

# C.N.A. Academy Nurse Aide Application

## Application Information

Payment Options Pay in Full \_\_\_\_\_ Payment Plan \_\_\_\_\_ (please check one)

Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit/Debit \_\_\_\_\_ Money Order \_\_\_\_\_ Michigan Works \_\_\_\_\_ *(please check one)*

**Student Information** Start Date \_\_\_\_\_

Today's Date: \_\_\_\_\_

Applicant's Full name: \_\_\_\_\_ Other names used: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ City \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Driver's License Expiration Date: \_\_\_\_\_

DHS, INS or State ID Number: \_\_\_\_\_

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

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

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

Before class begins you must be submitted to a background check. A negative TB test and the completed drug test must be provided prior to the start of the clinical portion of class. If a TB test and/or drug test is not submitted prior to clinicals C.N.A. Academy has the right to dismiss any student without a refund.

## Enrollment Agreement

1. The student may cancel this contract at any time.
2. All refunds will be made within 30 days of withdrawal from the school.
  - a. Please see refund and attendance policy for further explanation of what entails a refund.
3. The student will receive a full refund of tuition and fees paid if the school discontinues a course/program.
4. The policy for granting any credit for previous training shall not impact the refund policy.

**By signing below you are stating that you understand and agree to the requirements and policies stated in the C.N.A Academy Nurse Aide handbook.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Administrator Signature

\_\_\_\_\_  
Date