# Enrollment Agreement

Avid CNA School
67 S. Sutton Rd.
Streamwood, IL 60107
Tel: 630 855 3977
Fax: 630 855 8453
Website: avidcnaschool.com
Email: admin@avidcnaschool.com

## ENROLLMENT AGREEMENT FORM

### STUDENT INFORMATION

STUDENT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBERS: H) _____ C) _____ W) _____

E-MAIL ADDRESS: _____

SOCIAL SECURITY #: _____ STUDENT ID #: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ TELEPHONE #: _____

### PROGRAM INFORMATION

DATE OF ADMISSION: _____/_____/_____

**PHLEBOTOMY TECHNICIAN (CIP Code 51.1009)**

**Description**

**Clock Hours: 80**

**Theory/Lab/Clinical: 60/20/00**

This 80-clock hour program prepares the graduate to function as phlebotomist and as a vital member of the clinical laboratory team whose main function is to obtain patient's blood specimens by venipuncture and micro collection along with transportation of other clinical laboratory specimens.

**Specific Admission Requirements:**

1. The prospective student must be at least 17 years of age.

2. A reading comprehension proficiency of at least 10$^{th}$ grade level.

3. A Physical examination, which includes a TB test within the last 12 months

4. Criminal Background Check (to be initiated by school)

5. Copy of health insurance coverage (if available)

**Potential Places of Employment:**

Phlebotomists are employed throughout the health care system - hospitals, neighborhood health centers, medical group practices, HMO's public health facilities, Veterans hospitals and blood banks. The field of phlebotomy has greatly expanded in the past several years and the role of this integral member of the health care team has recently been brought into much sharper focus.

The threat of AIDS, hepatitis and risks to all segments of society from other infectious diseases has dramatically emphasized the need for quickly expanding training programs, while maintaining the highest possible standards of instruction and continuing education for these health care professionals.

Patient safety and quality assurance, which adhere to the most stringent professional standards are essential at every echelon of the health care process. The society's continuing good health may very well depend on it.

**Certification Requirement:**

National certification to practice as phlebotomist is not required, however, successful graduates are encouraged to obtain a national certification. Benefits to obtaining a national certification may include: more job opportunities, an increased pay scale, job security, and increased subject matter expertise.

**Program Objectives/Outcomes:** At the end of the course,

- The student will be able to demonstrate overall knowledge of phlebotomy practice
- The student will be able to identify the organizational healthcare structure
- The student will be able to demonstrate safety practices in the healthcare setting and when conducting phlebotomy
- The student will be able to identify infection control strategies
- The student will be able to use basic medical terminologies
- The student will be able to identify body structure and functions
- The student will be able to discuss the basic circulatory, lymphatic and immune system function and structure
- The student will be able to identify the supplies needed for the venipuncture procedure
- The student will be able to demonstrate the venipuncture procedure proficiently
- The student will be able to demonstrate the dermal venipuncture procedure
- The student will be able to articulate possible complications of venipuncture procedure
- The student will be able to demonstrate arterial blood collection procedure
- The student will be able to identify legal issues affecting the practice of phlebotomy

**Content Outline**

**Unit 1 Introduction to Phlebotomy**

Chapter 1: Introduction to Phlebotomy

Chapter 2:  Healthcare Structure

Chapter 3: Safety

Chapter 4:  Infection Control

**Unit 2 Basics of Phlebotomy**

Chapter 5: Medical Terminology

Chapter 6: Human Anatomy and Physiology

Chapter 7: Circulatory, Lymphatic, and Immune System

**Unit # 3 Specimen Collection**

Chapter 8: Venipuncture Equipment

Chapter 9: Routine Venipuncture

Chapter 10: Dermal Puncture

Chapter 11: Venipuncture Complications

Chapter 12: Blood Collection in Special Population

Chapter 13: Arterial Blood Collection

Chapter 14: Special Collections and Procedures

Chapter 15: Special Non-Blood Collection Procedures

**Unit 4 Specimen Handling**

Chapter 16: Specimen Transport, Handling and Processing

Chapter 17: Point of Care Testing

**Unit 5 Professional Issues**

Chapter 18: Quality Phlebotomy

Chapter 19: Legal Issues in Phlebotomy

**Textbooks:**

Warekois, R. (2019). Phlebotomy. 5th Edition, Elsevier.

**Additional Materials:**

Primrose, P. (2015). Complete Phlebotomy Exam Review. 2nd Edition, Elsevier.

**Program Cost Full Assessment:**

| | |
|---|---|
| Registration Fee | $ 50.00 |
| Tuition Fee | $ 1395.00 |
| Laboratory Fee/Clinical Fee | $ 300.00 |
| Book Worktext, Book Exam review, Online Prep Package, Uniforms, Lab coat | $ 384.00 |

Certification Exam Fee (NHA-Student Responsibility $134)

| | |
|---|---|
| **TOTAL AMOUNT DUE** | **$ 2,129.00** |

PROGRAM INFORMATION (CONTINUED)

PROGRAM START DATE: _____ SCHEDULED END DATE: _____

DAY ☐ EVENING ☐

DAYS/EVENINGS CLASS MEETS: (circle) M T W Th F Sa Su

TIME CLASS BEGINS: _____ TIME CLASS ENDS: _____

NUMBER OF WEEKS: _____ TOTAL CREDIT or CLOCK HOURS: _____

## CONSUMER INFORMATION

**All schools are required to make available, at a minimum, the following disclosure information clearly and conspicuously on their 1) internet website, 2) school catalog, and 3) as an addendum to their Enrollment Agreement:**

- The number of students who were admitted in the program as of July 1 of that reporting period.
  NA
- The number of additional students who were admitted in the program during the next 12 months and classified in one of the following categories: new starts, re-enrollments, and transfers into the program from other programs at the school.
  NA
- The total number of students admitted in the program during the 12-month reporting period.
  NA
- The number of students enrolled in the program during the 12-month reporting period who: transferred out of the program and into another program at the school, completed or graduated from a program, withdrew from the school, and are still enrolled.
  NA
- The number of students enrolled in the program who were: placed in their field of study, placed in a related field, placed out of the field, not available for placement due to personal reasons, and not employed.
  NA
- The number of students who took a State licensing exam or professional certification exam, if any, during the reporting period, as well as the number who passed.
  NA
- The number of graduates who obtained employment in the field who did not use the school's placement assistance during the reporting period (pending reasonable efforts to obtain this information from graduates).
  NA
- The average starting salary for all school graduates employed during the reporting period (pending reasonable efforts to obtain this information from graduates).
  NA

## FINANCIAL AID

Avid CNA School does not accept grants or is eligible to receive TITLE 1V Funds.

## EMPLOYER TUITION ASSISTANCE

Some employers give their employees a Tuition Reimbursement benefit based on certain criteria. Students must check with their employer if this type of benefit is available to them. Payment for educational expenses through this method may be done in two ways:

1. Direct Billing – A letter from an employer is required authorizing this arrangement. Payment will be sent directly to Avid CNA School.

2. Reimbursement – Student will submit invoice to the employer after successful completion from the program. It is assumed that students are responsible for any portion of the educational expenses and fees that are not paid by the employers.

## Tuition and Fees

## TUITION & FEES

See above specific program for tuition and fees

## STANDARD PAYMENT POLICY

Students must pay their tuition and fees as specified. Tuition payments by cash, check, money order or credit card are accepted. Final payment in the installment plan, however, should be paid in cash or money order only. Payment for certification examination should likewise be in money order unless otherwise arranged with the administration. Tuition and fees differ among courses. Specific Program Fees are available in the school office and may be provided upon request.

### Payments, Refund, Cancellation Policy

- **Tuition Refund Policy**

  The following items are refundable:

  Unmarked books

  Unopened skills lab kit

  Unused clinical uniform

- **Not Refundable**

  Technology/Lab fee

  Registration fee

ID Badges (Free for the first issue; $10 fee will be charged on the second issue).

You have the right to pay in full and may obtain refund based on the refund policy.

Any student applying for a program that has been discontinued by the school shall receive a complete refund of all fees and/or tuition fees paid prorated according to schedule of refund.

Avid CNA School **requires an official withdrawal to be eligible for a refund**. Every student wishing to leave or drop out of the program shall **notify the office of their intent via email or written request**. **The date of the request will be considered the last day of attendance**. Tuition refunds are scheduled as follows:

- **Tuition Reimbursement Schedule**

| % of Hours Attended | Institution Refund Policy |
|---|---|
| 0-10% | 90% |
| 11-20% | 80% |
| 21-30% | 70% |
| 31% ---- | 0% |

## Cancellation Policy

The student has the right to cancel the initial enrollment agreement until midnight of the fifth business day after the student has been admitted. 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 with 10 days of cancellation. Cancellation should be submitted to the authorized official of the school in writing.

## Withdrawal Procedure

If no notification of withdrawal is received, and a student has had an unexplained absence of more than ten (10) consecutive class days, **AVID CNA SCHOOL** shall consider the student to have withdrawn from the program. In all cases, the date of withdrawal shall be the last day of attendance.

Refunds shall be made within 30 days of the last day of the attendance if written notification has been provided to the institution by the student; otherwise, refunds shall be made within 30 days from the date the institution terminates the student or determines that the student has withdrawn.

Determination that a student has withdrawn shall be made within 30 days of the last day of attendance. **AVID CNA SCHOOL** shall provide written acknowledgment of a student's notification of withdrawal within fifteen (15) calendar days of the postmark date of the notification of withdrawal. In all instances, refunds shall be based on and computed from the last day of attendance.

## 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 school 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.
7. Avid CNA School is not approved by a U.S Department of Education recognized accrediting body.

## STUDENT ACKNOWLEDGEMENTS

1. I hereby acknowledge receipt of the School 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 a certificate or credential may be awarded.
   **Student Initials _____**
4. I hereby acknowledge that the school has made available to me all required disclosure information listed under the Consumer Information section of this Enrollment Agreement.
   **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. In cases where transferability is guaranteed, **AVID CNA SCHOOL** must provide me copies of transfer agreements that name the exact institution(s) and include agreement details and limitations.
   **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:

Suite 333
Springfield, Illinois 62701-1394
Website: www.ibhe.org
Email: complaints@ibhe.org

Illinois Department of Public Health
Education and Training Section
625 W. Jefferson, 4th Floor
Springfield, IL 62761

**Student Initials _____**

8. I hereby acknowledge that payment of tuition and fees are my obligation. Application of financial assistance or loans does not negate this responsibility. **AVID CNA SCHOOL** is currently unable to participate in TITLE IV funding of the Higher Education Act of 1965.
   **Student Initial _____**

9. I hereby acknowledge that any payment made by check that does not clear my bank account will result in a NSF fee.
   **Student Initial _____**

10. I understand that tuition account balances must be on current status in order to advance to the next phase or program component and for admission to a new course and examination.
    **Student Initial _____**
11. I understand that if my account becomes 15-day past due, a $35 late fee will be assessed and I shall not be able to return to class and/or be able to take any exams until the account is brought current.
    **Student Initial _____**

12. I hereby acknowledge that prior to taking the final examination, my remaining account balance shall be paid in full. I also understand that there is a 3.5% service fee every imposed for all credit and debit card transactions, over the phone credit card transactions is 4% service fee.

    **Student Initial _____**

13. I understand that tuition and other fees must be current, if a payment plan was created, or fully paid prior to submission of application for State Licensing exam.
    **Student Initial _____**

14. Avid CNA School is approved by Illinois Board of Higher Education (IBHE) and Illinois Department of Public Health (IDPH) but not by a U.S Department of Education recognized

accrediting body.
**Student Initial _____**

15. I give Avid CNA School permission to post pictures that I may be in, along with activities that we do throughout the duration of the program, in their Facebook page listed as Avid CNA School. Any student in pictures being posted will not be named or tagged. In addition, pictures may also be used in flyers or marketing materials.
**Student Initial_____**

16. A $40 clinical rescheduling fee will be assessed for each unexcused absence from a scheduled clinical session.
**Student Initial _____**

The student acknowledges receiving a copy of this completed agreement, the School Catalog, and written confirmation of acceptance prior to signing this contract. The student by signing this contract acknowledges that he/she has read this contract, understands the terms and conditions, and agrees to the conditions outlined in this contract. It is further understood that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Officer of **AVID CNA SCHOOL.** The student and the school will retain a copy of this agreement.

Student's Signature Date Avid CNA School Representative Signature Date

# Institutional Disclosures Reporting Table

**Per Section 1095.200 of 23 Ill. Adm. Code 1095:**

**Institution Name: AVID CNA School**
**July 1, 2024 to June 30, 2025**

***The following information must be submitted to the Board annually; failure to do so is grounds for immediate revocation of the permit of approval.***

| Disclosure Reporting Category | Program Name | BNATP | EKG | PHLEBOTOMY | | PCT |
|---|---|---|---|---|---|---|
| | CIP* | 51.3902 | 51.0902 | 51.1009 | | 51.3902 |
| | SOC* | 31-1014.00 | 29-2031.00 | 31-9097.00 | | 31-1131 |
| A) For each program of study, report: | | | | | | |
| 1) The number of students who were admitted in the program or course of instruction* as of July 1 of this reporting period. | | 468 | 14 | 34 | | 2 |
| 2) The number of additional students who were admitted in the program or course of instruction during the next 12 months and classified in one of the following categories: | | | | | | |
| | a) New starts | 459 | 14 | 34 | | 2 |
| | b) Re-enrollments | 9 | 0 | 0 | | 0 |
| | c) Transfers into the program from other programs at the school | 0 | 0 | 0 | | 0 |
| 3) The total number of students admitted in the program or course of instruction during the 12-month reporting period (the number of students reported under subsection A1 plus the total number of students reported under subsection A2). | | 468 | 14 | 34 | | 2 |
| 4) The number of students enrolled in the program or course of instruction during the 12-month reporting period who: | | | | | | |
| | a) Transferred out of the program or course and into another program or course at the school | 0 | 0 | 0 | | 0 |
| | b) Completed or graduated from a program or course of instruction | 422 | 14 | 34 | | 2 |
| | c) Withdrew from the school | 46 | 0 | 0 | | |
| | d) Are still enrolled | 0 | 0 | 0 | | |
| 5) The number of students enrolled in the program or course of instruction who were: | | | | | | |
| | a) Placed in their field of study | 200 | 4 | 17 | | 2 |
| | b) Placed in a related field | 90 | 3 | 9 | | |
| | c) Placed out of the field | 30 | 1 | 4 | | |
| | d) Not available for placement due to personal reasons | 95 | 0 | 0 | | |
| | e) Not employed | 77 | 0 | 2 | | |
| B1) The number of students who took a State licensing examination or professional certification examination, if any, during the reporting period. | | 502 | 7 | 34 | | 2 |
| B2) The number of students who took and passed a State licensing examination or professional certification examination, if any, during the reporting period. | | 492 | 4 | 32 | | 2 |
| C) The number of graduates who obtained employment in the field who did not use the school's placement assistance during the reporting period; such information may be compiled by reasonable efforts of the school to contact graduates by written correspondence. | | 180 | 0 | 0 | | 2 |
| D) The average starting salary for all school graduates employed during the reporting period; this information may be compiled by reasonable efforts of the school to contact graduates by written correspondence. | | $17.00 | $16.50 | $16.50 | | $20.00 |

*__CIP__--Please insert the program CIP Code. For more information on CIP codes: https://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55

*__SOC__--Please insert the program SOC Code. For more information on SOC codes: http://www.bls.gov/soc/classification.htm

*__A course of instruction__ is a standalone course that meets for an extended period of time and provides instruction that may or may not be related to a program of study, but is either not part of the sequence or can be taken independent of the full sequence as a stand-alone option. A Course of Instruction may directly prepare students for a certificate or other completion credential or it can stand alone as an optional preparation or, in the case of students requiring catch-up work, a prerequisite for a program. A stand-alone course might lead to a credential to be used toward preparing individuals for a trade, occupation, vocation, profession; or it might improve, enhance or add to skills and abilities related to occupational/career opportunities.

*} In the event that the school fails to meet the minimum standards, that school shall be placed on probation.*

*} If that school's passage rate in its next reporting period does not exceed 50% of the average passage rate of that class of schools as a whole, then the Board shall revoke the school's approval for that program to operate in this State. Such revocation also shall be grounds for reviewing the approval to operate as an institution.*