

CNA Training Academy
1810 Drew St. Clearwater, FL 33765
cnatrainingacademy@gmail.com 727-678-1479

Date: _____ **Class Start Date:** _____
 Day class / 10:00 a.m. to 2:00 p.m. Evening class/6:00 to 9:30 p.m. **Completion Date** _____

Test Prep Class Application

- | | | | |
|---|---|--|--|
| <input type="radio"/> Test Prep Class \$199.00 | <input type="radio"/> Complete Package \$ 389.00 | | |
| <input type="radio"/> Weekend Prep Class \$299.00 | <input type="radio"/> Weekend Complete Package \$489.00 | | |
| <input type="radio"/> Retrain \$99.00 | <input type="radio"/> CPR/AED \$49.00 | <input type="radio"/> First Aid \$49.00 | <input type="radio"/> Bloodborne Pathogens \$25.00 |
| <input type="radio"/> Med Tech \$50.00 | <input type="radio"/> In-Service Ed. 1yr \$25.00 | <input type="radio"/> In-Service Ed. 2yr \$50.00 | |

All books, materials and supplies are included in the fees and expenses for each course and program.

Read Application Thoroughly Before Answering Questions

Student Information:

First name: _____ *Last Name:* _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

Home Phone: _____ *Cell Phone:* _____

E-mail Address: _____

(Check one) Male _____ *Female* _____ *Date of Birth* _____

Parent/ Guardian (if student is under 18) _____

Emergency Contact: _____

How did you hear about us? _____

Please note: A full payment must be received no later than the first day of training class. We accept all forms of payment. There will be a \$25.00 fee for all returned checks. **Services not included in the tuition fee: State Exam fee of \$155.00 and Fingerprinting fee of \$86.00.** As seats are limited Training Courses are **NON-REFUNDABLE**. You cannot be licensed in the State of Florida if you have a felony drug charge within the last 15 years, Medicaid or Medicare fraud, elderly abuse or forgery. Please advise the school administrator of any criminal charges prior to enrollment, additional criminal charges other than the above mentioned may be disqualifying. By signing I agree and have read all of the above information. This agreement constitutes a binding contract between the student and Clearwater Nursing Assistant Training Academy.

Student Initials _____

Enrolled By: _____

Payment Days	/ /	/ /	/ /
Payment Plan	Due:	Due:	Due:
Deposit		Cash MO CC Check	Ck#
Balance		Cash MO CC Check	
Paid in Full		Cash MO CC Check	Ck#
CEU Books given?	#1 #2 #3	Yes	No
Additional Classes Scheduled?		Yes	No

(In-Service Workbooks and/or additional scheduled classes are Non-Refundable)

Date workbooks received: _____ Students Initials: _____

Comments: _____

Cancellation and Course Policies:

1. Due to limited seating Training Courses are Non-Refundable. Cancellation can be made in person, by electronic mail at cnatrainingacademy@gmail.com or regular mail 3 business days prior to start of class we will issue a credit valid for up to six months no exceptions.
2. Completion of courses is determined by the student’s participation, it is the student’s responsibility to attend all course sessions and to register daily on the student’s course roster. Proper documentation will be required for absence or tardiness to be considered excused.
3. For full course completion students are required to complete all forms of practice and tests in conjunction to any skills required for their assessment.
4. The replacement of lost, damaged supplies, certificates or materials provided will be the student’s responsibility. A fee will be charged for any replacements.
5. The courtesy **Refresher** week for the CNA Prep Class expires after 90 days of course completion. **NO EXCEPTIONS.**

By signing I agree and have read all of the above information. Clearwater Nursing Assistant Training Academy makes no guarantee of a passing grade on the State Licensing Test. I also agree to hold harmless Clearwater Nursing Assistant Training Academy in the event that I receive a failing score on my state exam. By signing below, I understand the above mentioned and agree not to share any course materials with anyone who is not a student of Clearwater Nursing Assistant Training Academy and state that I will not open any school that is in any way similar to Clearwater Nursing Assistant Training Academy within a 50-mile radius. This agreement constitutes a binding contract between the student and Clearwater Nursing Assistant Training Academy. I understand that the school has not made and will not make any guarantees of employment or salary upon completion. This contract contains the entire agreement between the School and myself, and no further modification or representation except as herein expressed in writing will be recognized. **NOTICE DO NOT SIGN THIS CONTRACT BEFORE YOU HAVE READ IT.**

Signature of Applicant _____

Date _____

Signature of Parent/Guardian _____

Enrolled By: _____