

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