**HEALTH RESTORATION ACADEMY OF MEDICAL ARTS**

**7600 W. Roosevelt Rd. Lower Level suite 129**

**Forest Park, IL 60130**

**708-697-6111 OFFICE /708-697-5320 FAX**

**WEBSITE- healthrestorationacademy.org**

**Email-grahampamela120@yahoo.com**

**ENROLLMENT AGREEMENT**

**STUDENT INFORMATION**

STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBERS: H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STUDENT ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAM INFORMATION**

DATE OF ADMISSION: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

PROGRAM / COURSE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESCRIPTION OF PROGRAM / COURSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREREQUISITE COURSES & OTHER REQUIREMENTS FOR ADMISSION TO PROGRAM / COURSE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROGRAM / COURSE OBJECTIVES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAM INFORMATION (CONTINUED)**

PROGRAM START DATE: \_\_\_\_\_\_\_\_\_\_\_\_ SCHEDULED END DATE: \_\_\_\_\_\_\_\_\_\_\_\_

FULL-TIME PART-TIME DAY EVENING

DAYS/EVENINGS CLASS MEETS: (circle) M T W Th F Sa Su

TIME CLASS BEGINS: \_\_\_\_\_\_\_\_\_\_ TIME CLASS ENDS: \_\_\_\_\_\_\_\_\_\_

NUMBER OF WEEKS: \_\_\_\_\_\_\_\_\_\_ TOTAL CREDIT or CLOCK HOURS: \_\_\_\_\_\_\_\_\_\_

PROGRAM DESCRIPTION

Prerequisites:

1. High school diploma of equivalent

2. Pass a standardized exam Reading and Math at minimal 9th

grade level (optional)

3. Physical ability to lift and move 50-80 pounds.

4. Fine motor coordination (good manual dexterity and hand/eye coordination)

5. Good visual acuity to distinguish color.

6. Able to hear at normal levels.

7. Ability to stand for extended periods of time.

8. Criminal background check (IDPH requirement)

9. Current physical exam.

10. Tuberculosis (TB) skin test Mantoux or chest X-Ray within the last six (6) months

Step 1 and step 2

Basic Nurse Assistants Student must complete

1. 80 hours of theory/ classroom laboratory

2. 40 hours of clinical (hospital or skill facility)

3. Pass the course with a “C” or better (80%)

4. Clinical attendance requires 100% participation.

COURSE DESCRIPTION;

Certification as a Basic Nurse Assistant (BNA) is a prerequisite toward advancement for numerous

careers in healthcare. This course is an Illinois Department of Public Health (IDPH) approved curriculum.

It provides intense training in both theory and practical application for nursing assistants in a

professional clinical setting. Students will learn basic lifesaving methods: including

CPR/First Aid and the Heimlich maneuver. Also, Dementia and Alzheimer’s patients care

are focused on in this course.

The duration of the program is 5 WEEK DAY SESSION, 8 WEEK EVENING SESSION, 3 WEEK DAY SESSION OFFERED SEASONAL which includes 80 hours of theory and 40 hours of

clinical. Duration depends on scheduling of morning or evening classes.

COURSE OBJECTIVES;

Graduates of this program shall:

1. Possess the proficiency to successfully pass the required State of Illinois

competency exam

2. Have a basic working knowledge of human anatomy sufficient to performed basic

tasks assigned to support the physical needs of the patients

3. Have the required knowledge and skill to provide compassionate personal care for

patients, including bathing, oral hygiene, nutrition, ROM, and accurate monitoring of vital

signs

4. Demonstrate procedures of CPR and the Heimlich maneuver, as approved by the

American Heart Association

5. Demonstrate “21 Skills” as required by Illinois Department of Public Health

6. Comprehend what makes a good Certified Nurse Assistant through empathy and caring.

Additionally, they would have developed strong communication and attentive listening

skills.

7. Better understand their role as a contributing member of a professional health

team for his/her patient or resident

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**CONSUMER INFORMATION**

**All schools are required to make available, at a minimum, the following disclosure information clearly and conspicuously on their 1) internet website, 2) school catalog, and 3) as an addendum to their Enrollment Agreement:**

**FINANCIAL AID**

***HEALTH RESTORATION ACADEMY FINANCIAL AID POLICY IS: Methods of Payment.***

***Cash, Personal Check, Money Order, Cashier’s Check, Credit Card. Our school can accept money/payment from other sources and private agencies. We are not currently able to receive federal financial aid at the time.***

**Payment Options:**

1. **Student Loan, with a checking account, 3, 6, 12 month repayment options if qualified.**
2. **$500 to begin classes, and $100 weekly payment thereafter.**

**TUITION & FEES**

TUITION TOTAL: $ 1000.00

MISC. EXPENSES ARE THE STUDENTS RESPONSIBILITY WHICH INCLUDES

BOOK $40.00

UNIFORMS $25.00

STETHOSCOPE $15.00

BLOOD PRESSURE

CUFF $18.00

WATCH $20.00

TB, SKIN TEST $10.00

STATE EXAM FEE $65.00

FINGERPRINTS $35.00

CPR $60.00

TOTAL $288.00

TOTAL COST FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROGRAM / COURSE: $ \_\_\_\_\_\_\_\_\_\_\_\_

**REFUND / CANCELLATION POLICY**

***Health Restoration Academy policy and procedure information here:***

* **Tuition Refund Policy- ATTACHED.**

**HEALTH RESTORATION ACADEMY OF MEDICAL ARTS**

**REFUND POLICY**

**If you cancel your classes or withdraw from the school, you may be eligible for a tuition and fee refund**

**according to the following:**

**1. HEALTH RESTORATION ACADEMY shall, when a student gives written notice of cancellation, provides a refund in the amount of at least**

**the following:**

** When notice of cancellation is given before midnight of the fifth business day after the date of enrollment but**

**prior to the first day of class, all application fees, tuition, and any other charges shall be refunded to the**

**student; however the Registration fee is non-refundable.**

** When notice of cancellation is given after midnight of the fifth business day following acceptance but prior to**

**the close of business on the student’s first day of class attendance, the school may retain no more than the**

**application registration fee which may not exceed $150 or 50% of the cost of tuition, whichever is less.**

** When notice of cancellation is given after the students completion of the first day of class attendance, but**

**prior to the student’s completion of 5% of the course of instruction, the school may retain the application**

**registration fee, an amount not to exceed 10% of the tuition and other instructional charges or $300.00,**

**whichever is less, and, subject to the limitation of paragraph 12 of this Section, the cost of any books or**

**materials which have been provided by the school.**

** When a student has completed in excess 5% of the course of instruction the school may retain the application**

**registration fee but shall refund a part of the tuition and other instructional refunds in accordance with the**

**following :**

**HEALTH RESTORATION ACADEMY may retain an amount computed PROGRAM by days in class plus 10% of tuition and other instructional**

**charges up to completion of 50% of the course of instruction. When the student has completed in excess of**

**50% of the course of instruction, the school may retain the application /registration fee and the entire**

**tuition and other charges.**

**2. A student, who on personal initiative and without solicitation enrolls, starts, and completes a course of instruction**

**before midnight of the fifth business day after the enrollment agreement is signed, is not subject to the**

**cancellation provisions of this Section.**

**3. Applicants not accepted by the school shall receive a refund of all tuition and fees paid within 30 calendar days**

**after the determination of non acceptance is made.**

**4. Application registration fees shall be chargeable at initial enrollment and shall not exceed $150 or 50% of the**

**cost of tuition, whichever is less.**

**5. Deposits or down payments shall become part of the tuition.**

**6. The school shall make a written acknowledgement of a student’s cancellation or written withdrawal to the student**

**within 15 calendar days of the postmark date of notification. Such written acknowledgement is not necessary if a**

**refund has been mailed to the student within 15 calendar days.**

**7. All student refunds shall be made by the school within 30 calendar days from the date of receipt of the student’s**

**cancellation.**

**8. A student must give notice of cancellation to the school in writing. The unexplained absence of a student from the**

**school for more than 15 school days shall constitute constructive notice of cancellation to the school. For purposes**

**of cancellation the date shall be the last day of attendance.**

**9. A school may make refunds which exceed those prescribed in this section. If the school has a refund policy that**

**returns more money to a student than those policies prescribed in this Section, that refund policy must be with the**

**Administrator.**

**10. A school shall refund all monies paid to it in any of the following circumstances:**

** the school did not provide the prospective student with a copy of the student’s valid enrollment**

**agreement and a current catalog or bulletin;**

** the school cancels or discontinues the course of instruction in which the student has enrolled;**

** the school fails to conduct classes on days or times scheduled, detrimentally affecting the student.**

**11. A school must return any books and materials fees when: (a) the book(s) and material(s) are returned to the**

**school unmarked and unopened and not used; and (b) the student has provided the school with a notice of**

**cancellation (withdrawal).**

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* Should the student’s enrollment be terminated or should the student withdraw for any reason, all refunds will be made according to the following refund schedule:
* **Withdrawal Procedure-ATTACHED.**

**NOTICE TO STUDENT**

1. Do not sign this agreement before you have read it or if it contains any blank spaces.
2. This agreement is a legally binding instrument and is only binding when the agreement is accepted, signed, and dated by the authorized official of the school or the admissions officer at the school’s principal place of business. Read all pages of this contract before signing.
3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
4. This agreement and the school catalog constitute the entire agreement between the student and the school.
5. Any changes in this agreement must be made in writing and shall not be binding on either the student or the school unless such changes have been approved in writing by the authorized official of the school and by the student or the student’s parent or guardian. All terms and conditions of the agreement are not subject to amendment or modification by oral agreement.
6. The school does not guarantee the transferability of credits to another school, college, or university. Credits or coursework are not likely to transfer; any decision on the comparability, appropriateness and applicability of credit and whether credit should be accepted is the decision of the receiving institution.

**STUDENT’S RIGHT TO CANCEL**

The student has the right to cancel the initial enrollment agreement until (9am) of the (7) business days after the student has been admitted. If the right to cancel is not given to any prospective student at the time the agreement is signed, then the student has the right to cancel the agreement at any time and receive a refund on all monies paid to date within (30) days of cancellation. Cancellation should be submitted to the authorized official of the school in writing.

**STUDENT ACKNOWLEDGMENTS**

1. I hereby acknowledge receipt of the school’s catalog, which contains information describing programs offered, and equipment or supplies provided. The school catalog is included as part of this enrollment agreement and I acknowledge that I have received a copy of this catalog.

**Student Initials** \_\_\_\_\_\_

1. I have carefully read and received an exact copy of this enrollment agreement.

**Student Initials** \_\_\_\_\_\_

1. I understand that the school may terminate my enrollment if I fail to comply with attendance, academic, and financial requirements or if I fail to abide by established standards of conduct, as outlined in the school catalog. While enrolled in the school, I understand that I must maintain satisfactory academic progress as described in the school catalog and that my financial obligation to the school must be paid in full before a certificate or credential may be awarded.

**Student Initials** \_\_\_\_\_\_

1. I hereby acknowledge that the school has made available to me all required disclosure information listed under the Consumer Information section of this Enrollment Agreement.

**Student Initials** \_\_\_\_\_\_

1. I understand that the school does not guarantee transferability of credit and that in most cases, credits or coursework are not likely to transfer to another institution. In cases where transferability is guaranteed, [school name] must provide me copies of transfer agreements that name the exact institution(s) and include agreement details and limitations.

**Student Initials** \_\_\_\_\_\_

1. I understand that the school does not guarantee job placement to graduates upon program completion.

**Student Initials** \_\_\_\_\_\_

1. I understand that complaints, which cannot be resolved by direct negotiation with the school in accordance to its written grievance policy, may be filed with the Illinois Board of Higher Education, 431 East Adams Street, 2nd Floor, Springfield, IL 62701 or at [www.ibhe.org](http://www.ibhe.org).

**Student Initials** \_\_\_\_\_\_

The student acknowledges receiving a copy of this completed agreement, the school catalog, and written confirmation of acceptance prior to signing this contract. The student by signing this contract acknowledges that he/she has read this contract, understands the terms and conditions, and agrees to the conditions outlined in this contract. It is further understood that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. The student and the school will retain a copy of this agreement.

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Student’s Signature Date Program Director’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature Date Program Director’s Signature Date