



Doctor's Choice

Career Academy

1130 S. Wabash Ave. Ste. 105
 Chicago, IL. 60605
 312-447-0035
 312-447-0036

ENROLLMENT AGREEMENT-CNA

Updated 10/11/2012 MJ

Personal Information			
Name:		Address:	
Phone Number:		City: Chicago	
Social Sec.		State: IL	ZIP:
Date Of Birth:			
Email Address:			
<i>Emergency contact: Number: Relationship: Mother</i>			
<i>Address: Same as above</i>			
<i>Email Address:</i>			
Course Description: CNA The Certified Nurse Assistant Training Program is designed to train the students the tasks and skills required in the daily care of patients requiring long term care. It will also provide the knowledge needed to function effectively as a member of the nursing team in various setting. Upon successful completion of the program, the student is qualified to take the Illinois Nurse Aide Competency Examination administered by Southern Illinois University of Carbondale. The program is approved by the Illinois Department of Public Health.			
<i>Hours 120</i> <i>Class Start</i> <i>Class Ends:</i>		Location: 1130 S. Wabash Chicago IL, 60605	Special Note: <i>Students are responsible to pay for the drug screening, Physical Exam and TB Testing.</i>
Payment Schedule <i>*if using credit card, please complete the form on the last page</i>			

	Date:	Amount:	Method Of Pay:*	
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				
	Tuition Total Amount		\$1,100.00	
	Books, Clinical Supplies, CPR Training, Uniform, Completion Certificate & Job Assistance,		FREE!!!!	
	Registration Fees	\$350.00	Included In Deposit	
	Required Deposit	30%		
	Unpaid Balance			



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NOTICE TO THE BUYER			
<p>1. Do not sign this agreement before you read it or if it contains any blank spaces.</p> <p>2. THIS AGREEMENT IS A LEGALLY BINDING CONTRACT WHEN SIGNED BY THE STUDENT (and parent or legal guardian where applicable) AND ACCEPTED, SIGNED AND DATED BY THE SCHOOL.</p> <p>3. You are entitled to receive an exact copy of this agreement and any disclosure pages you sign and also a copy of this agreement at the time of the agreement's acceptance, if any, by the school. This agreement and the DCCA Catalog constitute the entire Enrollment Agreement between the student and DCCA.</p> <p>4. The terms and conditions of this agreement are not subject to amendment or modification by oral agreement.</p>		<p>5. Any changes, modifications or amendments to this agreement 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 legal guardian if the student is a minor</p> <p>6. Late fee: There will be a charge of \$10 per week on all late payments.</p> <p>7. Deposits or down payments shall become part of the tuition.</p> <p>8. Students have the right to review their student records, including grades and attendance, upon 5 days written notice/request to the school. The records will be made available for review at the school.</p> <p>9. Under the law you have the right, among others to pay the full amount due and to obtain under certain conditions a partial refund of finance charges.</p> <p>EVERY ASSIGNEE OF THIS AGREEMENT TAKES IT SUBJECT TO ALL CLAIMS AND DEFENSES OF THE STUDENT OR HIS SUCCESSORS IN INTEREST ARISING UNDER THIS AGREEMENT.</p>	
I certify that I have received and read a copy of this agreement and the current DCCA Catalog, and I agree to the terms and conditions set forth in this agreement and the Catalog. My signature certifies my complete understanding of this agreement and the Catalog.		X _____	Date ___/___/___
Signature of Student			
		X _____	Date ___/___/___
Signature of Parent or Legal Guardian if the student is a minor			
		X _____	Date ___/___/___
Signature of Admission Representative (The name of the school employee or agent responsible for procuring, soliciting or enrolling the student.)			
		X _____	Date ___/___/___
Signature of Program Coordinator indicating the student's acceptance into the course of instruction.			
		X _____	Date ___/___/___

Cancellation Policy

BUYER'S RIGHT TO CANCEL

The student has the right to cancel the initial enrollment agreement until midnight of the third business day after the student has been accepted: and if the right to cancel is not given to any prospective student at the time the enrollment agreement is signed, then the student has the right to cancel the agreement at any time and receive a refund of all payments made to date, less \$10 background processing fee, within 10 days of cancellation.

Any cancellation by the student should be in writing and must be delivered to school management.

- DCCA reserves the right to cancel the above named course when sufficient enrollment is not attained or due to any other unavoidable circumstances. Student will be eligible for a refund as per school refund policy or will have an option to sign up for another schedule.
- In consideration of the payment of fees as mentioned above, DCCA agrees to supply the course of instruction to the applicant under the terms herein mentioned. DCCA may cancel the

_____ Initials

application and enrollment agreement if the above named student does not meet DCCA standards, policies and prerequisites. However, the student should be eligible for a prorated refund if any as per school refund policy.

Additional Requirements

3. All students enrolling in DCCA's healthcare courses are required to complete a 10-Panel Drug Screening Urinalysis. Students are required to complete the screening through DCCA's approved vendor: MERCYWORKS OCCUPATIONAL MEDICINE. At the time of enrollment, the student will receive an Authorization for Examination or Treatment Form. Students will take this form to MercyWorks where the Drug Screening will be done. Results will be made available to DCCA for review and will remain confidential.

The drug screening requires a fee which is to be paid directly to MERCYWORKS OCCUPATIONAL MEDICINE. DCCA is not liable for any fees or charges associated with completing program prerequisites. The drug screening must be completed prior to the start date of the class. Applicants will be considered only if negative test results are received by DCCA.

4. Background checks will be initiated for all students prior to start of the training program. DCCA will request a Uniform Criminal Information Act (UCIA) report from the Illinois State police. A student may be disqualified from the program if the UCIA report indicates a record of conviction for any of these offenses enumerated in the Act. Applicants with such felony convictions are not allowed to continue in the program as they will not be hired by any healthcare facility.

Students with the following convictions may be disqualified from attending the program:

- Battery, domestic battery
- Long-term aggravated robbery
- Robbery, armed robbery
- Burglary, residential burglary
- Criminal trespass to a residence
- Kidnapping, child abduction
- Unlawful use of weapon
- Indecent solicitation of a child
- Sexual exploitation of a child
- Murder, homicide, manslaughter
- Financial exploitation of an elderly disabled
- Tampering with food, drugs or cosmetics
- Endangering the life or health of a child
- Abuse or gross neglect of a long-term care facility resident
- Criminal neglect of an elderly person
- Ritual mutilation, ritualize abuse of a child
- Vehicular hijacking, aggravated or vehicular hijacking
- Manufacture and delivery of drugs (including marijuana)

- Possession with intent to deliver drugs (including marijuana)
- Theft
- Assault
- Armed Violence
- Home Invasion
- Aggravated stalking
- Arson
- Sexual Assault/Abuse

Refund Policy

17. The school shall, when a student gives notice of cancellation, provide a refund in the amount of the following:
- a. When notice of cancellation is given before midnight of the third business day after the date of enrollment but prior to the first day of class, all payments made to date less \$10.00 background check fee will be refunded to the student;
 - b. When notice of cancellation is given after midnight of the third business day following acceptance but prior to the student's first day of class, the school will retain 10% of payments made to date or \$18.00, whichever is less;
 - c. When notice of cancellation is given after the first day of class, the school will retain 20% of payments made to date or \$60.00, whichever is less.
 - d. When notice of cancellation is given after the first week of class (3 days of instruction), the school will retain 50% of payments made to date or \$150.00, whichever is less.
 - e. When notice of cancellation is given after the second week of class (6 days of instruction), the school will retain 75% of payments made to date or \$315.00, whichever is less.
 - f. No refund will be given after the third week of class.

FAILURE OF THE STUDENT TO RETURN THE BOOK, AND ANY SUPPLIES ISSUED AT GOOD CONDITION WILL FORFEIT ANY ENTITLEMENT TO REFUND.

18. Applicants not accepted by the school shall receive a refund of all tuition and fees paid, less \$10.00 within 30 calendar days after the determination of non-acceptance is made.
19. The school shall mail a written acknowledgement of a student's cancellation or written withdrawal to the student within 15 calendar days of the date of notification. Such written acknowledgement is not necessary if a refund has been mailed to the student within the 15 calendar days.
20. All student refunds shall be made by the school within 30 calendar days from the date of receipt of the student's cancellation.
21. The school shall refund all payments received in any of the following circumstances:



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- a. the school did not provide the prospective student with a copy of the student's valid enrollment agreement and a current catalog or bulletin;
- b. the school cancels or discontinues the course of instruction in which the student has enrolled;
- c. The school fails to conduct classes on days or times scheduled, detrimentally affecting the student.

Course and Clinical Policies

22. Clinical sites are assigned at DCCA's discretion and will not be determined or selected by students in any way. Students are required to follow DCCA and clinical institution policies and guidelines at all times. Failure to comply may result in immediate dismissal from the program.
23. Incidents in the clinical setting involving a serious breach of safety or ethics may be a cause for immediate dismissal. Students not adhering to the clinical procedures and policies of the school and/or the clinical facility will be subject to immediate dismissal.
24. All schedules are subject to change without notice
25. All courses must be completed within one year of the registration date.
26. DCCA reserves the right to limit the number of hours for each student in lab.
27. Books and instructional materials are subject to change without notice at the discretion of the nursing administrators and/or DCCA management.
28. DCCA is not liable for any mistakes, misprints, or errors made on the website, brochures or any other promotional material.
29. Exams and/or any other promotional items, if applicable, are only valid for the first year from the start date of the first class.
30. DCCA reserves the right to postpone a class or classes due to acts of nature, instructor emergencies, and etcetera.
31. DCCA reserves the right to change any policies they deem necessary.
32. The school does not control and is not responsible for changes in requirements, policy, and/or procedure on their behalf.
33. Students are expected to demonstrate professional behaviors including affective and attitudinal qualities such as: professional demeanor, positive contribution to the class, respect for others, and interpersonal skills consistent with personal accountability and professional integrity.
34. Disruptive or unprofessional classroom or clinical behavior is not permitted and may result in removal from the class or clinical for the remaining time. Should inappropriate behavior occur, a misconduct report will be submitted by the instructor and will remain in the student's permanent file. In case of withdrawal, these hours will be counted as completed and the student will not be eligible for tuition reimbursement for any unexcused hours of absence.
35. DCCA reserves the right to terminate any student's enrollment on the basis of misconduct, misbehavior, or refusal to abide by institutional policies. Should a student be dismissed from the program due to unprofessional behavior, DCCA will retain the tuition fee for the percentage of classes attended plus ten percent of the total tuition and will not provide reimbursement for any previous fees (application, registration, books, etc).
36. A student who fails to maintain satisfactory progress, misses classes without notice, violates safety regulations, interferes with other students' work, is disruptive, obscene, disrespectful, unprofessional, under the influence of alcohol or drugs, is impolite, offensive, discourteous to any faculty member, staff, or management, or does not make timely tuition payments, is subject to immediate termination and refund if any will apply as per policy stated in the enrollment agreement.
37. Students are expected to arrive on time for each theory and scheduled clinical session. Students who demonstrate blatant disregard for these standards despite one oral and one written warning will be subject to termination from the program.
38. Students are expected to neither receive nor give assistance on class assignments or examinations unless previously approved by the professor. **Cheating, plagiarism, copying and any other behavior that is contrary to DCCA standards will not be tolerated.** Any students found guilty of committing such offenses will be given a warning for the first offense and a misconduct report will be submitted by the instructor and will remain in the student's permanent file. Should a second breach in academic integrity occur, the student will receive an "F" in the course and will be immediately withdrawn from program? It is the student's responsibility to be familiar with the academic integrity policies.
39. **Usage of electronic devices such as mobile phones, pagers, iPods, CD players, etc. is prohibited in all classrooms.** Students using electronic devices during class will be asked to leave class for the remaining time. These hours may not be made up and will count towards the student's total number of hours absent and are considered an unexcused absence. A misconduct report regarding the usage of electronic devices will be submitted by the instructor and will remain in the student's permanent file. In the case of withdrawal, these hours will be counted as completed and the student will not be eligible for tuition reimbursement for any unexcused hours of absence.
40. Students are not permitted to have food and/or beverages in the classrooms and labs with the exception of bottled water.
41. Students are required to assist in keeping DCCA neat, orderly, and sanitary. Students are expected to keep all areas clean,



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dispose of trash properly, and pick up after themselves at all times.

Fax 217-524-0137
TTY 800-547-0466
Phone 217-785-5133

- 42. Absolutely no visitors, family members, or friends are permitted in the classrooms and laboratories. These areas are for students only.
- 43. Recording devices are allowed for taping of lecture only with the instructor's permission.
- 44. Do not leave personal items unattended. DCCA is not responsible for lost or stolen items. DCCA encourages students to label personal items, such as books, with their name.
- 45. Transportation to and from DCCA and clinical locations is the individual responsibility of the student. Problems with transportation are not a valid excuse for missing or being late to class, lab, or clinical. Absences related to transportation issues will be unexcused.
- 46. A student who is pregnant or becomes pregnant during the duration of the program must provide written permission from her physician stating that she is medically fit to continue in the program. Information regarding pregnancy must be disclosed to DCCA due to the nature of the training program and internship/externship requirements. The ability to perform strenuous activities during theory, labs, and clinical is required. If a student should become pregnant during enrollment, the physician's approval must be received by DCCA at the earliest point available. The student bears the responsibility of the welfare of herself and her child and cannot hold DCCA, the clinical site, or other affiliates to any liability whatsoever. DCCA, the clinical sites, and other affiliates will not be held liable due to student negligence or nondisclosure regarding pregnancy and/or state of health.

Please read all pages carefully.

I understand and accept that any contract for training I enter into with the above named school contains legally binding obligations and responsibilities.

I understand and accept the payment terms as stipulated in this contract.

I have received, read understood and agreed to the above statements.

Complaints

- 47. Complaints against this school may be registered with the Illinois Department of Public Health as follows:

Illinois Department of Public Health
535 West Jefferson Street
Springfield, Illinois 62761

Student Signature: _____

Date: _____

IF PAYING BY CREDIT CARD THE BELOW INFORMATION MUST BE SUBMITTED WITH YOUR APPLICATION – PLEASE PRINT

Cardholder Name _____ / Card Number _____

Billing Address _____ City/State/Zip _____

Expiration Date _____ CVV (digit code or 4-digit for AMEX) _____

Signature _____ / DATE _____

By signing above you authorize the payments listed in this agreement to be charged to the card number above on the dates specified.

_____ Initials