



Shiloh CNA School
 5980 S Durango Ste #121
 Las Vegas, Nevada, 89113
 (725)233-3040 Office
 (702) 954-3558 Fax

administrator@wearesimplyhealth.com

Shiloh CNA School Licensed to Operate by the Nevada Commission on Postsecondary Education

Last	First	M	Phone Number
Address	City	State	Zip
SSN:			
Program Title:	Nurse Aide Training		
Clock Hours	92	Start Date:	__/__/____
am Tuition	\$2600	Scheduled Completion Date:	__/__/____

Students have the option to pay with cashier’s cash, check, or credit card. Students will receive a receipt at the time of each payment. A \$20.00 late fee will be assessed for students who fail to make agreed upon payments by the scheduled due date. If a student defaults on their payment agreement will be sent to collections.

Payment			
Scheduled Due Date	<i>Date Payment Received</i>	<i>Scheduled Payment Amount</i>	<i>Amount Paid</i>
Payment Due on __/__/____			
Payment Due on __/__/____			
Payment Due on __/__/____			

A certificate of completion will be awarded upon completion of the program this includes meeting the performance levels required for graduation. All financial obligations must be met, and all accounts must be in good standing before a certificate of completion and student transcript is issued to the student.

- **Placement in a job is not guaranteed nor promised to graduate.**
- **I received a copy of the catalog and understand that it is part of the enrollment agreement.**
- **Shiloh CNA School does not accept credits for previous training.**

Right to Cancellation: Students have the right to cancel this enrollment agreement for three days from the date of signing the agreement for any reason.

Process for Cancellation: Students can submit a written statement requesting cancellation. This statement can be submitted to the Admission Department by email at administrator@wearesimplyhealth.com or in person at 5980 S Durango Ste #121, Las Vegas, Nevada, 89113. Shiloh CNA School will return any monies paid by the student within 15 days of the request to cancel. Any funds paid by a third party on behalf of the student will be returned to the payee. Students who cancel after the three-day cancellation period are subject to the institution's refund policy.

I have reviewed each section of the enrollment agreement and had the opportunity to ask questions prior to signing the enrollment agreement:

_____ (initial) Staff answered my questions about the enrollment agreement and catalog sufficiently.
 _____ (initial) I do not have any questions concerning the enrollment agreement or catalog currently.

_____ SIGNATURE OF STUDENT	_____ DATE SIGNED
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_____ SIGNATURE OF SCHOOL REPRESENTATIVE	_____ DATE SIGNED
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