

**INSTITUTE OF HEALTH CAREERS, INC.**

**5624 8th Street West, # 114 Lehigh Acres, Florida 33971**

**239-303-4388**

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NURSING ASSISTANT EXAM PREP ~4 weeks~

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Date: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

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**HAVE YOU EVER BEEN CONVICTED OF, OR ENTERED A PLEA OF GUILTY, NO CONTEST, NOLO CONTENDRE, A CRIME OTHER THAN A MINOR TRAFFIC OFFENCE? YOU MUST INCLUDE ALL MISDEMEANORS, FELONIES, AND JUVINILE OFFENSES, EVEN IF THERE WERE ADJUDICATION WITHHELD. DRIVING UNDER INFLUENCE (DUI) OR DRIVING WHILE IMPAIRED (DWI) IS NOT CONSIDERED A MINOR TRAFFICE VIOLATION FOR THE PURPOSES OF THIS QUESTION. YES \_\_\_ NO \_\_\_.**

**HAVE YOU EVER TAKEN THE CNA EXAM (WRITTEN OR SKILLS) BEFORE ? YES / NO . IF YES, WHEN \_\_\_\_\_**

**IMPORTANT NOTE: \*\*\*\* If you are enrolling in any health occupation program, any misdemeanor or felony conviction that you have may negatively impact your chances of program completion, being placed at externship site and employment \*\*\*\***

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

**TOTAL COST: \$1,200 (Tuition)**

{ } \$600 due upon signing contract with the remaining balance due PRIOR to completion

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	FINANCED AMOUNT The dollar amount (the credit) provided to you or on your behalf.	PAYMENT TOTAL The amount you will have paid after you have made all payments as scheduled.	TOTAL PRICE The cost of your CREDIT purchase including your deposit
0 %	N/A	\$	\$	\$
NUMBER OF PAYMENTS	PAYMENT AMOUNT	PAYMENT DUE DATE		
	\$	Starting on _____ and every MONDAY, until paid in full.		

LATE PAYMENT FEE OF \$50 ASSESSED IF NOT PAID ON THE DUE DATE or IF MINIMUM PAYMENT DUE IS NOT PAID IN FULL. Failure to make scheduled payments will result in students being IMMEDIATELY withdrawn and forfeiting all monies paid.

**CREDENTIAL AWARDED**

NONE. This course is NOT approved by CIE or the Florida Board of Nursing and is NOT included in ABHES accreditation approval. Students may receive a Certificate of Completion. This course is for anyone who has not failed the Nursing Assistant certification exam 3 times.

**REASONS FOR TERMINATION**

At the discretion of the institution, a student’s enrollment can be terminated, therefore, I agree to comply with the rules and policies.

**CANCELLATION & REFUND POLICY**

- 1. A full refund given to any student who cancels a signed enrollment agreement in 48 hours.
- 2. Refund checks made within 30 days of receipt of termination of student’s enrollment.
- 3. A complete refund of all fees paid to the students for classes cancelled at no fault of their own.

**ACKNOWLEDGEMENT**

This agreement constitutes a binding contract between me and Institute of Health Careers.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/LEGAL GUARDIAN (IF MINOR): \_\_\_\_\_ DATE: \_\_\_\_\_

SCHOOL OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_