



## CHSC Nursing Assistant Training Program (NATP) Enrollment Agreement

**Name of Institution:** California Healthcare Skills Center

**Institution Address:** 18710 Van Buren, Riverside, CA 92508

**Instruction Site Address:** 18710 Van Buren, Riverside, CA 92508

"Period covered by the enrollment agreement from \_\_\_\_\_ to \_\_\_\_\_"

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

"Program start date \_\_\_/\_\_\_/\_\_\_ and scheduled completion date \_\_\_/\_\_\_/\_\_\_"

The CHSC Nursing assistant training program is offered in English language and face to face learning in a traditional classroom at 18710 Van Buren Blvd Riverside CA 92508. CHSC does not offer distance education to students.

The requirement for the CHSC Nursing Assistant Training Program is the completion of **160** clock hours: **60** hours for classroom/theory and **100** hours for clinical where students work as Nursing Assistant trainees under the direct supervision of an RN instructor in a long-term skilled nursing facility. The class hours follow the guidelines from the California Department of Public Health (CDPH). Upon successful completion of the Nursing Assistant Training Program student qualifies to take the CDPH certificate exam, and if he/she passes, shall become a certified nurse assistant (CNA) to work in a healthcare setting. There is no guarantee of transferability to other states or institutions, but copies of academic transcripts/attendance records will be provided upon written request.

### **The following is the nursing assistant training program schedule:**

- Fulltime (evening): Monday through Wednesday 12:00 - 8:30pm (Theory/Clinical hours)
- Fulltime (morning) Friday, Saturday, and Sunday morning 8:00am - 4:30pm (Theory/Clinical hours)
- Saturday/Sunday Make-up 12pm - 8:30pm

### **Labs/Clinical\* Hours (depends on facility)**

- 6:30 AM - 3:00 PM \*Clinical hours may vary by site; check before registering.

The California Healthcare Skills Center Program Director reserves the right to cancel any class if class enrollment is insufficient. The school can also deny enrollment if the class is filled. Students who could not enroll because class is full can reschedule to the next class. In the event of class or clinical cancellations due to bad weather or other unexpected emergencies, students will be notified. In cases of cancellation, a makeup class or clinical will be scheduled with notice to the student.

The recruitment and training for the NATP is administered by the program director and faculty in English; **students are required to read and write English at a level of 12th grade or better evidenced by a possession of high school diploma /GED certificate or transcript/its equivalent or higher degree certificate/transcripts.** Students will be evaluated for the need for prerequisite as the case maybe by the program director. All training information is provided prior to enrollment in the class. Students who have English as a second language have the right to share this information with the program director to gain understanding and to ensure that they will do well in the program.

The Nursing Assistant Training Program student tuition should be paid by cash, check, money order, or credit card and made payable to California Healthcare Skills Center. Tuition must be paid in full before the class starting date. Payment plan may be considered at the program director's discretion.

The school does not guarantee employment upon graduation nor does the program offer job placement services beyond life skills training, resume preparation training, and attendance at a job fair.



## Student's Right to Cancel

The students have a right to cancel and obtain a refund of charges paid through attendance at the first-class session or the seventh day after an enrollment, whichever is later, minus the \$250.00 nonrefundable registration fee and \$5 Student Tuition Recovery Fund (STRF) fee. **The time covered by the enrollment agreement shall cover the period of the program and not exceed 150% of the program's natural timeframe.** Student must exercise his or her right to cancel by \_\_\_/\_\_\_/\_\_\_ to inform student of the last and final day available to cancel or withdraw from the enrollment agreement before the start of class.

Currently Students at CHSC are not eligible for federal student loans. The institution does not meet the U.S. department of Education criteria that would allow its students to participate in federal student aid programs. The policy and procedure that the student follows to cancel the enrollment agreement or withdraw from the institution and obtain a refund include:

1. You have the right to cancel your program of instruction, without any penalty or obligations less a non-refundable registration fee of \$250.00 and a \$5 Student Tuition Recovery Fund (STRF) fee, through attendance at the first course session or the seventh calendar day after enrollment, whichever is later.
2. After the end of the cancellation period, you also have the right to stop school at any time (See Withdrawal from the Program section below) and you have the right to receive a pro rata refund if you have completed 60 percent or less of the scheduled hours in your program through the last day of attendance. (Please read details below in the Withdrawal from the Program section.
3. Cancellation may occur when the student provides a written notice of cancellation at the following address: Edith Amadi 18710 Van Buren Blvd, Riverside, California 94707. This can be done by confirmed email or by hand delivery.
4. The written notice of cancellation, if sent by mail, is effective when postmarked, if properly addressed and with proper postage. If sent by email, it must be confirmed as received. Email: [edith@cahealthcareskills.com](mailto:edith@cahealthcareskills.com)
5. The written notice of cancellation need not take any form and however expressed; it is effective if it shows that the student no longer wishes to be bound by the Enrollment Agreement.
6. If the Enrollment Agreement is cancelled, the school will refund the student any money he/she paid, less a non-refundable registration fee of \$250.00 and a \$5 Student Tuition Recovery Fund (STRF) fee within 45 days after the notice of cancellation is received.

### **Withdrawal from the Program**

You may withdraw from the school at any time after the cancellation period (described above) and receive a pro-rata refund if you have completed 60 percent or less of the scheduled hours in your program through the last day of attendance. The refund will be less a non-refundable registration fee of \$250.00 and a \$5 STRF fee within 45 days after the notice of cancellation is received. If the student has completed more than 60% of the period of attendance for which the student was charged, the tuition is considered earned and the student will receive no refund.

To determining a refund under this section, a student shall be deemed to have withdrawn from a program of instruction when any of the following occurs:

1. The student notifies the institution of the student's withdrawal, or as of the date of the student's withdrawal, whichever is later. The notification of withdrawal must be delivered in person or sent by US mail to: Dr. Edith Amadi, office of program Director, Dr. Edith Amadi at 18710 Van Buren Blvd Riverside, California, 92508. The phone number is (951) 776-8092. Email: [edith@cahealthcareskills.com](mailto:edith@cahealthcareskills.com)



2. The institution may terminate the student's enrollment for failure to maintain satisfactory progress: failure to abide by the rules and regulations of the institution; absences more than maximum set forth by the student handbook/catalog; and/or failure to meet financial obligations to the school. This includes withdrawal of a student for failure to satisfy the requirements of Remediation, Probation, or Leave of Absence.
3. To determine the amount of the refund, the date of the notification receipt on student's withdrawal letter shall be deemed the last date of recorded attendance. The student is responsible for all the courses and classes within his/her program(s) until that date. The amount owed equals the credit-hour charge for the program(s) (total institutional charge, minus nonrefundable fees, divided by the number of credit-hours in the program(s), multiplied by the number of scheduled hours, prior to withdrawal.
4. Any portion of the tuition paid from the proceeds of a loan or third party, the refund shall be sent to the lender, third party or, if appropriate, to the state or federal agency that guaranteed or reinsured the loan.
5. Any amount of the refund more than the unpaid balance of the loan shall be first used to repay any student financial loan programs from which the student received benefits, in proportion to the amount of the benefits received, and any remaining amount shall be paid to the student.
6. If the Enrollment Agreement is cancelled, the school will refund the student any money he/she paid, less a non-refundable registration fee and STRF fee per individual program, within 45 days after the notice of cancellation is received.
7. If the amount that the student has paid is more than the amount that you owe for the time you attended, the institution shall refund the student within 45 days of the official withdrawal date. All calculations and refunds are performed and made in a timely manner.
8. Official withdrawal date shall be the date that the program director or designee receives the notice or the date that the student is expelled or dismissed from the school.
9. The official withdrawal date and the amount refunded are noted on the student's record.
11. All program cancellation, notice including the student's withdrawal must be made in writing addressed to the program director Dr. Edith Amadi by email at [edith@cahealthcareskills.com](mailto:edith@cahealthcareskills.com) or delivered by hand or via U.S. Postal Service to the following address: Dr. Edith Amadi, California healthcare skills center, 18710 Van Buren Blvd Riverside CA 92508.

#### **Financial aid or loan**

CHSC students are eligible for state financial aid, grants, scholarships, or loans, the student who qualifies to receive loans is entitled to a refund of moneys not paid from the loan funds. "If a student obtains a loan to pay for an educational program, the student will have to repay the full amount of the loan plus interest, less the amount of any refund, and that, if the student receives federal student financial aid funds, the student is entitled to a refund of the moneys not paid from federal financial aid funds." If a student defaults on a federal, state, or private loan, both the following may occur:

- (1) The Federal or State government or a loan guarantee agency may act against the student, including applying any income tax refund to which the person is entitled to reduce the balance owed on the loan.
- (2) The student may not be eligible for any other student financial aid or other financial assistance until the loan is repaid.



**"NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION"**

"The transferability of credits you earn at (**California Healthcare Skills Center**) is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the (**certificate**) you earn in (**nursing assistant training program\***) is also at the complete discretion of the institution to which you may seek to transfer. If the (**nursing assistant training program certificate**) that you earn at this institution is not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your coursework at that institution. For this reason, you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending (**California Healthcare Skills Center**) to determine if your (**nursing assistant training program certificate**) will transfer."

"Any questions a student may have regarding this catalog that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at: 1747 North Market Blvd, Suite 225, Sacramento, CA 95834. P.O. Box 980818, Web site Address: [www.bppe.ca.gov](http://www.bppe.ca.gov) Telephone #'s: (888-370-7589 or by fax 916-263-1897 or by phone 916-431-6959)"

**"A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling (888) 370-7589 or by completing a complaint form, which can be obtained on the bureau's internet Web site ([www.bppe.ca.gov](http://www.bppe.ca.gov))."**

\_\_\_\_\_ Prior to signing this enrollment agreement, you must be given a catalog or brochure and a School Performance Fact Sheet which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the school performance sheet relating to completion rates, placement rates, license examination passage rates, and salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement."

**Proposed student to initial:**

\_\_\_\_\_ "I certify that I have received the catalog, school performance fact sheet, and information regarding pass rates, placement rates, license examination passage rates, and salary or wage information, and the most recent three-year cohort default rate, if applicable, included in the school performance fact sheet, and have signed, initialed, and dated the information provided in the school performance fact sheet."

The Enrollment Agreement is legally binding when signed by the student and accepted by the institution. The agreement is made in accordance with the direction of BPPE, CDPH, and CHSC policies and procedures as specified in the student handbook (Catalog). Please carefully read both documents. By signing, you agree to the terms stated therein. You will be responsible for the full payment of all tuition fees as stated in the student handbook and CHSC policy. By signing this Enrollment Agreement, you state that your responses on the admission application are true and correct, and you meet the admission requirements as stated in the student handbook, which you have been given.

"I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me."

Student/parent/legal Guardian name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

School Representative name \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_



**California Healthcare Skills Center Nursing Assistant Training Program Cost Information**

**Program Cost (A)**

Registration Fee:	\$250.00 (non-refundable)
Tuition:	\$1750.00
STRF Fee	\$5.00
<b>Subtotal:</b>	<b>\$2,005.00 (upfront)</b>
Payment Plan	\$100.00
<b>Grand Total for A</b>	<b>\$2,105.00 (payment plan)</b>

**The following (A) items Included in the Tuition fee:**

- All classroom, lab, and clinical instruction
- Library/ class/lab materials including module binder.
- CHSC ID Badge
- CHSC Nursing Assistant Certification ceremony upon Graduation

**Cost B-other required items –provided by the school - optional for students to obtain through CHSC or independently. Items include:**

Medical and physical exam/TB Test	\$60.00
Live Scan	\$70.00
CPR/AED training	\$60.00
CHSC T-Shirt	\$23.00
2 pairs of CHSC scrub uniforms	\$70.00
Stethoscope/Sphygmomanometer	\$50.00
<b>Subtotal</b>	<b>\$333.00</b>

Upon successful completion, student is qualified to take the California State Board Certified Nurse Assistant written and clinical examination and responsible to pay the fee of **\$120**.

**Total Amount of Cost** **\$2,458.00** (upfront)

**Total Amount of Cost** **\$2,558.00** (payment plan fee included)

Time covered by this agreement starts the date of applicant signature and continues in effect until training is complete or 2 years after the start of training, whichever comes first. "The enrollment agreement is legally binding when signed by the student and accepted by the institution. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities and that CHSC's cancellation and refund policies have been clearly explained to me."

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

School Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved ( ) Disapproved ( )