

The Meadows of Northern Arizona, Inc.

809B Gail Gardner Way Prescott, AZ 86305
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www.meadowznaz.org

2025 CNA Enrollment Agreement

*Student Name: _____ *Date of Birth: _____

As it appears on your Gov. issued ID/ drivers license

*Present Address: _____ *Soc. Sec.: _____

*City: _____ *State: _____ *Zip Code: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (home) _____ *Mobile: _____

* E-mail: _____

* Required fields

Sponsoring Facility Name & Address: _____

PROGRAM INFORMATION:

Program Name:

The Meadows of Northern Arizona, Inc. / Certified Nursing Assistant Program

Physical Location:

The Meadows of Northern Arizona CNA Training Center
809B Gail Gardner Way Prescott, AZ 86305

State Testing Center Number: 1060

Check one

C.N.A. Day class

C.N.A. Evening class

Start Date: _____

C.N.A. Program Length: 120 hrs

Training Course: \$1,195.00 paid 3 working days before the start of class.

Books:

- Textbook: **\$100 Mosby's Textbook for nursing assistants 10th edition**
- Workbook: **\$70 (optional)**
- D&S Handbook: **Free**

State Approved Exam: \$130----cashiers check or money order payable to Headmaster. in order to cancel a pre-scheduled exam, there will be a \$50 fee.

\$50.00 Mock Test fee.

Supplies: Ceil blue (Light Blue) Scrub rental \$10.00 or you can buy your own.

Level One Fingerprint Clearance Card: \$67 cashiers check or money order payable to D.P.S.

Cash to Fingerprinting Agency: \$5.00

Additional Certification Requirements:

1. CPR & First Aid: **\$45 (2 year card)**
2. TB Skin Test: **\$25**
3. A valid Arizona Drivers license or a valid license from another state and a copy pf your birth certificate.
4. Immunizations: MMR, Varicella , Tdap, Hep B, Influenza during flu season

If student has any of these certifications current with the State of Arizona, they will need to provide proof in order to waive any of the fees associated with the certifications. Payment of these fees is not required prior to enrollment. Attach copies of certifications with this document.

Payments:

1. Course fees and Book fees must be paid in full at least 3 working days prior to the start date of the course. A \$100.00 non refundable deposit will secure you a space in the program.

Make money order or cashier's check payable to: The Meadows of Northern Arizona, Inc. Or you can pay with credit card or debit card either at the school or ask that an invoice be emailed to you for payment.

Mail to: The Meadows of Northern Arizona, 809B Gail Gardner Way, Prescott, AZ 86305

Cancellation and Refund Policy:

Denial: An applicant denied by the school before class starts is entitled to a refund of all monies paid.

3 Day Cancellation: An applicant who provides written notice of cancellation within 3 days (excluding Saturday, Sunday, and Federal and State holidays) of signing an enrollment agreement is entitled to a refund of all monies paid as long as it is still prior to entering the school or selected program. No later than 30 days of receiving the notice of cancellation, the school shall provide the 100% refund.

Other Cancellation: An applicant requesting cancellation more than three days after signing an enrollment agreement and making an initial payment, but prior to entering the school, is entitled to a refund of all monies paid.

Refund after the commencement of classes: None

1. Procedure for withdrawal/withdrawal date:
 - a. A student choosing to withdraw from the school after the commencement of classes is to provide written notice to the Director of the school. The notice is to indicate the expected last date of attendance and be signed and dated by the student.
 - b. For a student who is on authorized Leave of Absence, the withdrawal date is the date the student was scheduled to return from the Leave and failed to do so.
 - c. A student will be determined to be withdrawn from the program if the student has not attended any class for one consecutive day.
 - d. No refunds will be issued after the commencement of classes.
 - e. If a minimum of 3 days notice of withdrawal prior to commencement of classes is received by the school, the student is entitled to a refund of 100% of Course fees.
 - f. After the commencement of classes, the student is not entitled to a refund of any amount regardless of the number or percent of clock hours attempted.

Holder in Due Course Statement:

Any holder of this consumer credit contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds, hereof Recovery here under by the debtor shall not exceed amounts paid by the debtor (FTC Rule effective 5-14-76).

Additional CNA Examination and Certification Requirements:

D&S Diversified Technologies has been selected by the Arizona Board of Nursing to administer and manage the Arizona Nursing Assistant Competency & Evaluation Program beginning September 1, 2005. For information including applications, test site times and locations, and the AZ Candidate Handbook please visit the D&S Diversified Technologies website at www.hdmaster.com.

AZBN nursing assistant certification applications are available on the Arizona State Board of Nursing website www.azbn.org. The application process, necessary forms that must be submitted, fees, and fingerprinting requirements are explained in detail.

- Complete an application for Certified Nursing Assistant or Licensed Nursing Assistant. Exam/Endorsement – Mail to Arizona State Board of Nursing.
- Complete an application for Certified Nursing Assistant Examination – Mail application and fee to D&S Diversified Technology Testing Company.
- Pass the written and manual skills test
- Complete a fingerprint card (A fingerprint card will be sent to you when we get your application.)
- Pay fees (optional)

- Fingerprint results – If the results of your fingerprint check show a positive criminal history, an investigation will be started and certification will not be given to you until the investigation is done. This may take 4 to 6 months.
- Within 2 years after you complete your nursing assistant training program provide:

- a. A copy of the “certificate of completion” of a nursing assistant program the Arizona State Board of Nursing has approved (or letter from the program)

OR

- a. Proof of completing a 120 hour nursing assistant program approved by another state/territory

OR

- b. Proof of completing a 75 hour nursing assistant program approved by another state/territory

AND

Proof of working as a nursing assistant for an additional 45 hours

OR

- c. Proof of graduation from an approved RN or LPN program or holds a valid RN/LPN license or meets educational requirements for RN/LPN licensure in Arizona (takes written test only)

NOTE: Applicants who have not taken the CNA exam within 2 years of their training and can show proof that they worked as a nursing assistant for 160 hours every 2 years, since they completed a state approved nursing assistant program, may take the CNA test. Example: An applicant took their initial training in 2003 and never took the exam, needs to show they worked 160 hours between 2003 and 2005, and 160 hours between 2005 and 2007. **This may be validated in a letter signed by the employer.**

FEES

- For L.N.A.'s there is a \$50.00 application fee and a \$50.00 finger printing fee. (Federal back ground check). To apply for a C.N.A. number is free of charge and no finger print card is needed .
- Optional fee of \$50 for wallet size, pink-colored paper certificate, If the \$50 **is not** included with your application, the Board will assume you **do not** want a document
- Do not send cash. You may send a money order or check. All personal checks must be pre-printed with your name and address and made payable to the Arizona State Board of Nursing. Purchase Orders from facilities are not accepted.
- All fees are non-refundable.
- A \$50 fee will be charged for checks returned because of insufficient funds.

FINGERPRINTING

According to A.R.S. § 32-1606(B)(16), each applicant for initial licensure or certification is required to submit a full set of fingerprints. **A fingerprint card will be mailed to you after we receive your application. It is important for you to use that specific fingerprint card because we have Arizona State Board of Nursing information printed on the card.** It can

take 3 to 4 weeks to receive fingerprint results from the FBI. You will not be certified until the FBI results are received.

FELONY CONVICTIONS

According to A.R.S. § 32-1646(B), an applicant for nursing assistant certification is not eligible for certification if the applicant has any felony convictions and has not received an absolute discharge from the sentences for all felony convictions. The absolute discharge from the sentence for all felony conviction(s) must be received 5 or more years before submitting this application. If you cannot prove that the absolute discharge date is 5 or more years, the Board will notify you that you do not meet the requirements for certification.

REQUIRED PROOF OF CITIZENSHIP OR NATIONALITY

EFFECTIVE JANUARY 1, 2008, BASED ON FEDERAL AND STATE LAWS, ALL APPLICANTS MUST PROVIDE EVIDENCE OF CITIZENSHIP OR NATIONALITY

Federal law, 8 U.S.C. § 1641, and state law, A.R.S. § 1-501, require documentation of citizenship or nationality for licensure. If the documentation does not demonstrate that the applicant is a United States citizen, national, or a person described in specific categories, the applicant will not be eligible for licensure in Arizona.

If the Board has received your application after 1/1/2008, and the application you completed did not contain a proof of citizenship form, you will be required to complete a form and submit documentation evidencing citizenship or nationality prior to receiving your license/certification.

THE STUDENT UNDERSTANDS:

1. The School does not accept credit for previous training, education, work experience, experimental learning, or CLEP.
1. The School does not guarantee job placement to certificate holders upon completion of any course.
2. The School reserves the right to reschedule the program start date when the number of students is less than 3.
3. The School will not be responsible for any statement of policy of procedure that does not appear in the School catalog.
4. The School reserves the right to discontinue any student's training for unsatisfactory progress (IE. failing quizzes for test repeatedly), nonpayment of tuition, of failure to abide by School rules and classroom policy.
5. Information concerning other Schools that may accept the School's credits toward their programs can be obtained by contacting the office of the President. It should not be assumed that any program described in the School catalog could be transferred to another institution. The School does not guarantee the transfer-ability of credits to a college, university or institution. Any decision on the comparability, appropriateness and application of credit hours and whether they should be accepted is the decision of the receiving institution.

6. This document does not constitute a binding agreement until accepted in writing by all parties.

Ability to Benefit:

We want your experience to be positive and fulfilling while you are taking classes. In order to determine that you are capable of taking/passing the classes we require that you have either a high school diploma or GED, or that you can pass a basic competency screening test in math and English with a score of at least 75% that is administered by The Meadows of Northern Arizona.

STUDENT ACKNOWLEDGEMENTS:

1. Student Initials _____ I hereby acknowledge I have read the School's Catalog, dated 2022, which contains information describing the programs offered, as all the equipment and supplies provided. The School's 2022 Catalog is included as part of this enrollment agreement, and I acknowledge that I will receive a copy of this Catalog upon enrollment.
1. Student Initials _____ I have carefully read and received an exact copy of this enrollment agreement.
2. Student Initials _____ I understand that the School may terminate my enrollment if I fail to comply with attendance, academic and financial requirements or if I disrupt the normal activities of the School. I understand that I 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 may be awarded.
3. Student Initials _____ I understand that a copy of the completed certificates will be sent to the payment source that provided payment for such training, unless otherwise released by such entity, and the student will receive the original.
4. Student Initials _____ I understand that this training will prepare me to be a CNA within the state of AZ, or prepare to take the CNA Exam with the State of Arizona to become a certified CNA.
5. Student Initials _____ I understand that this School does not guarantee job placement to graduates upon program/course completion or upon graduation.
6. Student Initials _____ I understand that I must have a High School diploma or GED or have been administered a basic screening competency test in which I can score not lower than 75%.
7. Student Initials _____ I understand that I must be able to pass a background check and receive a Level One Fingerprint Clearance Card.
8. Student Initials _____ I understand that I have been notified of the ASBN requirements.

9. Student Initials _____ I understand that it will cost me \$50.00 to cancel my D and S exam scheduled by The Meadows of Northern Arizona, Inc.
10. Student Initials _____ I understand that I will **not** be scheduled into the D & S exam by The Meadows of Northern Arizona, Inc. until my folder is complete. A complete folder includes, successful completion of the course, current CPR/ First Aid card on file, current TB Skin Test (has to be within the last 6 months) , copy of Level One Finger Print card or proof that the application has been sent to D.P.S., all fees pertaining to the above mentioned items are paid in full.

CONTRACT ACCEPTANCE:

I, the undersigned, have read and understand this agreement and acknowledge receipt of a copy. It is further understood and agreed that this agreement supersedes all prior or verbal or written agreements and may not be modified without the written agreement of the student and the School Official. I also understand that if I default on this agreement I will be responsible for payment of any collection fees or attorney fees incurred by The Meadows of Northern Arizona, Inc. My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract.

Signature of Student: _____ Date: _____

Signature of School Official: _____ Date: _____

Representative's Certification: I hereby certify that _____ has been interviewed by me and in my judgment, meets all requirements for acceptance as a student. I further certify that there have been no verbal or written agreements or promises other than those appearing on this agreement.

BY: _____ Date: _____

(This section may be signed by a Director or Education, Manager, Director of Nursing, or Senior Management.)