

***CNS Academy for Healthcare Professionals, Inc.
187-A High Street
Holyoke, MA 01040
Phone: 413-998-3176
Fax: 413-437-7619
E-Mail: cnsacademy@yahoo.com
cnsacademyhealthcare.com***

Nurse Aide /Home Health Aide Training

Admission Requirements

1. High School Diploma, GED, College Transcripts **or** a grade of 70% on CNS competency exam
2. Driver's License, State or Picture ID

Application

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

DOB: _____ / _____ / _____

Home Phone #: _____ **Cell #:** _____

Alternate Contact #: _____ **Emergency #:** _____

E-mail Address: _____

Are you over 18 years old?

Yes No

Have you been convicted by any government agency of child, patient resident or elderly abuse?

Yes If yes, explain:

Are you being sponsored by a Medicaid certified facility? Yes No

Name of Facility: _____

Address: _____

Phone Number: _____ Contact Person: _____

Education:

SCHOOL NAME AND ADDRESS	START MO/YR	END DATE MO/YR	DID YOU GRADUATE?	DEGREE

College/University:

SCHOOL	START MO/YR	END DATE MO/YR	DID YOU GRADUATE?	DEGREE

Other Education: _____

Other Certifications: _____

Employment History: (most recent employment first)

Employer Name and Address	START MO/YR	END DATE MO/YR	POSITION
_____ _____			
_____ _____			

CPR Certified? YES NO

How did you hear about us? _____

I certify that the information provided in this application is true and complete to the best of my knowledge. I agree that if I misrepresent or omit any relevant information or provide false answers, CNS Academy for Healthcare Professionals will disqualify or discharge me from the Program without refund.

Signature

Date

Nurse Aide/Home Health Aide Training

Return the following items:

- * **Completed Application**
- * **Driver's License, State or Picture ID**
- * **\$100.00 Deposit**

Mail to:
C.N.S. Academy for Healthcare Professionals, Inc.
187-A High Street
Holyoke, MA 01040

Accepted Forms of Payment

Cash
Money Order
Check

CNS Academy for Healthcare Professional, Inc
187-A High Street
Holyoke, MA 01040
Phone: 413-998-3176
Fax: 413-437-7619
E-Mail: cnsacademy@yahoo.com
Cnsacademyhealthcare.com

Student Enrollment Agreement

STUDENT NAME: _____ **PHONE:** _____

ADDRESS: _____

EMAIL: _____

PROGRAM OR COURSE NAME: **Nursing Aide/Home Health Aide Training NAT 115**

ENTRANCE REQUIREMENTS:

1. High School Diploma, GED, College Transcripts **or** a grade of 70% on CNS competency exam
2. Driver's License, State or Picture ID

CLOCK/CREDIT HOURS:

1. Nursing Aide Training 115.0 hrs.

PERIOD BEYOND WHICH LATE REGISTRATION WILL NOT BE ACCEPTED:

After the second day of class no students are allowed to register or be admitted to class.

DATE OF PROGRAM OR COURSE BEGINS: _____ / _____ / _____

DATE OF PROGRAM OR COURSE ENDS: _____ / _____ / _____

TUITION FEE:	\$ 1000.00
REGISTRATION FEE (NON-REFUNDABLE)	\$ 40.00
BOOKS:	\$ 60.00
UNIFORMS:	\$ 100.00
TOTAL CHARGES:	\$ 1,200.00
OTHER: CPR Certification State Exam (optional) PPD/Mantoux	
Adjusted Total Charges:	\$ 1,200.00

STUDENT'S METHOD OF PAYMENT:

- _____ CASH
- _____ MONEY ORDER
- _____ CHECK
- _____ FUNDING SOURCE: _____
- _____ OTHER: _____

**REFUND POLICY
(AS PER M.G.L. CHAPTER 255, SECTION 13K):**

1. You may terminate this agreement at any time.
2. If you terminate this agreement within five days you will receive a refund of all monies paid, provided that you have not commenced the program.
3. If you subsequently terminate this agreement prior to the commencement of the program, you will receive a refund of all monies paid, less the actual reasonable administrative costs described in paragraph 7.
4. If you terminate this agreement during the first quarter of the program, you will receive a refund of at least seventy-five percent of the tuition paid, less the actual reasonable administrative costs described in paragraph 7.
5. If you terminate this agreement during the second quarter of the program, you will receive a refund of at least fifty per cent of the tuition paid, less the actual reasonable administrative costs described in paragraph 7.
6. If you terminate this agreement during the third quarter of the program, you will receive a refund of at least twenty-five percent of the tuition paid, less the actual reasonable administrative costs described in paragraph 7.
7. If you terminate this agreement after the initial five day period, you will be responsible for actual reasonable administrative costs incurred by the school to enroll you and to process your application, which administrative costs shall not exceed fifty dollars or five percent of the contract price, whichever is less. A list of such administrative costs is attached hereto and made a part of this agreement.
8. If you wish to terminate this agreement, you must inform the school in writing of your termination, which will become effective on the day, such writing is mailed.
9. The school is not obligated to provide any refund if you terminate this agreement during the fourth quarter of the program.

Administrative Costs Equal: \$ 40.00

I have been provided a copy of the school's catalogue and policies in a manner of my choosing and I am initialing my choice:

Hard copy USB Drive read-only CD-Rom send via email
 I will download the catalogue and policies from school's website CNSAcademyhealthcare.com

Student's Initials

- I understand this contract will not be in force and effect until signed by both a school representative and myself.
- I have received a copy of the school's complaint procedures policy.
- I understand the refund policy as stated above.
- I understand that coursework and/or credit from this school may not be transferable to other institutions of education and acceptance is at the discretion of the receiving institution.

This school is licensed by the Commonwealth of Massachusetts
Division of Professional Licensure
Office of Private Occupational Schools.
Any comments, questions, or concerns about this school's license should be directed to:

**Commonwealth of Massachusetts
Division of Professional Licensure
Office of Private Occupational School Education
1000 Washington Street
Boston, MA 02118
www.mass.gov/dpl**

STUDENT'S SIGNATURE: _____ DATE: _____

PRINT STUDENT'S NAME: _____

IF THE STUDENT IS UNDER THE AGE OF 18,

PARENT/GUARDIAN: _____ DATE: _____

PRINT PARENT/GUARDIAN'S NAME: _____

SCHOOL OFFICIAL'S SIGNATURE: _____ DATE: _____

PRINT SCHOOL OFFICIAL'S NAME: MARC R. BEAULIEU

I, the student, have received a completed and signed copy of this agreement: _____
(Student's initials & date)