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 ($500) must be paid before the class start date. If unable to pay the full tuition upon registration, $250 is due at registration and $250 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 before the first day, a 100% refund will be issued for the class; if withdraw within the first three days you will receive 75% refund; after the third day no refund issued. If the student fails to make up the hours or work required missed, they will be dropped from the program with no refund. The student can enroll in a future session if and when held. Arrangements for make-up time are the responsibility of the student.

*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 the testing center of the students 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