



Professional Medical Careers Institute  
School of Nursing

Main Campus: 920 Hampshire Road Suite S Westlake Village, CA 91361  
Tel# (805)497-4064; Fax# (805) 497-4224  
Toll Free: 866-500-6274  
[www.pmcicareers.com](http://www.pmcicareers.com)



**CERTIFIED NURSING ASSISTANT (CNA) PROGRAM  
ENROLLMENT AGREEMENT (revised 4/17/2020/ht)**

Name (First MI Last): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: CA Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

**Program Length : Approximately 2 months**

**Start Date : \_\_\_\_\_ End Date : \_\_\_\_\_ ( Subject to change)**

-Total Clock Hours of Instruction and clinical: approximately **175 Hours**.

-Program Length: Approximately 8 weeks for S-1104 and 10 weeks for S-1115

-State Identification Numbers (Day Class ID# S-1104 and Evening/Weeknight-Weekend Class ID # S-1115):

-Type of Document Awarded upon Completion: After successfully completing all requirements of the course, the student will receive a *Certificate of Completion and the form necessary to take the State examination (Initial Application).*

*Certified Nursing Assistant (CNA) Program instruction will be provided at Professional Medical Careers Institute 920 Hampshire Road Suite #S Westlake Village, CA 91361 Tel: 805-497-4064 Fax: 805-497-4224*

Period Covering : \_\_\_\_\_ . Program start date period \_\_\_\_\_ - Completion date: \_\_\_\_\_

Scheduled Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_ Class Type: \_\_\_AM\_\_\_PM\_\_\_WKND

**CNA Program Cost Breakdown for Enrollment**

<b>NONE-REFUNDABLE FEE FOR SERVICE RENDERED /REGISTRATION FEE:</b>	<b>\$ 50.00</b>
<b>TUITION:</b>	
Prorated upon course withdraw. Refer to refund provisions on the back of this agreement.	<b>\$2450.00</b>
<b>BOOK/SUPPLIES:</b>	<b>\$375.00</b>
Includes: Criminal background check/live scan, electronic devices, handouts, materials, any other goods related to the instruction offered in this agreement.	
<b>CPR:</b> Includes Healthcare Provider CPR Certification, good for 2-years	<b>\$65.00</b>
<b>Sales Tax:</b> Books, equipment, and uniform subject to sales tax at a current rate of 7.25%	<b>\$23.56</b>
<b>NONE-REFUNDABLE STRF</b>	<b>\$0.00</b>

**THE TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT:** **\$2963.56**

*“YOU ARE RESPONSIBLE FOR THIS AMOUNT. IF YOU GET A STUDENT LOAN, YOU ARE RESPONSIBLE FOR REPAYING THE LOAN AMOUNT PLUS ANY INTEREST.”*

**\$ 2890.00** minus Coupons/Discounts: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ = \$ \_\_\_\_\_ *Revised Total Charges*  
(Discount: \_\_\_\_\_ Early Pay (3% off tuition fee) Valid HEALTHCARE PROVIDER CPR = \$65 off)

PMCI requires a \$50 Non-Refundable Registration/Records Fee and a Down Payment of at least \$500 for the Nursing Assistant Course. Down Payment is due no later than two weeks before class start date, for this class the down payment is due by \_\_\_\_\_

Please initial here that you understand the Registration/Records Fee is non-refundable \_\_\_\_\_

Amount Paid Today: \_\_\_\_\_ Balance Due \_\_\_\_\_ (Balance due if paid in full by \_\_\_\_\_ = \_\_\_\_\_ <-Early Pay (Discount of 3% deducted from tuition – prorated if there is a seasonal discount)

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

PMCI Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

(See payment options below for amounts owed by periods of attendance.)

### ITEMIZATION OF FEES AND CHARGES

<b>Registration Fee</b> (non-refundable-separate charge for services rendered)	\$ 50.00
<b>Tuition Fee, Clinical and Theory Instruction, Clinical Placement, background check,</b> Liability insurance, Skills review and practice prior to state test (Prorated refund upon withdrawal-includes 0.00 STRF fee-non-refundable once class starts-\$81.60/day)	\$ 2450.00
<b>Books,</b> Includes Textbook, workbook, catalog, DVD and online resources (non-refundable if used or wrapper removed)	\$ 150.00
<b>Lab Fee:</b> Hand-outs, teaching and training materials, nursing care training supplies, PPE, Use of manikins, clinical placement fees and electronic devices	\$ 50.00
<b>Equipment Fee:</b> Sphygmomanometer and stethoscope kit, Blood Pressure Cuff and gait belt	\$ 45.00
<b>Uniform Fee:</b> 2 Sets of uniforms, 1 Warm- up Jacket, School Sweatshirt and Clinical ID Badge	\$ 130.00
<b>CPR Certification</b> and American Heart Association Fee (non-refundable)	\$ 65.00
<b>Sales Tax:</b> Books, equipment, and uniform subject to sales tax at a current rate of 7.25%	\$ 23.56
Total Certified Nursing Assistant Program Fees	\$ 2,963.56
With Discounts Applied _____ Administrator's Initials _____	\$
<b>SEPARATE FEES</b>	\$
<b>Clinical /Theory Absence Fee</b> (non-refundable)	\$ 50.00*
<b>State Exam Fee</b> Including PMCI Processing Fee (non-refundable fee due 10 days prior to taking state exam)	\$ 105.00

**\*PMCI's attendance policy allows for no more than 2 absences during the Nursing Assistant Program. If a makeup day is required, the student will be charged the \$50 fee. Students cannot take the State Certification Test unless they have trained for the appropriate number of clinical and theory hours.**

**THE TOTAL NURSING ASSISTANT TRAINING PROGRAM FEE AND OTHER CHARGES THAT THE STUDENT IS OBLIGATED TO PAY IS \$ \_\_\_\_\_ (not including the CNA State Exam Fee).**

The undersigned student promises to pay the program fee in full or in installments according to the incremental payment options established below. The student understands the total tuition fee must be completely paid before the student can be cleared of financial obligation with PMCI's School of Nursing, unless the student has signed a contract with TFC. Any default of installment payments is in violation of this enrollment agreement and will be the basis for dismissal from the course. The student also understands that any **RETURNED CHECKS will be subject to an additional \$50.00 processing fee (per check)** payable to PMCI. Acceptable replacements for any returned check and subsequent installment payments will be in CASH or Money Order or Credit/Debit Card until tuition fee balance is paid in full. **Failure to pay any balances due will prevent the student from continuance in attending the course of instruction and/or receiving a Certificate of Completion. Any payments received after the due date will incur a \$35 late fee that is added to the account. Those who are more than one-week past due may be suspended or terminated from the program.** In the event of defaulted payments, the undersigned student may be denied continuance until the remaining balance and any applicable late fee charges are fully paid. Additionally, students may be liable for any and all expenses for recovery of due payments including but not limited to attorney's fees, collection agency fees and other administrative costs. For details regarding this policy, please see the Arbitration Agreement below.

#### **CDPH Clearance**

The California Department of Public Health requires a live-scan on each trainee in the CNA program. Each person must be cleared by the CDPH. Please initial below that you have disclosed any prior convictions to PMCI administration and that you understand that until cleared by the CDPH you may not be eligible to become a certified nurse assistant in California.

**Student Initial** \_\_\_\_\_ **Parent Initial (If applicable)** \_\_\_\_\_

You must pay the state-imposed assessment for the Student Tuition Recovery Fund (STRF) if all of the following applies to you:

1. You are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of your tuition either by cash, guaranteed student loans, or personal loans, and
2. Your total charges are not paid by any third-party payer such as an employer, government program or other payer unless you have a separate agreement to repay the third party.

You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if either of the following applies:

1. You are not a California resident, or are not enrolled in a residency program, or
2. Your total charges are paid by a third party, such as an employer, government program or other payer, and you have no separate agreement to repay the third party. CEC 94911(b). CCR 71800.

This Agreement is not binding unless signed by the student and school representative or school administrator.

If you have any complaints, questions or problems which you cannot work out with the school, write or call the bureau for private and postsecondary vocational education at 916-445-3427

**Student Initial** \_\_\_\_\_ **Parent Initial (If applicable)** \_\_\_\_\_

**PMCI Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Enrollment Agreements For Students whose primary language is not English:**

An enrollment agreement shall be written in language that is easily understood. If English is not the student’s primary language, and the student is unable to understand the terms and conditions of the enrollment agreement, the student shall have the right to obtain a clear explanation of the terms and conditions and all cancellation and refund policies in his or her primary language. Please inform PMCI of your need for an enrollment agreement in a language you understand. PMCI WILL PROVIDE INTERPRETATION IF NEEDED.

**TRANSFER OF CREDITS**

While PMCI does not currently offer financial aid through any federal or state government program, any loan obtained is the sole responsibility of the student. If the student obtains a loan to pay for an educational program, the student will have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund. CEC94911(f). The federal or state government or a loan guarantee agency may take action against the student, including applying any income tax refund to which the person is entitled to reduce the balance owed on the loan. The student may not be eligible for any other federal student financial aid at another institution or other government assistance until the loan is repaid. CEC 94911(g)

**Student Initial** \_\_\_\_\_ **Parent Initial(If applicable)** \_\_\_\_\_

**NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION**

Becoming a Certified Nursing Assistant (CNA) is the student’s responsibility. PMCI does not offer a CNA Certificate but only offers the necessary training to be eligible for certification by the State of California. The transferability of credits you earn at PMCI before becoming a CNA is at the complete discretion of an institution to which you may seek to transfer. Acceptance of a PMCI Certificate of Completion is also at the complete discretion of the institution to which you may seek to transfer. If the PMCI Certificate of Completion is not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your coursework at that institution. For this reason, you should make certain that your attendance at PMCI will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending PMCI to determine if your Certificate of Completion will transfer.

**In House Payment Plans**

**Balance must be paid in full to PMCI before student can take state test.**

**PMCI accepts cash, check, debit and credit card payments.**

**Credit/debit card payments may be made by a parent/guardian/spouse, etc. over the telephone – however, PMCI must have a photocopy of the credit/debit card in the student’s financial file.**

**There is no penalty for early pay off.**

**Students who pay program with weekly payment plans must complete both a Personal Guarantee and a CC Authorization form.**

**PMCI accepts cash, check, debit and credit card payments.**

**Credit/debit card payments may be made by a parent/guardian/spouse, etc. over the telephone – however, PMCI must have a photocopy of the credit/debit card in the student’s financial file.**

<b>FEE Schedule DUE DATE</b>	<b>PMCI Option 1 3% off</b>	<b>PMCI Option 2</b>	<b>PMCI Option 3</b>
PMCI REGISTRATION FEE (Due at Application)	\$50.00	\$50.00	\$50.00
PRE-INSTALLMENT (Due prior to class)	\$500.00	\$500.00	\$500.00
Full Payment (Due Week 2)	Payment in Full	Payment of 50%	\$585
		INSTALLMENT #2 (Due Week 4)	\$585
		INSTALLMENT # 3 (Due Week 6)	\$585
		INSTALLMENT # 4 (Due Week 8)	\$585

**Any student is eligible to receive the Early Pay Discount as long as full payment is made by the 2<sup>nd</sup> week of class. (Savings 3% off tuition only)**

<b>FEE Schedule DUE DATE</b>	<b>In House</b>	<b>Other Plan</b>
PMCI REGISTRATION FEE Due at Application)	\$50.00	\$50.00
PRE-INSTALLMENT Due prior to class	\$500.00	\$500.00
Weekly Payments of \$_____ Per week	Week 1: Week 2: Week 3: Week 4:	
Weekly Payments of \$_____ Per week	Week 5: Week 6: Week 7: Week 8:	
Final Payment of \$_____	Week 9: Balance Due: week 10:	
Total Interest Accrued	None	

**CNA student is subject to suspension from program if any payment is made more than 10 days after due date.**

**The \$105 State Test Fee is *not* part of the above payment options.** The cost of the health physical and immunizations is the responsibility of the student. A physical, drug screen and proof of immunity to communicable diseases and the flu is required to train at health facilities.

The application fee is due upon initial enrollment. Payment of the application fee does not guarantee a spot in the program. **A minimum, refundable \$500 tuition fee is due before class starts.** If payment is not received according to the agreed upon payment plan, the student will not be allowed to start/continue class, unless prior payment arrangement have been made with the school's Director or Financial Office. All who pay the entire fee by the 2<sup>nd</sup> week of class will receive a 3% discount off the tuition. Students who are on a weekly payment plan will be locked into the PMCI agreements as well as a contract (i.e. late fees may be charged by PMCI if payment is late). Any student who does not meet their financial obligations to PMCI by the completion of the course will be subject to legal actions. PMCI reserves the right to periodically review/revise above payment options.

**I understand & agree to the above total charges/fees. I select payment plan option \_\_\_\_\_**

**Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_**

### **PMCI'S RIGHT TO CANCEL/SUSPEND/TERMINATE AND MAKE CHANGES**

The school may cancel, suspend or terminate the Enrollment Agreement at any time if the undersigned student violates any of the following policies and/or agreements:

- Failure to maintain satisfactory academic progress.
- Failure to comply with the school's attendance policy.
- Failure to comply with the school's student conduct policies.
- Failure to meet all financial obligations to the school.
- Violation of any of the conditions as set forth and agreed to in the Enrollment Agreement.

**The school also reserves the right to change or modify the program contents, instruction, curriculum, clinical time, equipment, staff, or materials as it deems necessary. Such changes may be necessary to keep pace with technological advances, to cooperate with clinical training venues, to replace instructors who are not available and to improve teaching methods or procedures. In no event will such changes diminish the competency or content of any program or result in any additional charges to the student.**

### **REFUND POLICY**

#### **"STUDENT'S RIGHT TO CANCEL"**

Each student has the right to cancel/voluntarily terminate the program and obtain a refund of charges paid through attendance at the first-class session 05/07/2020-05/17/2020 or the seventh day after enrollment whichever is later. If a student wishes to cancel/terminate the enrollment agreement or withdraw from the institution, the student must notify the school. Written and/or verbal withdrawals are acceptable.

**If the student withdraws from a course after instruction has started, the student may receive a pro-rated refund for the amount of instruction paid for but not received. *Refund calculations will be based on the day a withdrawal letter is received. NOTE: A student is charged for an entire day not by the hour. Any materials that a student has paid for but not received will be refunded in full. A class day is about \$82 per day.***

**No refunds will be given if the student has attended more than 75% of the course and the student concerned will still be liable for any tuition due.** Also, if the student has received federal student financial aid funds, the student is entitled to a refund of money not paid from federal student financial aid program funds.

The school reserves the right to cancel or reschedule a class start date due to insufficient enrollment. If this occurs, the student may request a full refund of all money paid less the registration fee, or apply all money paid to the next scheduled class start date.

**PLEASE NOTE: The "Itemization of Fees and Charges" on page 2 has detailed information on refundable and non-refundable items.**

All refunds will be paid within 45 days from receipt of cancellation or withdrawal letter or the date the institution terminates a student for breach of attendance, conduct, academic and/or financial policies. If an applicant never attends class (no-shows) or cancels the contract prior to the class start date, all refunds due will be made within forty-five (45) calendar days of the first scheduled day of class or the date of cancellation, whichever is earlier.

I have read and understand the Refund Policy

Student Initial \_\_\_\_\_

### **Student's rights and responsibilities with the respect to the Student Tuition Recovery Fund**

It is now a state requirement that a student who pays his or her tuition is required to pay a state-imposed assessment for the Student Tuition Recovery fund.

“The State of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic loss suffered by a student in an educational program at a qualifying institution, who is or was a California resident while enrolled, or was enrolled in a residency program, if the student enrolled in the institution, prepaid tuition, and suffered an economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be paid on your behalf, if you are a student in an educational program, and prepay all or part of your tuition. You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if you are not a California resident, or are not enrolled in a residency program.”

“It is important that you keep copies of your enrollment agreement, financial aid documents, receipts, or any other information that documents the amount paid to the school. Questions regarding the STRF may be directed to the Bureau for Private Postsecondary Education, 2535 Capital Oaks Drive, Suite 400, Sacramento, AA 95833, 916-431-6959 or 888-370-7586.”

To be Eligible for the STRF, you must be a California resident or are enrolled in a residency program, prepaid tuition, paid or deemed to have paid the STRF assessment, and suffered an economic loss as a result of any of the following:

1. The institution, a location of the institution, or an education program offered by the institution was closed or discontinued, and you did not choose to participate in a teach-out-plan approved by the Bureau or did not complete a chosen teach-out plan approved by the Bureau.
2. You were enrolled at an institution or a location of the institution within the 120 day period before the closure of the institution or location of the institution, or were enrolled in an educational program within the 120 day period before the program was discontinued.
3. You were enrolled at an institution or a location of the institution more than 120 days before the closure of the institution or location of the institution, in an educational program offered by the institution as to which the Bureau determined there was a significant decline in the quality or value of the program more than 120 days before closure.
4. The institution has been ordered to pay a refund by the Bureau but has failed to do so.
5. The institution has failed to pay or reimburse loan proceeds under a federal student loan program as required by law, or has failed to pay or reimburse proceeds received by the institution in excess of tuition and other costs.
6. You have been awarded restitution, a refund, or other monetary award by an arbitrator or court, based on a violation of this chapter by an institution or representative of an institution, but have been unable to collect the award from the institution.
7. You sought legal counsel that resulted in the cancellation of one or more of your student loans and have an invoice for services rendered and evidence of the cancellation of the student loan or loans.

To qualify for STRF reimbursement, the application must be received within four (4) years from the date of the action or event that made the student eligible for recovery from STRF.

A student whose loan is revived by a loan holder or debt collector after a period of non-collection may, at any time, file a written application for recovery from STRF for the debt that would have otherwise been eligible for recovery. If it has been more than four (4) years since the action or event that made the student eligible, the student must have filed a written application for recovery within the original four (4) year period, unless the period has been extended by another act of law.

However, no claim can be paid to any student without a social security number or a taxpayer identification number."

### **SPECIAL REQUIREMENTS FOR GRADUATION AND COMPLETION**

The following requirements must be met by a student in order to qualify for a Certificate of Completion of the Nursing Assistant Training Program and signed document necessary for State examination:

- **Achieve a cumulative grade of "C" or higher in academics (75%), and a satisfactory grade ("S") for clinical.**
- **Attend 100% of the scheduled hours of the program for theory and 100% of clinical. Makeup provided at \$50/day**
- **Complete all designated requirements (tests, assignments, etc.) of the program.**
- **Satisfy all financial obligations to the school.**
- **Abide by all school policies and the attendance agreement**

### **DISCLAIMER OF EMPLOYMENT GUARANTEE**

While the school offers job placement assistance and referral, the school cannot, in any way; guarantee employment after the student has successfully completed the program of study. Likewise, the school does not guarantee that the student will pass the necessary national or state examination necessary for obtaining a license or certificate.

### **STUDENT ACKNOWLEDGEMENT**

**THIS AGREEMENT IS A LEGALLY BINDING INSTRUMENT WHEN SIGNED BY THE STUDENT AND ACCEPTED BY PROFESSIONAL MEDICAL CAREERS INSTITUTE.** CEC 94911(c.) Your signature on this agreement acknowledges that you have been given reasonable time to read and understand it, and that you have been given: (a) written statement of the refund policy and how it applies and; (b) a catalog including a description of the course or education service, including all material facts concerning the school and the program or course of instruction which are likely to affect your decision to enroll. *Immediately upon signing this agreement, you will be given a copy of it to retain.*

Prior to signing this enrollment agreement, you must be given a catalog or brochure and a School Performance Fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rates, placement rates, license examination passage rates, and salaries and wages, prior to signing this agreement.

I certify that I have received the catalog and School Performance Fact Sheet, which includes information regarding completion rates, placement rates, license examination passage rates, and salary or wage information, and the most recent three-year cohort default rate, if applicable, included in the School Performance Fact sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet. \_\_\_\_\_ **(Initial)**, CEC 94911(i)(2)

I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me. CEC 94911(k). By signing, I also certify that I have received an explanation and copy of the School handbook, graduation requirements, physical demands, work conditions and safety, attendance, behavior and confidentiality requirements (verbal), placement disclosure, visited and toured the school facilities and have read, understood, and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me. I certify that I will hold harmless PMCI or any of PMCI's affiliated clinical facilities of any liability.

CEC 94911(j)(2). Additionally, A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling (888)370-7589 or by completing a complaint form, which can be obtained on the bureau's Internet Web site at: <http://www.bppe.ca.gov/enforcement/complaint.shtml> CEC 94911(j)(1). This agreement is not operative until the student makes an initial visit to the institution and receives a thorough tour or attends the first class or session of instruction. Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at: Website: [http://www.bppe.ca.gov/about\\_us/contact.shtml](http://www.bppe.ca.gov/about_us/contact.shtml)

Address: 17474 n. Market Blvd. Ste 225 Sacramento, CA 95834  
P.O. Box 980818, West Sacramento, CA 95798-0818  
Telephone and Fax #'s: (888) 370-7589 or by fax (916)263-1897  
(916) 574-8900 or by fax (916) 263-1897  
Web site Address: [www.bppe.ca.gov](http://www.bppe.ca.gov)

**TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE: ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM; and THE TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT.**

I HEREBY ACKNOWLEDGE HAVING READ AND RECEIVED A COPY OF THIS CONTRACT. I CERTIFY THAT PMCI SCHOOL OF NURSING HAS MET THE DISCLOSURE REQUIREMENTS OF EDUCATION CODE 94312 OF THE PRIVATE POST-SECONDARY AND VOCATIONAL REFORM ACT OF 1989.

I understand that this is legal binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me.

\_\_\_\_\_  
Signature of Student/Parent (if applicable)

\_\_\_\_\_  
Date Signed

**THIS AGREEMENT IS ACCEPTED BY:**

\_\_\_\_\_  
Signature of School Official & Title

\_\_\_\_\_  
Acceptance Date

Withdrawal date (if any) \_\_\_\_\_