

Caring Touch HealthCare Academy

Application

Student's Name: _____ Signature: _____
Date of Birth* ___/___/___
Email Address: _____ SSN*: _____
Address: _____ Apartment No _____
City: _____ State: _____ Zip Code: _____
Home Phone: (____) _____ Cell Phone: (____) _____
State ID or Driver's License* # _____ State: _____

* Required for purposes of certifying to state authorities the successful completion of the coursework, and to qualify the applicant to take the state-mandated test for a certified nursing assistant ("CNA") license.

Caring Touch HealthCare Academy LLC ("Caring Touch") is an Indiana-licensed teaching institution authorized to provide coursework (which includes classes, labs, and clinical instruction) that is a prerequisite for taking the CNA license exam required by the Indiana State Board of Health ("ISBH").

Caring Touch makes no promises that Student will be able to pass the coursework evaluation tests, the final examination, or the ISBH CNA license exam. By executing this Application, Student understands and agrees that Student's failure to pass the coursework evaluation tests, the final examination, or the ISBH CNA license exam is solely the responsibility and within the control of Student. Student agrees that no refund will be sought by Student on account of Student's failure to successfully pass the coursework evaluation tests, the final examination or the ISBH CNA license exam.

Student's initials signify Student's agreement with the above statement: _____

CNA educational requirement

A total of 128 clock hours:

6 hours per week for Class (3 hours twice weekly, for ___ weeks)

4 hours per week for Lab (2 hours twice weekly, for ___ weeks)

*8 hours per week, beginning week 3 for Clinical (4 hours twice weekly for ___ weeks)

**Students will not be permitted to participate in Clinical instruction unless they satisfy certain requirements described below.*

Course Schedule

Start Date: _____ Scheduled Completion Date: _____

Schedule of classes: TBA
Clinical instruction - dates and location

The above course schedule is subject to change due to weather and other factors outside of the control of Caring Touch.

In order to be accepted as a student at Caring Touch, this Application must be completed and signed by Student, along with the following:

Initial deposit of \$100.00 (The balance will be due, in full, on the first day of class.)

Executed waiver for Caring Touch class and lab instruction.

In order to participate in the Clinical Instruction part of the coursework, Student must satisfy the following requirements:

Satisfactory completion of the following:
Maintain a passing grade of 80% on continuing class work and lab work
Ongoing compliance with Caring Touch's drug policy
Be nice. Behave while at the Clinic
Compliance with the Clinic's policies
Negative TB 2 step test
Drug Screen
Criminal background check
Valid drivers license
Physical Exam
Execute indemnification for any violations of HIPAA by Student
Execute waivers for Caring Touch and the Clinical Facility

In order to receive a Certificate of Completion from Caring Touch, Student must:

Satisfy attendance requirements for class, lab and clinical hours
Achieve passing grades
Pass all of the evaluation tests and Lab and Clinical Skills Checkoffs
Pass the written final examination

Student Responsibilities:

Students will adhere to their schedule and attend classes according to the schedule. Students who fail to attend classes 66% of the time cumulatively will be subject to termination by the school.

Evaluations are given by way of written tests and skills testing weekly on the material from the textbook and students must earn at least 75% on the written tests and 80% on all skills tests and the final examination. There are some Vital Skills that must be completed with a 100%. Those who fail to meet standards will be given the opportunity to retake the skills test and may be terminated if the administration determines that the student does not have the ability to benefit from the training.

Students who fail to adhere to the Academic, Lab, and Clinical standards may be terminated, and tuition and application fees will not be refunded.

Tuition

Tuition for the CNA program is \$1100, which includes the \$100 initial deposit. The initial deposit must be paid in order for Student to be considered for acceptance into the program. The total amount must be paid prior to the start of class.

- Tuition shall be paid for as follows: In form of a check
- All tuition and fees are due prior to attending the first class.

Termination Policy:

CTHA reserves the right to terminate a student's enrollment if, during the program, School determines that Student has failed to maintain satisfactory progress or comply with policies set forth in the Student Handbook, or otherwise comply with matters sets forth in this Application. Refunds will not be provided in cases where Student has been dismissed from the program for failure to comply with the Student Handbook, and other policies described in this Application.

Leave of Absence:

Student understands that if the student requires a Leave of Absence, a request must be submitted in writing, and if approved, in the sole discretion of the Caring Touch Administrator, student will be placed in the next available class, pending Lab and Clinical Space.

Tuition Refund Policy:

If Caring Touch does not provide the educational services described above, Caring Touch agrees to refund in full all enrollment fees and application fees paid by Student.

- 1) A student who has not started class and withdraws within six (6) days of signing the enrollment agreement will receive a full refund.
- 2) A student who withdraws before starting class but less than six (6) days after signing the enrollment agreement will receive a full refund less the \$100 enrollment fee.
- 3) No fees will be refunded after the first day of class. The student may attend the next class session, upon approval of the Director.

Student Signatures Required:

Acknowledgement of Caring Touch school policies:

Student acknowledges receipt and/or access to a copy of the Caring Touch Student Handbook, which includes a drug policy, an attendance policy, and a student conduct policy. By initialing below, Student affirms that Student has read, understands, and agrees to abide by the terms set forth in the Student Handbook.

Student's signature _____

Acknowledgement of Caring Touch's HIPAA policy:

Adherence to HIPAA requirements is a legal duty of every person in the health care industry, and Caring Touch takes this duty seriously. Any violation of HIPAA by Student may result in immediate dismissal from Caring Touch without reimbursement of tuition. Student may also be liable for indemnification costs pursuant to the Indemnification that Student is required to sign.

Student's signature: _____

Indemnification for HIPAA violations:

I understand that during the clinical phase of the CNA class I will be working directly with patients. I understand that patient information is highly confidential and should not be disclosed to any person unless that person has presented to me an appropriate form, executed by the patient, that authorizes the disclosure of medical information pertaining to the patient. I agree to indemnify Caring Touch and the Clinical Institution at which I might be working for any and all costs, including legal fees, that might arise as a result of any violation of HIPAA by me during, or after, my participation in the CNA class and related clinical program.

Student's signature: _____

Waiver of Liability for Caring Touch coursework

Will be presented in class