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: _____/_____/_____

COURSE NAME AND DESCRIPTION:

BASIC NURSING ASSISTANT TRAINING (CIP Code 51.3902)

The Basic Nursing Assistant Training Program (CIP Code 51.3902) consists of 120 clock hour of coordinated theory, lab and clinical learning activities. The program covers concepts on basic nursing skills. It is designed to prepare students to function under the supervision of the Registered Nurse in various healthcare settings. Successful completion of the program will lead to eligibility to sit for the competency exam administered by Southern Illinois University of Carbondale (SIUC). Upon successful passing of the state competency exam, the student's name will be added in the Nurse Aide Registry which means that a student can work as a Certified Nursing Assistant (CNA) in healthcare facilities.

Specific Admission Requirements:

1. The prospective student must be at least 16 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

Program Objectives/Outcomes

At the end of the program, the nursing assistant graduate must be able to:

- Describe the healthcare system and its role as part of the nursing team
- Identify good work ethics
- Demonstrate how to communicate with the healthcare team
- Have an enhanced understanding of the older adults
- Identify the human body structure and function
- Demonstrate how to provide care for the older adults
- Demonstrate how to promote safety
- Discuss and demonstrate on how to prevent falls
- Discuss and demonstrate the use of restraint alternatives and safe restraint use
- Discuss and demonstrate how to prevent infection
- Demonstrate good body mechanics
- Discuss and demonstrate how to safely handle, move and transfer the person
- Discuss and demonstrate how to perform grooming and hygiene

- Discuss and demonstrate how to assist residents with bowel and urine elimination
- Discuss and demonstrate how to collect specimen
- Discuss and demonstrate how to assist with exercise and activity
- Discuss and demonstrate how to assist with wound care
- Discuss and demonstrate how to assist with oxygen needs
- Discuss and demonstrate how to assist with rehabilitation and restorative nursing care
- Discuss and demonstrate how to care of person with common health problems
- Discuss and demonstrate how to care of person with mental health problems
- Discuss and demonstrate how to care of person with confusion and dementia
- Discuss and demonstrate how to assist with emergency care
- Discuss and demonstrate how to care for the dying person

Course Outline

(5.5 hours/session) = 80 hours (plus clinical = 40 hours training):

Session 1	Introduction to Hospitals and Nursing Centers
	The Nursing Assistant
Session 2	Work Ethics
	Communicating with the Healthcare Team
Session 3	Understanding the Person
	Body Structure and Function
Session 4	Care of the Older Person
Session 5	Promoting Safety
	Preventing Falls
	Restraints Alternatives and Safe Restraint Use
Session 6	Preventing Infection
Session 7	Body Mechanics
	Safely Handling, Moving and Transferring the Person
Session 8	SUMMARY/MID TERM REVIEW/ EXAM
Session 9	Assisting with Comfort
	Assisting with Hygiene
	Assisting with Grooming
Session 10	Assisting with Elimination
	Assisting with Bowel Elimination
Session 11	Assisting with Elimination and Fluids
	Assisting with Assessment
	Assisting with Specimens
Session 12	Assisting with Exercise and Activity
	Assisting with Wound Care
Session 13	Assisting with Oxygen Needs
	Assisting with Rehabilitation and Restorative Nursing Care
Session 14	Caring for Person with Common Health Problems

	Caring for Person with Mental Health Problems
	Caring for Person with Confusion and Dementia
Session 15	Assisting with Emergency Care
	Caring for the Dying Person
Session 16	SUMMARY/FINAL REVIEW/EXAM

Textbooks:

Sorrentino, A. (2026). Essentials for Nursing Assistants, Mosby, 8th Edition, Evolve Elsevier.
Additional Materials:
Mosby's Nursing Assistant Skills Video Series- 10 volumes

Program Cost Full Assessment:

Item	Cost
Tuition	1095
Registration	50
Textbook and Workbook	170
Lab/Technology Fee	253
Exam Fee	85
Fingerprinting Fee	40
Uniform	92
BLS Training	80
Supplies	120
TOTAL	1985

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

STUDENT'S RIGHT TO CANCEL

A student has the right to cancel their enrollment agreement at any time prior to the start of scheduled classes. Cancellation must be submitted in writing to an authorized school official.

If a student cancels before the class start date, the school will retain a **non-refundable registration fee of $50** to cover administrative expenses, including processing and documentation. All other monies paid will be refunded.

All applicable refunds will be issued within thirty (30) days of the school's receipt of the written cancellation notice.

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:

Illinois Board of Higher Education
1 N. Old State Capitol Plaza
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 _____

17. If a student fails to take a major exam at the scheduled time, a deduction of 5% per day will be applied to the exam score for each day the test is delayed until it is completed.
    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.