



OPEN DOOR HEALTHCARE  
SERVICES, INC.

FREEDOM FROM CARING HEARTS

55 Mission Road, North Chelmsford, MA 01863

Phone: 978-226-8208 Fax: 1-855-379-6347

[www.opendoorhealthagency.com](http://www.opendoorhealthagency.com)

[odthealthcare@opendoorhealthagency.com](mailto:odthealthcare@opendoorhealthagency.com)

## STUDENT ENROLLMENT AGREEMENT

*All school records are kept electronically*

STUDENT INFORMATION		
Last Name:	First Name:	Middle Initial:
Address:		
City:	State:	Zip code:

### Nurse Assistant Training Program - 80 hours

#### ENTRANCE REQUIREMENTS:

- Must be of 18 years or older
- Produce a Physical Exam by a healthcare provider
- Produce proof of COVID vaccination
- Produce a current Influenza vaccination documentation
- Produce a negative tuberculosis test (must be completed within 1 year of the start of class; or a negative chest x-ray will be accepted)
- Speak, write, and understand English
- CORI clearance for clinical (which requires a valid social security number)
- Copy of Government issued photo ID/Passport
- Have 2 personal references for the application
- Access to a computer, laptop, iPad or phone with internet capability

#### ADMISSION POLICY

Students are required to attend a free information session either on-line or in person prior to applying for admission. At the Information Session you will receive information regarding the program's pricing, policies, and procedure. No enrollment will be accepted without attending the session or completing the on-line information session.

Please register for an NAT Information Session at [www.opendoorhealthagency.com](http://www.opendoorhealthagency.com).

Students enrolling in the Nurse Assistant Training Program must be at least 18 years of age and possess a valid Social Security Card.

**Nurse Assistant Training Program-(304WebC).** Total cost payable to Open Door Healthcare Services, Inc for training: The students have the options to either pay in full or in installments.

#### Program Cost:

TUITION:	\$ 1400.00
(Non-refundable Administrative Fee)	\$ 50.00
Discount, if applicable	\$_____ (\$50 credit if paid in full)
Deposit	\$_____
TOTAL CHARGES:	\$_____



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### Additional costs for student:

**Book.** The book is optional.

Should students choose to purchase their own copy, the estimated cost is \$80.00

**Supplies.** Students must purchase the following:

**Uniform, Shoes, and a watch with a second hand.** The estimated cost is \$70.00

**State Exam.** Students are responsible for scheduling the test with Test Master University and pay fees for the state's Certification exam. Beginning July 1, 2025, first-time nurse aide certification exams, whether in English, Spanish, or Chinese, will no longer be free of charge. The charge for the test will be as follows:

☐ \$40 (Written)      \$50 (Oral)      \$70 (Skills)

### Student's Method of Payment (please check one)

\_\_\_ Cash      \_\_\_ Personal Check      \_\_\_ Cashier's Check      \_\_\_ Money Order  
\_\_\_ Zelle      \_\_\_ Other \_\_\_\_\_

### School Payment Plan Options (choose one)

\_\_\_ **Option #1** - Students may pay the full tuition cost (\$1,400.00) with the \$50 administration fee waived if paid in one payment.

\_\_\_ **Option #2** - Students are required to provide a \$650.00 deposit which includes the \$50 non-refundable administration fee prior to the start of the first class. Students then 2 biweekly payments of \$400.00.

If a third-party outside is paying all or a portion of the program cost, a signed authorization from the entity must be provided at the time of registration. If the entity is paying anything less than the full amount for the program, the student is responsible for the total remaining balance due at the time of enrollment. The entity should contact the school to inquire about the proper invoicing process. Payments are to be paid only after a Registration Coordination gives the students the approval and their enrollment documentation is completed.

Refund Law (As Per M.G.L. Chapter 255, Section 13K):	Dates:
1. You may terminate this agreement at any time.	N/A
2. If you terminate this agreement within five days of signing this agreement. You will receive a refund of all monies paid, provided that you have not commenced the program. Refund Amount: \$1,450	5th day after date both parties have signed the contract Date:
3. If you subsequently terminate this agreement prior to the commencement of the program, you will receive a refund of all monies paid, less the actual reasonable administrative costs described in paragraph 7. Refund amount: \$1,400	Program start date Date:
4. If you terminate this agreement during the first week of the program, you will receive a refund of at least seventy-five percent of the tuition, less the actual reasonable administrative costs described in paragraph 7. Refund Amount: \$1050	Last date of first week Date:



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5. If you terminate this agreement during the second week of the program, you will receive a refund of at least fifty per cent of the tuition, less the actual reasonable administrative costs described in paragraph 7. Refund Amount: \$700	Last date of second week Date:
6. If you terminate this agreement during the third week of the program, you will receive a refund of at least twenty-five percent of the tuition, less the actual reasonable administrative costs described in paragraph 7. Refund Amount: \$350	Last date of third week Date:
7. If you terminate this agreement after the initial five-day period, you will be responsible for actual reasonable administrative costs incurred by the school to enroll you and to process your application, which administrative costs shall not exceed fifty dollars or five percent of the contract price, whichever is less. A list of such administrative costs is attached hereto and made a part of this agreement.	5th day after date both parties have signed the contract Date:
8. If you wish to terminate this agreement, you must inform the school in writing of your termination, which will become effective on the day, such writing is mailed.	N/A
9. The school is not obligated to provide any refund if you terminate this agreement during the fourth quarter of the program.	First day of fourth week Date:

I have been provided with a copy of the school's catalogue and policies in a manner of my choosing and I have initialed my choice: \_\_\_\_\_ send via email

\_\_\_\_\_ I will download the catalogue and policies from school's website. [www.opendoorhealthagency.com](http://www.opendoorhealthagency.com)

### Student's Initials

\_\_\_\_\_ I understand this contract will not be in force and effect until signed by me and a school representative.

\_\_\_\_\_ I have received a copy of the school's complaint procedures policy.

\_\_\_\_\_ I understand the refund law as stated.

\_\_\_\_\_ I understand that coursework and/or credit from this school may not be transferable to other institutions of education and acceptance is at the discretion of the receiving institution.

\_\_\_\_\_ I understand that I am responsible for obtaining my own transportation at my own expense to and from labs and clinical sessions and the state certification exam.

\_\_\_\_\_ Students and graduates of the program should be aware that they may be subject to a criminal background check prior to obtaining a certification or license in their field, and those with a prior conviction, particularly a felony, may experience difficulty in obtaining certain licenses, credentials, and/or employment.

\_\_\_\_\_ I understand that clinicals or externships will only occur during daytime hours and that I must make myself available during the day.

\_\_\_\_\_ I understand that this agreement is my full agreement with the school and affirm that no oral promises or inducements have been made to me.

\_\_\_\_\_ I have reviewed and understand the catalogue sections pertaining to my program and the policies regarding online only or hybrid education delivery and requirements.

\_\_\_\_\_ I understand that classes canceled due to inclement weather or other emergencies may be rescheduled on a day or time outside the regular schedule to avoid extending graduation dates.



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\_\_\_ I understand that clinical hours occur at times that differ from classroom and skill hours and all hours must be completed for the respective sections.

\_\_\_ I have read, and I understand this agreement and the school's catalogue and agree to abide by policies as stated, and as they may be amended from time to time.

\_\_\_ I understand that I may be subject to CORI check and a drug test prior to participation in clinical or externship at no cost to me.

\_\_\_ I acknowledge that disciplinary action will be taken for violating patient's rights, confidentiality and safety.

\_\_\_ I acknowledge that prior to enrollment; I received and signed/dated the student disclosure that academic achievement earned via distance education may not be accepted for reciprocity or eligible for licensure in other states.

\_\_\_ I understand that I will be allowed one free transfer prior to class starting. Students will be charged the administrative fee (\$50) for subsequent transfers.

\_\_\_ I acknowledge that prior to enrollment; I have access to the internet and a computing device capable of viewing and hearing the online content of distance learning classes and a device with a camera and microphone to allow interaction with the instructor. The computing device for viewing online class, must be a tablet or larger display format.

This school is licensed by the Massachusetts Division of Occupational Licensure's Office of Private Occupational School Education. Any comments, questions, or concerns about this school's licenses should be directed to [occupational.schools@mass.gov](mailto:occupational.schools@mass.gov) or 617-701-8719.

Any changes, addendums, or additions made subsequent to the signing of the enrollment agreement must be in writing and signed by both the school and the students and are subject to the regulations of 230 CMR 15.04.

You have the right to cancel this enrollment contract before the completion of five school days or five percent of this Program, or course, whichever occurs first, and to receive a full refund of all monies paid, less actual reasonable administrative costs up to \$50 and actual reasonable costs of non-reusable supplies or equipment.

You have the right to cancel this enrollment contract if a school allows you to begin participation in a Program while an initial award for financial aid, including student loans, is pending, and you are subsequently denied some or all of that student loan or financial aid amount, the School shall offer you, in writing, an opportunity to terminate the enrollment agreement with a full refund of all Monies Paid, less actual reasonable administrative costs as defined under M.G.L. c. 255, s. 13K.

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT STUDENT'S NAME: \_\_\_\_\_

SCHOOL OFFICIAL'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT SCHOOL OFFICIAL'S NAME: \_\_\_\_\_

I, the student, have received a completed and signed copy of this agreement on date: \_\_\_\_\_  
\_\_\_\_\_(student's initials)