

# Columbia Hands of Hope Nursing Assistant Training Admission/Enrollment Package

2719 Middleburg Drive, Suite 202, Columbia, SC 29204  
www.columbiahandsofhope.com  
803-708-2504-office/fax

Name:

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First	M.I.	Last
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Address:

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Street

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City	State	Zip Code
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Email:

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Phone:

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Date of Birth:

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SSN#

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**Disclaimer: Enrollment and completion of this program does not guarantee employment.**

**South Carolina Law Enforcement Division Records  
Check**

**PLEASE PRINT LEGIBLY**

Name: \_\_\_\_\_

AKA and Maiden Names: \_\_\_\_\_

DOB: \_\_\_\_\_ Race: : \_\_\_\_\_ Sex: \_\_\_\_\_ HGT: \_\_\_\_\_ WGT: \_\_\_\_\_

SSN: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

County: \_\_\_\_\_

I understand that the above information will be used to conduct a criminal record check and I hereby authorize all law enforcement agencies including the South Carolina Law Enforcement Division (SLED) and/or the Federal Bureau Investigation (FBI) to release any and all records regarding me to Columbia Hands of Hope. I further agree to release SLED and any law enforcement agency from liability for providing information to Columbia Hands of Hope in response to this authorization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I give Columbia Hands of Hope permission to release a copy of the results of this SLED/FBI check to the clinical rotation facility. I understand that a copy of my SLED/FBI check will be kept on file at Columbia Hands of Hope and may be shared with other clinical facilities, as South Carolina law and/or clinical contracts require. I further agree to release Columbia Hands of Hope from liability for sharing this information with clinical sites or any lawful use of the information acquired as a result of a criminal records check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Columbia Hands of Hope

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## ENROLLMENT AGREEMENT

### Student Information (Please Print)

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_  
\_\_\_\_\_

Program of Study/Hours of Instruction: **Certified Nursing Assistant (100 hours)**

### Start/End Date:

The above listed school and student enter into an agreement under which the school will instruct the student in the curriculum listed below. The student will pay tuition and fees as listed below and will adhere to the school's rules and regulations as set forth in the school Catalog.

### ADMISSION

Students at Columbia Hands of Hope are admitted without regard to race, color, creed, sex, age or national origin. The school reserves the right to accept or reject all applicants. In the event that an applicant does not meet admissions requirements, or is rejected for training, the applicant will be notified in writing, and all previous obligations within this contract will be void. All monies paid by the applicant will be returned within 40 days and there will be no future liability.

### PROGRAM

#### Nursing Assistant Program

Books and Materials \$860.00 + \$500.00 = \$1360.00 (Includes Watch and Non-Skid Shoes)

SC Certified Nurse Aide Exam \$140.00

**TOTAL \$1,500.00**

This includes American Heart Association CPR class for healthcare providers, nurse aide textbook, class workbook, state exam booklet, one set of scrubs, name badge, background/abuse registry check, drug test, two-step TB screening, and state exam review class. A watch with a second hand for taking vital signs and non-skid nursing compliant shoes in a neutral color is included in the tuition price. The State of South Carolina Certified Nurse Aide Examination is \$140.00 which is also included in the tuition price.

Nurse aide programs prepare graduates for employment; credit for this training may not transfer to another institution. **No** credit from previous course(s) will be accepted for this program. Enrollment and completion in this program does not guarantee employment. *No job placement assistance is offered at this time.*

### **Cancellation/Refund Policy**

Enrolled students may cancel this agreement without penalty by notifying the school within three business days after signing this Agreement. After the third day, but before classes begin, the school may retain \$100. After classes begin, for the first 60 percent of the course, school may retain \$100 plus a pro-rata tuition charge based on the last date attended, rounded downward to the nearest 10 percent of that period. Thereafter the institution may charge for the entire course. The Institution will make refunds within 40 days after the effective date of cancellation or the last date attended.

#### **Example:**

Student attended 10 hours of a 100-clock hour course; course charge was \$1500

$100-10= 90$  hours not completed

$90/100=.90$ , or 90% of course not completed

$.90 \times \$1,500 = \$1300 - \$100$  administrative fee= \$1250 refund due student

#### **Refund table for \$1000, 100-hour course, 3.75 hours per day:**

<b>Hours attended</b>	<b>% Refund</b>	<b>Amount Institution Retains</b>	<b>Amount of Refund</b>
1-10	90%	$\$150 + \$100 = \$250$	\$1250
11-20	80%	$\$200 + \$100 = \$300$	\$1200
21-30	70%	$\$250 + \$100 = \$350$	\$1150
31-40	60%	$\$300 + \$100 = \$400$	\$1100
41-50	50%	$\$350 + \$100 = \$450$	\$1050
51-60	40%	$\$400 + \$100 = \$500$	\$1000
61-100	0%	\$1500	\$0

Any holder (lender) of a consumer credit contract (promissory note) resulting from the enrollment of the student at the institution is subject to all claims and defenses which the debtor/student could assert against the institution. Recovery shall not exceed the amounts paid by or on the behalf of the debtor/student.

**Holds Harmless Agreement**

Columbia Hands of Hope and student hereby acknowledge that there is a reasonable risk of accident or injury associated with use of equipment and other aspects of the course of study. Including but not limited to, direct care and contact of patients/residents at clinical site.

Student does hereby waive, release, and discharge Columbia Hands of Hope, it's proprietor and staff, of any and all liability and all claims for damages death, personal injury, or property damage which may or here after incur to me as a result of participation in the program where or not cause is by negligence or fault of Columbia Hands of Hope or its associated program participation.

Knowing risk exists, I hereby agree to assume those risks and to release and to hold harmless all persons or agencies mentioned above whom might otherwise be liable to me or my heirs or assigned for damages. I further understand and agree that this waiver, release, and assumption of risk are binding on my heirs and assigns. In addition, I give permission to receive, if necessary, emergency services by authorized personnel and any cost incurred as a result of such medical treatment will be my responsibility.

Columbia Hands of Hope may also obtain any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in the United States. I also grant my permission for a check of the "Nurse Abuse Registry" for information regarding me. I further grant my permission to perform a urine drug screen for evidence of drug use, and agree to allow a 1 or 2 step TB skin test to be performed. I understand this information will be used to evaluate my qualifications for the course. Use of the information may prevent me from being allowed to take the course and or seek employment as a caregiver. In that situation, I understand that some portion of the tuition I have paid will be retained to cover costs and administration fees, and I will be released from enrollment.

**ACKNOWLEDGEMENTS**

By my signature, I agree to the conditions of this agreement. I certify that this contract contains all the terms of our agreement and that there have been no promises or agreements made other than those contained herein. I also verify that I have read and received a copy of this agreement and the school catalog. I also understand that the school cannot guarantee a job to any student or graduate. This agreement shall be effective when signed by the school's representative.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The agent who enrolled me was: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have received a copy of the Students Disclosure Material (CHH Brochure and Catalog)

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted for Columbia Hands of Hope Nurse Aide Program by Judy H Williams Title: Director

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_