.

6. Attendance and Participation:

The Student agrees to attend all scheduled classes and actively participate in class activities. Absences must be reported to the Center in advance; however, the student must meet IDPH required course hour participation of 120 minimum hours.

7. Code of Conduct:

The Student agrees to abide by the Centers code of conduct, which includes but is not limited to respectful behavior towards instructors and fellow students, adherence to Center policies, and maintaining academic integrity.

8. Termination:

The Center reserves the right to terminate this Agreement and dismiss the Student from the course for failure to comply with the terms of this Agreement or for any other valid reason at the discretion of the Center or one of our participating clinical sites.

9. Completion Certificate:

Upon successful completion of the program, students will receive a 'Certificate of Completion' designating that they have met the requirements set forth by the Illinois Department of Public Health for Nursing Assistant Training programs.

10. Illinois Board of Higher Education Grievance and Complaint Policy:

Students who wish to register an Institutional Complaint with the Illinois Board of Higher Education should follow the 3-Step process established by IBHE:

Step 1: Follow the Center's complaint procedures and work to resolve the matter with the Center. However, in cases of criminal activity, contact the proper authorities immediately.

Step 2. Prepare to Register a formal complaint with IBHE. After you have made all attempts to resolve your issue(s) with the institution, IBHE may intercede with the Center depending upon the pertinent laws governing agency oversight.

Gather all the documentation you have collected during your attempt to resolve the matter directly with the institution.

Step 3. Register a complaint using [IBHE's Institution Complaint System](#) or at the Board of Higher Education , 1 N Old State Capitol Plaza, Suite 333, Springfield, IL 62701.

11. NOTICE TO STUDENT

1. Do not sign this agreement before you have read it or if it contains any blank spaces.
2. This agreement is a legally binding instrument and is only binding when the agreement is accepted, signed, and dated by the authorized official of the school or the admissions officer at the school's principal place of business. Read all pages of this contract before signing.
3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
4. This agreement and the school catalog constitute the entire agreement between the student and the school.
5. Any changes in this agreement must be made in writing and shall not be binding on either the student or the school unless such changes have been approved in writing by the authorized official of the school and by the student or the student's parent or guardian. All terms and conditions of the agreement are not subject to amendment or modification by oral agreement.
6. The Center does not guarantee the transferability of credits to another school, college, or university. Credits or coursework are not likely to transfer; any decision on the comparability, appropriateness and applicability of credit and whether credit should be accepted is the decision of the receiving institution.

12. STUDENT'S RIGHT TO CANCEL

The student has the right to cancel the initial enrollment agreement until 3:00 pm of the 4th business day after the student has been admitted and started the program. If the right to cancel is not given to any prospective student at the time the agreement is signed, then the student has the right to cancel the agreement at any time and receive a refund on all monies paid to date within (10) days of cancellation. Cancellation should be submitted to the authorized official of the school in writing.

13. STUDENT ACKNOWLEDGMENTS

1. I hereby acknowledge receipt of the school's catalog, which contains information describing programs offered, and equipment or supplies provided. The school catalog is included as part of this enrollment agreement and I acknowledge that I have received a copy of this catalog. Student Initials _____

2. I have carefully read and received an exact copy of this enrollment agreement. Student Initials _____

3. I understand that the school may terminate my enrollment if I fail to comply with attendance, academic, and financial requirements or if I fail to abide by established standards of conduct, as outlined in the school catalog. While enrolled in the school, I understand that I must maintain satisfactory academic progress as described in the school catalog and that my financial obligation to the school must be paid in full before the first day of classes. Student Initials _____

4. I hereby acknowledge that the school has made available to me all required disclosure information that the Center is not accredited by the United State Department of Education and therefore not eligible to offer Federal Financial Aid. Student Initials _____

5. I understand that the school does not guarantee transferability of credit and that in most cases, credits or coursework are not likely to transfer to another institution. I may be eligible for prior learning credits if I pass my Nursing Assistant certification through IDPH. Student Initials _____

6. I understand that the school does not guarantee job placement to graduates upon program completion. Student Initials _____

7. I understand that complaints, which cannot be resolved by direct negotiation with the school in accordance to its written grievance policy, may be filed with the Illinois Board of Higher Education, 1 N. Old State Capitol Plaza, Suite 333, Springfield, IL 62771 or at www.ibhe.org. Student Initials _____

14. Entire Agreement:

This Agreement constitutes the entire understanding between the Center and the Student and supersedes any prior agreements or understandings, whether written or oral.

Signatures:

By signing below, the parties acknowledge that they have read and understood the terms of this Agreement and agree to be bound by them.

Elizabeth Kaufman,

Wilco Executive Director

Director's Signature

Date

Student's Name

Date

Student's Signature

If participant is under the age of 18, please have your parent or legal guardian acknowledge this agreement below:

Parent/Guardian Name

Date

Parent Signature

Date