

CASTOR HEALTH INSTITUTE, LLC.
417 E. 3RD St, Suite B
Sterling, IL 61081
815-622-3550

http://www.castorhealthinstitute.com/
email: info@castorhealthinstitute.com

ENROLLMENT AGREEMENT

STUDENT INFORMATION

STUDENT NAME: _____

STUDENT ID: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBERS: H) (____) _____ - _____ C) (____) _____ - _____

EMAIL: _____

SOCIAL SECURITY #: _____ - _____ - _____ DATE OF BIRTH: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ TELEPHONE # _____

PROGRAM INFORMATION

COURSE DESCRIPTION;

Nurse Aide Training Program course offers introductory training for the non-licensed individual to provide safe, effective and caring services to patients, residents and clients in a long term care setting. It will provide classroom instruction, practice of clinical skills in the classroom lab setting and in an actual long term care setting. Students will learn about being a contributing member of the health care team, communication and interpersonal skills, infection control techniques, providing personal care, opportunities will be provided within the course schedule at area long term care facility.

PREREQUISITE: 16 years of age

COURSE OBJECTIVES:

The goals and objectives of classroom and clinical settings both the career and technical education and Health Careers curriculum (based on the Illinois Department of Public Health Module Skills Standards). The goals and objectives pertain directly to the following areas:

- *Introduction to the Health Care System
- *Introduction to the Patient
- *Your Working Environment

- *Safety *Cardiopulmonary Resuscitation
- *Lifting, Moving and Transporting Patients
- *The Patients's Unit
- *Basic Anatomy
- *Personal Care of the Patient
- *Nutrition
- *Fluid Balance
- *Observation and Recording Vital Signs
- *Supportive Care
- *Fundamentals of rehabilitation
- *Patient Care Planning
- *The Patient in Isolation
- *Care of the terminally ill patient
- *Alzheimer's Disease and Related Dementia

CLINICAL SESSIONS: will involve demonstrations, skills practice, observation, hands on client care experiences, working with facility staff and clinical instructors.

CLINICAL OBJECTIVES

Upon completion of the clinical sessions, the student will be able to:

- *Work cooperatively with other nursing and health care professionals
- *Follow facility procedures related to student/nurse aide scope of practice
- *Convey respect for staff, patients, fellow students and instructors
- *Preserve and protect client's autonomy, dignity, and rights
- *Take the initiative to seek out learning experiences
- *be self directed in utilizing time and setting priorities
- *Proficiently perform nursing care or tasks

DATE OF ADMISSION: _____

PROGRAM START DATE: _____ **PROGRAM SCHEDULED END DATE:** _____

FULL TIME ___ **PART-TIME** ___ **DAY** ___ **EVENING** ___

DAYS/EVENINGS CLASS MEETS: (CIRCLE)

• Mon • Tues • Wed • Thurs • Fri • Sat • Sun

TIME CLASS BEGINS: _____

TIME CLASS ENDS: _____

All classes offered at Castor Health Institute will provide the **120 minimum clock hours** required per IDPH guidelines to meet all lecture and clinical hours required for **Illinois Nurse Aide Certification**.

All classes offered at Castor Health Institute will be offered over no more than a 4 month period to meet all lecture and clinical hours required for **Illinois Nurse Aide Certification**.

ITEMIZATION & TOTAL TUITION FEE

- TUITION FEE: \$1350.00
- TEXTBOOK INCLUDED IN TUITION

CONSUMER INFORMATION

- 40 Students who were admitted in the program as of 7/1/2018-6/30/2019 reporting period.
- 40 new starts to the Lifetime of Caring Training CNA Program during the 12-month reporting period of 2018.
- 40 students enrolled in the program during the 12-month reporting period and 40 students completed the Lifetime of Caring Training CNA Program.
- 40 students enrolled in the Lifetime of Caring Training CNA Program were placed in their field of study
- 40 students enrolled in Lifetime of Caring Training CNA Program took a state licensing exam and 40 passed the state exam during the 12-month reporting period of 2018.
- 40 of the graduates obtained employment in the field.
- The average salary for all school graduates is \$13.00/hr.

REPORTING STUDENT COMPLAINTS

ILLINOIS BOARD OF HIGHER EDUCATION

1 N. OLD STATE CAPITAL PLAZA, SUITE 333

SPRINGFIELD, IL. 62701

217-782-2551

www.complaint.ibhe.org

DEPARTMENT OF PUBLIC HEALTH

Randy Carey-Walden RN, MSN, PSA

525 WEST JEFFERSON ST. 4TH FLOOR

SPRINGFIELD, IL. 62761

217-785-5569

www.dph.illinois.gov

STUDENT RIGHT TO CANCEL

TUITION REFUND POLICY

The student has the right to cancel the initial enrollment agreement until midnight of the 7th business day after the student has been admitted. If the right to cancel is not given to any prospective student at the time the agreement is signed, then the student has the right to cancel the agreement at any time and receive a full refund on all monies paid to day within 7 days of cancellation. Cancellation should be submitted to the authorized official of the school in writing.

The written notice of cancellation need not take any particular form and, however expressed, it is effective if it shows that the student no longer wishes to be bound by the Enrollment Agreement.

The institution may terminate the student's enrollment for failure to maintain satisfactory progress; failure to abide by the rules and regulations of the institution; absences in excess of the maximum set forth by the

institution; and/or failure to meet financial obligations to the school. For the purpose of determining the amount of refund, the date of the student's withdrawal shall be deemed the last date of the recorded attendance.

If the Enrollment Agreement is cancelled due to termination of student's enrollment or failure to maintain satisfactory progress; failure to abide by the rules and regulations of the institution; absences in excess of the maximum set forth by the institution; and/or failure to meet financial obligations to the school. The school will refund the total amount that he/she has paid prior to midnight of the 7th business day; and after midnight of the 7th calendar day the total amount that he/she has paid can only be applied to a future CNA class of their choice with no expiration date.

NOTICE TO STUDENT

- Do not sign this agreement before you have read it or if contains any blank spaces
- This agreement is a legally binding instrument and is only binding when the agreement is accepted, signed, dated by all 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.
- You are entitled to a copy of the agreement and any disclosure pages you sign.
- This agreement and the school catalog constitute the entire agreement between the student and the school.
- 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.
- 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.

STUDENT ACKNOWLEDGMENTS

1. I hereby acknowledge receipt of the school’s catalog, 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 received a copy of this catalog.

Student Initials _____

2. I have carefully read and received an exact copy of this enrollment agreement.

Student Initials _____

3. I understand that the school may terminate my enrollment if I fail to comply with attendance, academic, and financial requirements or if I fail to abide by established standards of conduct, as outlined in the school catalog. While enrolled in 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 or credential may be awarded.

Student Initials _____

4. I hereby acknowledge that the school has made available to me all required disclosure information listed under the Consumer Information section of this Enrollment Agreement.

Student 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. In cases where transferability is guaranteed, Castor Health Institutes must provide me copies of transfer agreements that name the exact institution(s) and include agreement details and limitations.

Student Initials _____

6. I understand that the school does not guarantee job placement to graduates upon program completion.

Student 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, 1N. Old State Capitol Plaza Suite 333 Springfield, IL 62701 or at www.ibhe.org.

Student Initials _____

The student acknowledges receiving a copy of this completed agreement, the school catalog, and written confirmation of acceptance prior to signing this contract. The student by signing this contract acknowledges that he/she has read this contract, understands the terms and conditions, and agrees to the conditions outlined in this contract. It is further understood that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. The student and the school will retain a copy of this agreement.

Student’s Signature

Date

Program Director’s Signature

Date