

Elite C.N.A. Program, LLC

6628 Dixie Hwy. Suite #2 ° Bridgeport, MI 48722

P: (989) 401-7268 ° F: (989) 401-7267

www.elitecnaprogram.com

Application & Contract for Nursing Assistant Program

Month & Year of Class Desired: _____

Date of Birth: _____ Driver's License No.: _____

Full Legal Name: _____
(first) (middle) (last)

Street Address: _____ Apt. No.: _____

City: _____ State: _____ Zip Code: _____

Telephone (Home): _____ Telephone (Alt.): _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____

Have you ever been arrested, or charged with, or convicted of any crime?

Yes No

If yes, please explain and give dates:

I consent to have a background check completed by the school and am aware that this background check must be clear in order to attend clinical sites. I authorize Elite C.N.A. Program and its employees to provide a copy of my background check to the clinical site.

Signature of Applicant

Date

Applicant must pay \$10.00 nonrefundable background check fee (cash only). If background check clears, applicant's tuition fee will be \$1000.00. Tuition must

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be paid in full at time of registration in order to reserve a seat in the program. In order to receive certificate of completion, all fees must be paid and all equipment on loan from the school must be returned in satisfactory condition.

Tuition payments may be refunded only if requested within 3 business days from application, and if student has not yet attended class. Refunds will be issued within 30 days. Student must appear in person to receive refund – they will not be mailed out per school policy. If student has attended and wishes to withdraw from class, no refund shall be issued regardless of time passed.

I will provide program with a copy of my driver's license or state-issued photo ID and the results of a TB skin test upon approval of application. All information provided to the school shall be kept confidential.

_____ I have received a copy of the school catalog.
(initials)

How did you hear about us? _____Internet _____Social Media _____Friend
_____Placemat/Bulletin _____Newspaper _____Other: _____

I am applying at Elite C.N.A. Program. **I have read this contract and agree to the terms. I understand that clinical dates and times are subject to the discretion of the clinical director and the facility at which clinical will take place.**

Signature of Applicant _____
Date

-----do not write below this line-----

For Office Use Only

Tuition Payment		Payment Date	
Tuition Refund		Refund Date	
Drivers License		Background Check	
TB Skin Test		Processed On/By	

Referral _____

Notes:

