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

PATIENT CARE TECHNICIAN

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: _____/_____/_____

PATIENT CARE TECHNICIAN PROGRAM:

Patient Care Technician Program provides the educational background required for pursuing a career in the healthcare industry. The curriculum covers the foundational knowledge, skills, and abilities needed to function as an entry level healthcare worker. The program outcomes consist of use of performing basic patient care skills, use of effective skills to draw blood and accurately label tubes and perform basic 12-lead ECG technique and interpretation.

Patient Care Technician Program (CIP Code 51.3902)
Clock Hours: 240 hours
Specific Admission Requirements:
1. The prospective student must be at least 17 years of age.
2. A reading comprehension proficiency of at least 10th 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
6. Must have a valid social security number

Program Objectives:

The EKG module will be able to recognize emergencies and alert physician who will determine the need for possible further invasive testing. The EKG technician will learn to prepare the patient for the exam by attaching the electrodes to the chest, arms and legs. He will learn to detect abnormalities or false readings in the electrocardiogram and to correct technical errors.

The Phlebotomy module is an introductory course designed to provide the student with the skills to be accurate, work well under pressure and communicate effectively as part of the healthcare team. This course teaches the student to acquire manual skills such as obtaining blood specimen by venipuncture and skin puncture techniques as well as mental skills such as ability to organize efficiently, perform under pressure and follow written standard procedures. He will obtain thorough knowledge of laboratory test requirement and departmental policies. In addition to training the student in collecting and transporting blood specimens for clinical laboratory analyses, he will be trained to assist in the collection and transportation of specimen other than venous blood. (i.e., urine, tissue, sputum).

The Basic Nurse Aide program is designed with the Modules developed by the Illinois Department of Health. This includes lecture, skills laboratory with demonstration and

return demonstration, clinical experience in health care settings. This program is designed to meet all of the Illinois Department of Public Health requirements. These include a minimum of 80 hours of class and 40 hours of supervised clinical practice. Areas of study include communication, infection control, safety and emergency procedures, resident's rights, basic nursing skills, personal care skills, feeding techniques, and skin care. Students learn how to transfer, position, dress, and ambulate residents and how to perform range-of-motion exercises. They also learn the signs and symptoms of common diseases and conditions and how to care for cognitively impaired residents (Alzheimer's Disease).

Content Outline

Basic Nurse Assistant Training Program

(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. (2023). Essentials for Nursing Assistants, Mosby, 7th Edition, Evolve Elsevier.
Additional Materials:
Mosby's Nursing Assistant Skills Video Series- 10 volumes
Mosby's Nursing Assistant Transparency Acetate

Phlebotomy Technician Program

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.

EKG Technician Program

Chapter 1: Anatomy and Physiology

Chapter 2: Basic Electrophysiology

Chapter 3: Sinus Mechanisms

Chapter 4: Atrial Mechanisms

Chapter 5: Junctional Rhythms

Chapter 6: Ventricular Rhythms

Chapter 7: Atrioventricular Blocks

Chapter 8: Pacemaker Rhythms

Chapter 9: Introduction to 12 Lead EKG

Program Objectives/Outcomes:

- Student will be able to discuss the basic structure and function of the human heart
- Student will be able to discuss basic electrophysiology
- Student will be able to understand and recognize atrial rhythms
- Student will be able understand and recognize junctional rhythms
- Student will be able to understand and recognize ventricular rhythms
- Student will be able to understand and recognize heart blocks
- Student will be able to understand and recognize pacemaker rhythms
- Student will be able to perform 12 lead ECG and manage ECG monitor
- Perform a 12 lead EKG
- Interpret basic arrhythmias
- Assess a patient for cardiac emergency
- Communicate with the patient appropriately
- Attach electrode to the chest, arms and legs
- Provide privacy for the patient during the test
- Provide clean working environment
- Practice universal precautions during the testing
- Document procedures appropriately

Textbooks:

Aehlert, B. (2022). ECG Made Easy. Elsevier.

Additional Materials:
Basic Dysrhythmias in CD-ROM (optional)

Full Assessment of Program Cost

Item	Cost
Tuition	3489
Registration	150
Textbook and Workbook	455
Online Prep Pkg	226
Lab/Technology Fee	437
Exam Fee	353
Fingerprinting Fee	40
Uniforms	214
BLS Training	80
Supplies	345
Total	5789

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 Initial _____
2. I have carefully read and received an exact copy of this enrollment agreement.
   Student Initial _____
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 Initial _____
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 Initial _____
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 Initial _____
6. I understand that the school does not guarantee job placement to graduates upon program completion.
   Student Initial _____
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.