ENVANA Healthcare Training Center, Inc.

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WEBSITE: www.envanahealthcare.com E-MAIL: envana3@comcast.net

ENROLLMENT AGREEMENT

			REGISTRATION DATE:			
STUDEN	T INFORMA	TION (PI	LEASE PI	RINT)		
STUDENT NAME:					SSN	or ITIN (LAST 4 DIGIT ONLY)
	First	MI		Last		
ADDRESS:						
	# Street		City			State Zip Code
PHONE NUMI	BERS: ()		E	-MAIL ADDRI	ESS:	
EMERGENCY	CONTACT:			RELATI	ONSHIP:	TEL #:
PROGRAM / C	COURSE NAME: (C	ircle One) Basic	Nursing Assist	ant / Phlebo	tomy Technici	an / EKG Technician / Pharmacy Technician
PROGRAM START DATE: SCHE				ED END DAT	E:	NUMBER OF WEEKS:
DAY	EVENING	WEEKI	END	CLASS MEE	TS: (circle) M	ON TUES WED THURS FRI SAT SUN
TIME CLASS BEGINS:TIME CLASS ENDS:TOTAL CREDIT or CLOCK HOURS:						
Tuition & otl	her fees: NON-RI	EFUNDABLE	REGISTRAT	TION FEE: \$	60.00	We do not process any form of FINANCIAL AID
		T == -				
Course	Nursing	Phlebotomy	EKG	Patient	Pharmacy	Miscellaneous expenses are not provided by the
Program	Assistant	Technician	Technician	Care Technician	Technician	Institution. Students are responsible for obtaining the following. (cost of each may vary)
				T CCITITICIANT		BNATP: CEIL BLUE Scrubs, TB or Chest-X-ray, Covid-
Tuition Fee	990.00	880.00	830.00	2700.00	2800.00	19 vaccine
				CNA+PCT		Phlebotomy: TB test, Tetanus and Hepatitis B vaccine is
				+EKG		optional but highly recommended
Laboratory	Included	Included	Included	Included	Included	All Courses: Textbook is needed on the first day of class

Certification SIUC/IDPH Certification Fee: SIUC: \$85.00 NHA: \$125.00 NHA NHA NHA NHA 50% +\$20.00 non-refundable convenience fee Registration Fee Tuition Fee First Payment due 7 days before start of class Payment Cash Last Payment due before Mid-term 50% Cashier's Ck Late payment penalty 10% of balance + \$5.00 daily Money Order Zelle/Venmo We do not accept credit card payment

REFUND / CANCELLATION / WITHDRAWAL POLICY

STUDENT'S RIGHT TO CANCEL

The student has the right to cancel the initial enrollment agreement until midnight of the 5th business day after the student has been admitted (Registration Date). Cancellations should be submitted to the authorized official of the school in writing.

Registration Date is the same of the Acceptance Date

- The student must submit a written notice of cancellation or withdrawal.
- School shall, when the student gives written notice of cancellation, provide a refund in the amount of at least the following:
 - When the notice of cancellation is given before midnight of the fifth (5th) business day after the date of enrollment but prior to the first day of class, payment for tuition fee shall be refunded to the student.
 - When the notice of cancellation is given after midnight of the fifth business day after the date of enrollment but prior to the first day of class, the school will retain 25% of the cost of full tuition fee.
 - When the notice of cancellation is given during the first week i.e. 1st day of class attendance, the school will retain all payments made up to 50% of the cost of full tuition fee
 - When the notice of cancellation is given during the second week of class attendance or 50% of the course schedule (before midterm), the school will retain the 75% of the cost of full tuition fee
 - When the notice of cancellation is given after 50% of the course schedule (after midterm), the student must pay the full cost of tuition fee and will not be eligible for refund.

- 3. Deposits or down payments shall become part of the tuition. Registration fee is not a part of the tuition fee.
- 4. The school shall mail 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.
- 5. The student's refund shall be made by the school within 30 calendar days from the date of receipt of the student's cancellation.
- 6. A student may give notice of cancellation to the school in writing. The unexplained absence of a student from a school for more than 2 school days shall constitute constructive notice of cancellation to the school. For purposes of cancellation the date shall be the last day of attendance.
- 7. A school may not make refunds which exceed those prescribed in this Section. The school has no refund policy that returns more money to a student than those policies prescribed in this Section. A school shall refund all monies paid to it in any of the following circumstances:
 - a. The school cancels or discontinues the course of instruction in which the student has enrolled.

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.

ST	JDENT ACKNOWLEDGMENTS						
1.	I hereby acknowledge receipt of the school's catalog by email, 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 viewed, read a copy of this catalog. (Catalog can be downloaded from our website: www.envanahealthcare.com) Student's Initials						
2.	I have carefully read this enrollment agreement. Student's Initials						
3.	I understand that the school may terminate my enrollment if I fail to comply with attendance, academic, and financial requirements or I fail to abide by established standards of conduct, as outlined in the school catalog. While enrolled in the school, I understand that 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's Initials						
4.	I hereby acknowledge that the school has made available to me all required disclosure information listed under the Consume Information section of this Enrollment Agreement. Student's Initials						
5.	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. Student's Initials						
6.	6. I understand that the school does not guarantee job placement to graduates upon program completion. Student's Initials						
7.	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, 1 N. Old State Capitol Plaza, Suite 333 Springfield, IL 62701 or at http://complaints.ibhe.org or www.ibhe.org . Student's Initials						
cor agr	student, by signing this contract acknowledges that he/she has read this contract, understands the terms and conditions, and agrees to the ditions outlined in this contract. It is further understood that this agreement supersedes all prior or contemporaneous verbal or written between the modified without the written agreement of the student and the School Official. The student and the school will in a copy of this agreement.						
 Stu	dent's Signature and Parent / Guardian Signature (If Minor) Admission Date						
Pro	gram Director's Signature Date						

REQUIREMENTS FOR ADMISSION TO PROGRAM / COURSE:

- 1. Must be at least 16 years of age.
- 2. Submit copy of High School diploma or GED equivalent *
- 3. Submit copy of Social Security Card or ITIN
- 4. Submit copy of government ID (Driver's License or US passport) *
- 5. Submit copy of the negative TB skin test / blood test or Chest x-ray *
- 6. Submit copy of the Covid-19 Vaccination Record Card*
- 7. No Criminal record
- 8. Hepatitis Shot (optional) for Phlebotomy Technician (recommended)
- 9. Tetanus Shot (optional) for Phlebotomy Technician (recommended)
 *All submitted copies of documents will be property of the school. If the student requested them to be returned, the school will charge a service fee of \$35.00 and certified mail of \$15.00.

Attendance for all Programs / Courses:

- Students who missed 1 day of theory sessions will have to do make up classes.
- Students who missed 2 days of theory sessions will be asked to drop the course.
- Students who missed 1 clinical session (if required) will have to do a make-up clinical session.
- Make-up classes and clinical session will be scheduled by the Chief Managing Employee.
- Failure to fulfill make up classes will result to termination of enrollment.

STUDENT: INSTRUCTOR RATIO

8 to 30 students per Theory Instructor

8 students per clinical Instructor (BNATP)

Grading Scale for all Programs / Courses

Quizzes average	30%	A = 96% - 100%
Mid Term Exam	30%	B = 91% - 95%
Final Exam	40%	C = 86% - 90%
Total = 100%		D = 80% - 85%
		F = Failed - below 80% *

Laboratory / Clinical = Pass or Fail

^{*}Failed student will not receive the Certificate of Completion for the course taken