**ENROLLMENT AGREEMENT**

BEST STEP ACADEMY

10448 WEST CERMAK ROAD

WESTCHESTER ILLINOIS 60154

708-710-5714 beststepacademy@gmail.com|www.beststepacademy.com

**Student Information**

|  |  |
| --- | --- |
| Full name:  |  |
| Address:  |  |
| City/State/Zip code:  |  |
| Phone number:  |  |
| Email:  |  |
| Social Security Number: |  |
| Emergency contact (name) |  |
| Emergency contact (relationship) |  |
| Emergency contact (phone) |  |

**Previous Education**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **High School Grad** **yes no**  | **Name of H.S** | **City** | **State** | **Zip Code** |
| **Have You received a:**  **Diploma GED** | **Date Issued** | **Where Issued** |
| **Have you previously attended this class?**  **Yes No** | **If yes, last date attended?** | **Have you attended another class?** |

**Program Information**

**Date of Admission** \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

**Program/Course Name**

 \_\_\_\_ Basic Nurse Assistant Training Program

\_\_\_\_ CPR certification

**Description of Program/Course**

Best Step Academy Basic Nursing Assistant Training Program is a private business and vocational program designed to conduct training classes for nursing assistants by equipping non-licensed individuals with the skills and knowledge required by Illinois Department of Public Health (IDPH) to successfully pass the board certification exam and become a certified nursing assistant (CNA) who can work under the supervision of a registered nurse.

The Program offers an introduction to nursing assistant scope of practice and the basic skills in patient care. Students are introduced to the roles and professional function within the health care team through classroom theory, and application of skills in the laboratory and clinical setting.

The Program includes a minimum of 80 hours of theory/laboratory instruction and 40 hours of clinical instruction, excluding breaks, meals and any orientation to the program and clinical site.

**Duration:** 6 weeks

*Morning classes only*

**Mondays & Tuesdays**

Theory

8 am - 2 pm

**Wednesdays**

Laboratory

8 am - 2 pm

**Thursdays & Fridays**

Clinical instruction

7 am - 1pm

**Clinical Site:** Oakridge Health Care Center, 323 Oak Ridge Ave, Hillside, IL 60162

**Clinical/Theory instructor:** Blessing Ukeka (RN)

**2024 Course Schedule**

|  |  |
| --- | --- |
| Classes start | Ends |
| January 8th | **February 16th** |
| March 11th  | **April 19th** |
| March 21st  | **April 29th** |
| May 13th  | **June 21st** |
| July 15th | **August 3rd** |
| September 9th  | **October 18th** |
| November 4th | **December 13th** |

**Admission Requirements**

* Individuals must be 18 years or older.
* Ability to speak, read, write and understand English at 8 grade level, must have a High School Diploma/GED.
* Students are required to be in good physical health and able to lift 50 pounds. A physical examination by a licensed physician, which includes TB (PPD skin test) is required prior to first clinical session. Students are responsible for TB payment .
* Students are required to fill out the Criminal Background Check to be initiated by Best Step Academy with the Illinois State Police at the beginning of the program in compliance with the Health Care Workers Background Check Act. Persons with criminal record, substance abuse problems or health problems that would interfere with safe practices may be ineligible for placement on the state registry and / or for employment.
* Students are responsible for obtaining the necessary insurance coverage throughtout the program of study as clinical training involves lifting, direct contact with patients and other activities that may cause harm/injury.

**Required Equipment and Uniform**

* Students are responsible for providing the following for classroom and clinical sessions:
* Basic supplies such as papers, pencils, and pen
* Watch with a second hand (not digital)
* White scrub tops and bottoms are required for clinical session. No logos, school or facility designations.
* Clean white comfortable jeans shoes needed for clinical. No crocs allowed.
* Blood pressure cuffs and stethoscopes.
* Gait belt
* Detailed information about the uniform and requirements and policies will be provided at the registration.

**PROGRAM OBJECTIVES**

The objectives of Best Step Academy Basic Nursing Assistant Training program are:

* To acquaint students with knowledge of basic physical, emotional and psychological aspect of elderly clients
* To teach the students the nursing assistant scope of practice and how they are important part of health care team.
* To introduce the students to the care guidelines and detailed procedures for working in health care facilities .
* To provide students with the experiences in the classrooms and in the clinical areas that result in the development of basic skills and competencies required of nursing assistants under the supervision of a registered nurse ,which also are the prerequisites to other specific health career and job entry.
* To provide the students with skills and training required by Illinios Department of Public Health for employment as certified nursing assistant.
* To provide the students who have completed the nursing assistant training program with opportunities to update their skills.

**COURSE OBJECTIVES**

* Upon completion of this course, the students will be able to:
* Outline the basic physical, emotional and psychological aspect of an elderly client.
* Demonstrate caring, supportive and safe care of clients.
* Define the scope of practice of a nurse assistant and how they are important part of the health care team.
* Practice basic nurse assistant skills related to the personal care and comfort of residents, including activities of daily living
* Demonstrate effective, professional communication with faculty , client and health care team members.
* Display observation and charting skills.

**TUITION & FEES**

|  |  |  |
| --- | --- | --- |
| Registration Fee | $50 | Non-refundable |
| Tuition: | $1, 350 | (Tuition Cost - including cost of supplies that will be used) |
| Total Cost | $1, 400 |  |
| CPR Certification | $50 | (Optional) |
| Background Check | $40 | (Varies by provider) |
| Competency Exam  | $75 | (Paid to State of Illinois) |
| Textbook | No charge |  BSA property |

Students are responsible for TB tests, background check and competency exam fees.

**REFUND / CANCELLATION POLICY**

Students should give written notification to Best Step Academy in person or by registered mail of their intention to withdraw from a program. However, the Best Step Academy does not require written notification as a condition for making refunds.

If a student has unexplained absence of more than three consecutive class days it shall be considered a student has withdrawn from the program. The last day of attendance shall be considered the date of withdrawal. Refunds shall be made within 30 days or the last day of attendance if written notification has been provided to the institution by the student. Otherwise refund shall be made within 30 days from the date the institution terminates the student or determines that the student has withdrawn. Best Step Academy shall provide written acknowledgement of student notification of withdrawal within five calender days of the post mark date of the notification of withdrawal. In all instances refunds shall be based on and computed from the last day of attendance.

**REFUND POLICY**

Students not accepted to the school are entitled to all monies paid. Students who withdraw by notifying the school within five(5) buisness days of the start date are entitled to a full refund of all tuition and fees paid, if any. Students who withdraw after five(5) buisness days, but before the start date, are entitled to a full refund of all tuition and fees paid minus the maximum canellation fee of $150.00. In the case of a student withdrawing after commencement of classes, the school will retain the maximum cancelation fee of $150.00 plus a percentage of tuition and fees, based on the percentage date of recorded attendance by the instructor. Student is entitled to upon withdrawal/termination.

**Refund Schedule**

|  |  |
| --- | --- |
| **Completed** | **Refund amount** |
| 1st week of start of class  | $708.00 |
| 2nd week of start of class | $566.00 |
| 3rd week of start of class | $424.00 |
| 4th week of start of class | $282.00 |
| 5th & 6th week start of class | NO REFUND |

**EQUIPMENT RETURN/REFUND POLICY**

If a student fails to return equipment/supplies provided by Best Step in good condition within 7 days following the date of the student’s cancellation, termination or withdrawal, Best Step may retain the cost of the items that has been paid by the students. The student may then retain the equipment without further financial obligation to Best Step Academy.

**FINANCIAL AID POLICIES**

Best Step Academy does not have any financial aid policy at this time but plans to have financial aid in future as time progresses.

However, the school will accept payment plan as financial support to students.

Accreditation

The school is not accredited at this time, will seek accreditation as time goes on.

Transferability of Certificate

Best Step does not guarantee the transferability of credits and that in most cases, credits or course work are not likely to transfer to any school, university or institution.

 **APPROVAL**

The Private Business and Vocational Schools Division of the Illinois Board of Higher Education and Illinois Department of Public Health approve Best Step Academy.

**REQUIREMENTS FOR GRADUATION**

Students Must:

* Successfully complete the CNA program within the maximum period for completion as stated in the program guidelines.
* Successfully complete all required classroom/clinical hours.
* Meet any additional program specific requirements as stated in the program information packet.
* Pay all tuition/fees in full by the last day of class.

BE SURE TO READ THE FRONT OF THIS AGREEMENT SINCE IT IS PART OF YOUR CONTRACT WITH BEST STEP ACADEMY BASIC NURSING ASSISTANT TRAINING PROGRAM.

STUDENT SIGNATURE DATE

**NOTICE TO STUDENTS**

Do not sign this agreement before you have read it or if it contains any blank spaces.

This agreement is a legally binding instrument and is only binding when the agreement is accepted, signed, and dated by the authorized official or the admission officer at the school’s principal place of business. Read all pages of this contract before signing.

You are entitled to an exact copy of the agreement and any disclosure pages you signed.

This agreement and program 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 and the agreement are not subject to amendments or modification by oral agreement.

The school does not guarantee the transferability of credits to another school, college, or university. Credit or coursework is 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**

I hereby acknowledge the receipt of the school’s catalog, which contains information-describing program 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 initial** \_\_\_\_\_\_\_\_\_\_

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

**Student initial** \_\_\_\_\_\_\_\_\_

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 my financial obligation to the school must be paid in full before a certificate or credential may be awarded.

**Student initial** \_\_\_\_\_\_\_\_\_

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 initial** \_\_\_\_\_\_\_\_\_

I understand that the school does not guarantee transferability of credit and in most cases, credits or course work are not likely to transfer to another institution. In the case where transferability is guaranteed, Best Step Academy must provide me with copies of transfer agreements that name exact institution and include agreement details and limitations.

**Student initial** \_\_\_\_\_\_\_\_\_

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

**Student initial** \_\_\_\_\_\_\_\_\_

I understand that complaints, which cannot be resolved by direct negotiation with the school in accordance with its written grievance policy, may be filed with:

Illinois Board of Higher Education

1 N. Old State Capitol Plaza

Suite 33

Springfield, IL 62701-1377

or at [www.ibhe.org](http://www.ibhe.org)

**Student initial** \_\_\_\_\_\_\_\_\_\_\_

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 agreement 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 Signature

**ENROLLMENT AGREEMENT**

* Best Step does not guarantee job placement to student upon program/course completion and does not guarantee a salary or salary range to students.
* Best Step reserves the right to discontinue the student’s education for unsatisfactory progress, nonpayment of tuition or failure to abide by program rules as stated in the information packet.
* Best Step reserves the right to discontinue the student’s education for misconduct including false information, not disclosing important information pertinent to student.
* Best Step may also discontinue the student’s education if student provides false information on this application.
* This document is not binding until accepted in writing by all parties.
* Best Step reserves the right to change instructors, textbooks, course curricula, accreditation, schedules, prerequisites, and requirements, or cancel a course or program for which there is insufficient enrollment. The student will receive a full refund for courses or programs that are cancelled by Best Step. Should the start date as indicated in this Enrollment Agreement change, the student will be given the opportunity to negotiate a new Enrollment Agreement, and this Enrollment Agreement shall be invalid.
* Best Step does not guarantee the transferability of course content to any school, university, or institution. Prior to enrolling in the school, the student should contact a receiving institution regarding transfer of course content from Best Step.
* The applicant may cancel this contract and receive a full refund of all monies paid to date if cancellation is made in writing prior to the 1st day of class for that period.
* Best Step reserves the right to verify all graduate employment information.

I understand that complaints, which cannot be resolved by direct negotiation with the school in accordance with its written grievance policy, may be filed with the Illinois Board of Higher Education, 1 N. Old State Capitol Plaza, Suite 333
Springfield, IL 62701-1377 or at [www.ibhe.org](http://www.ibhe.org)

Do not sign this agreement before you read it or if it contains any blank spaces.

I hereby acknowledge receipt of the Best Step Enrollment packet, which contains information describing programs offered and equipment/supplies provided. In addition, I have carefully read and received an exact copy of the Enrollment Agreement.

I understand that my enrollment may be terminated if I fail to comply with attendance and academic requirement or if I disrupt the normal activities of the program.

While enrolled, I understand that I must maintain satisfactory Academic Progress as described in the program before a certificate may be awarded to me, and that failure to maintain such progress may lead to termination of enrollment.

MY SIGNATURE BELOW CERTIFICES THAT I HAVE READ, UNDERSTOD AND AGREED TO MY RIGTH AND RESPONSIBILITIES, AND THAT BEST STEP ACADEMY CANCELLATION AND REFUND POLICIES HAVE BEEN CLEARLY EXPLAINED TO ME.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Student | Date | If Under 18, Signature of guardian | Date |
| Full name of Student (printed)  | Signature of Best Step Staff |
| This agreement is a legally binding instrument when it has been signed by the student and accepted by Best Step Academy as evidenced by the signature of the accepting staff and becomes operative when the student attends the 1st class session |