

NTC Nurse Aide Program

Registration Form

Today's Date _____ Date of Birth _____ Male/Female Program Date _____

Last Name: _____ First Name _____ M.I.: _____

Social Security Number required: _____

E-Mail _____

Street: _____ City/State _____ Zip: _____

Phone () _____ Cell: () _____

*If applicant is paying a deposit by check or money order, a receipt will be issued immediately after processing if requested.

*Registration form must be completed, and tuition (\$550) must be paid before the class start date. If unable to pay the full tuition upon registration, \$275 is due at registration and \$275 before the first clinical date. Class size is limited, applications will be reviewed and approved on a first-come, first-serve basis. To secure your place in the class, please have this registration form with payment in one week prior to class. Review your items to be completed (on checklist of requirements form and course syllabus) and work to complete those before the first day of class.

*NTC reserves the right to reschedule or cancel any course that does not meet our minimum enrollment requirements. If a course is cancelled or rescheduled, all fees paid are subject to reimbursement to transference, upon presentation of receipt. If you withdraw from the class two weeks before the start date, a 100% refund will be issued for the class; if withdraw 13 days before the first day of class or after the class starts, no refund issued but a credit toward future classes may be offered. If the student fails to make up the hours or work required missed within 60 days from the day missed, they will be dropped from the program with no refund. The student may be eligible to enroll in a future session if and when held. Arrangements for make-up time are the responsibility of the student.

*I am aware that if I am enrolling in online classes, requirements include: an operating computer with a webcam and internet accesibility to participate in the virtual classroom per schedule. I will also need to be able to record myself performing skills and submit them by internet. I understand that all the scheduled nurse aide skills and the Ohio Knowledge Vocabulary must be submitted online per the class schedule to be eligible for your final skills checkoff and passing the course. The clinicals will be held in person at the school. All makeup classroom and clinical

days must be made up within 60 days from the day missed to pass the course (if a makeup day is available).

*By signing below, I acknowledge that I received a copy of the Policy and Procedures and course syllabus. I understand that the cost for the state exam is separate from the course and is \$110.00 paid to D&S testing center of the student's choice.

* NTC does not discriminate on the basis of race, color, national origin, religion, sex, or disability with regard to admission, access, or treatment.

Signature _____ Date _____

For Office Only _____

Staff: _____ Date: _____ Amount Received:\$ _____ Receipt #: _____

Check: _____ Money Order _____ Other _____