

Stewart's Healthcare Consultants CNA Facility Financial Agreement

I understand that this agreement is a binding contract of payment for the ISDH 105-hour Certified Nurse Aid Training course. I understand that (Facility Name)_____ is hereby solely responsible for payment of all fees associated with the course provided by Stewart's Healthcare Consultants for the (Student Name)_____.

Registration and Tuition: The discounted cost of the course is \$940.00 per student. This discount is contingent on the basis that we receive the student's TB 1 and 2, physical examination, and background check from aforementioned facility. If the documents are not received before the first day of class, the total cost of the course will be \$970.00 per student. **This signed CNA financial agreement reserves the student's placement in the class and must be received prior to or day of orientation.** Registration is on a first-come, first-served basis.

Payment Due in Full: The balance of \$940.00 is due within 30 days of class start date. aforementioned facility is bound for the total cost of the class plus a 10% late fee for every 30 days past the due date.

Successful Completion of the course: The aforementioned facility agrees that successful completion of the CNA Training course is the responsibility of the student enrolled in the course the aforementioned facility is responsible for student tuition regardless of student's successful completion the course.

Refund Policy: Refunds are by written request **ONLY** and must be submitted no later than one business day prior to the class start date. The first day of class no refunds will be issued, and facility is responsible for full payment of the CNA student. **If student doesn't attend CNA program after orientation, there will be a \$150 administrative fee assessed for books and study materials to be paid by the above facility if not returned within 30 days of original orientation date attended by the CNA.**

I HAVE READ AND UNDERSTAND THIS AGREEMENT, AND I ACCEPT AND AGREE TO ALL OF ITS TERMS AND CONDITIONS. I ENTER INTO THIS AGREEMENT VOLUNTARILY, WITH FULL KNOWLEDGE OF ITS EFFECT.

Facility Representative Signature

Date

Print Name and Title (Facility Representative)

SCH Representative Signature

Date

Print Name and Title (SHC Representative)