

# Certified Nursing Assistant Course Application



We look forward to helping you start your exciting new career in the medical field. To apply, fill out this application and email it to Tanya Christianson, Student Registration Manager, at [Tanya@QualityCNATraining.com](mailto:Tanya@QualityCNATraining.com).

Note: Applicants must be at least 15 years old by the first day of class. Applicants under age 18 must print this application and have a parent or guardian complete the last page.

## Student Information

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

County: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Personal Gmail Email (NOT work, school, or parent email): \_\_\_\_\_

**A google (Gmail) email address is required to access class assignments and materials. Class communication is sent through email and text. You MUST provide an email you check regularly.**

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical Form Requirement

**The Quality CNA Training Medical Form must be completed by a physician by the dates indicated on the class schedule. This form is available on the Quality CNA Training website and will also be emailed to students upon acceptance into the program.**

### TB TEST REQUIREMENTS

All students are required to provide proof of a TB test. A 2-Step TB test takes a FULL 14 days and involves 4 visits to a clinic. A blood test or chest x-ray can be done in place of the 2-Step TB test.

### FLU SHOT REQUIREMENTS

All students are required to receive a flu shot if clinicals occur between October 1 - March 31. Students declining the flu shot will be required to wear a medical-grade mask during clinicals.

### COVID VACCINE REQUIREMENTS

Students may be required to be current with COVID-19 vaccinations prior to attending the first in-person lab day. Requirements vary by healthcare facility and may change at any time. You must provide the information below in order for Quality CNA Training to be compliant with the requirements of local healthcare facilities.

- Yes, I have received the COVID vaccine (including booster if eligible) and will attach a copy of my COVID vaccination card or WIR (Wisconsin Immunization Registry) report.
- No, I have not received the COVID vaccine but I would be willing to receive it if required
- I am requesting a COVID vaccine waiver and will submit documentation with my application (acceptance of waivers is subject to clinical site approval)

Indicate waiver type:  medical  religious  personal

**Preferred Class Location:**

- Fitchburg
- Fond du Lac
- Kaukauna
- La Crosse
- Madison
- Manitowoc
- Milwaukee
- South Milwaukee
- New Glarus
- New London
- Oconomowoc
- Sheboygan
- Waunakee
- Waupaca
- West Salem
- Wisconsin Rapids

**Preferred Class Start Date:** \_\_\_\_\_

**Preferred Class Time:**    Full Day    Evening

**Payment Information**

The Nurse Assistant Training course tuition cost is \$725, which includes 75 hours of combined online classroom, lab and clinical training, participant materials, and background checks. If you are in need, this cost can be reduced by using one of our Potential Funding Resources. Learn more about [Potential Funding Resources](#) in your area.

**Please select the payment option that works best for you:**

- Money Order or Cashier’s Check** \*NO PERSONAL CHECKS ACCEPTED\*

Mail to:           Quality CNA Training LLC  
                       9591 Ash Lane  
                       Fremont, WI 54940

- PayPal/Credit Card (additional 4% processing fee – total tuition \$754)**  
 Visit our [Nurse Assistant Training Course payment](#) page and select Credit Card or PayPal. You will be prompted to enter your credit card information or login to PayPal to complete the transaction.
- Voucher - UMOS, DWD, DVR, NEW CAP, W2-WIA, CAP Services, St Vincent De Paul, etc.**  
 If an outside source is covering any class costs, a signed voucher must be included with the application.

- Employer/School**  
 Name of Employer or School: \_\_\_\_\_  
 Employer/School Representative Information:  
*Representative must provide approval to Quality CNA Training before you can be enrolled in a class.*  
 Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**How did you hear about us?**

- Workforce/Employment Agency
- Social Media
- Google Monthly Ad
- Other: \_\_\_\_\_
- Referred by Former Student:  
 \_\_\_\_\_

## Medical Information

Do you have any lifting restrictions?  YES\*  NO \*IF YES, A DOCTOR'S RELEASE IS NEEDED\*  
Are you currently pregnant?  YES\*  NO \*IF YES, A DOCTOR'S RELEASE IS NEEDED\*

List any allergies: \_\_\_\_\_

Please note any accommodations due to a medical condition that are needed for you to participate in the training program (documentation may be required): \_\_\_\_\_

### Applicant Statement (Check each box below to indicate you have read, understand, and agree to each statement):

- I certify that all information listed in this application is complete and accurate to the best of my knowledge. I understand that if any information provided to Quality CNA Training is false, my eligibility to participate in a Nurse Assistant Training class may be revoked. This includes falsifying the Background Information Disclosure Form.
- I give to Quality CNA Training LLC, its representatives and assigns, permission to receive, read, copy, and duplicate, any criminal justice summary data sheets forwarded from the state of Wisconsin Department of Justice (DOJ) as a result of submission of Wisconsin Criminal History Request Form (DJ-LE-250A), and any responses received from the Department of Regulation and Licensing (DRL) and the Department of Health and Family Services (DHFS) for purposes of fulfilling provisions of sections 48.685 and 50.065 of the Wisconsin Statutes, and share with clinical sites as needed. I understand that based on the results of this information, I may be denied entry into the clinical portion of the course. Denial of entry into clinicals does not entitle me to reimbursement of any of the course fee paid or invoiced to date.
- I agree to release and hold harmless Quality CNA Training LLC from any and against any and all liability, loss, damages, claims or actions for bodily injury and/or property damage, in accordance with current state and federal law arising out of participation in this program.
- I understand that I must follow the Health Insurance Portability and Accountability Act (HIPPA). While working in a healthcare facility during clinicals, I must keep all details regarding patients, staff, and situations within the healthcare facility confidential per HIPPA laws.
- I understand that in order to complete the online knowledge-based materials, I must be able to read, write, and comprehend the English language at least at an eighth-grade level. Completion of these materials is REQUIRED to pass the class. Failure to complete ALL required assignments by the dates outlined in my schedule will result in failing the course. If a student fails the course, the student or sponsoring organization is not eligible for a tuition refund.
- I understand that I may be required to provide proof of COVID-19 vaccination before the first in-person lab day. I am required to provide proof of a flu shot if clinicals occur between October 1-March 31. I am required to complete a 2-step TB test (or blood test or chest x-ray) by the date indicated on the class schedule. Failure to provide proof of COVID-19 vaccination, flu shot, and a TB test by the dates outlined on my schedule will result in failing the course. If a student fails the course, the student or sponsoring organization is not eligible for a tuition refund.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

### Applicant Signature\*

*NOTE: If applicant is under age 18, all signatures must be handwritten and Parent/Guardian Consent Form must be submitted with this application. The Parent/Guardian Consent Form can be found at the end of this document.*

### **\*IF OVER AGE 18, applicant may sign electronically with a typed signature.**

*By electronically signing this document, you agree to the following: Any signature (including any electronic symbol or process attached to, or associated with, a contract or other record and adopted by a Person with the intent to sign, authenticate or accept such contract or record) hereto or to any other certificate, agreement or document related to this transaction, and any contract formation or record-keeping through electronic means shall have the same legal validity and enforceability as a manually executed signature or use of a paper-based recordkeeping system to the fullest extent permitted by applicable law, including the Federal Electronic Signatures in Global and National Commerce Act, the Wisconsin's Uniform Electronic Transactions Act, or any similar state law based on the Uniform Electronic Transactions Act, and the parties hereby waive any objection to the contrary.*

## BACKGROUND INFORMATION DISCLOSURE (BID) FOR ENTITY EMPLOYEES AND CONTRACTORS

- **PENALTY:** A person who provides false information on this form may be subject to forfeiture and sanctions, as provided in Wis. Stat. § 50.065(6)(c) and Wis. Admin Code § DHS 12.05(4).
- Completion of this form to verify your eligibility for employment/service as a “caregiver” is required by Wis. Stat. § 50.065 and Wis. Admin Code ch. DHS 12. Failure to complete this form may result in denial or termination of your employment, contract or service agreement.

Refer to DQA form [F-82064A, Instructions](#), for additional information.

**Check the box that applies to you.**

- |                                               |                                              |
|-----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Applicant / Employee | <input type="checkbox"/> Student / Volunteer |
| <input type="checkbox"/> Contractor           | <input type="checkbox"/> Other – Specify:    |

**NOTE:** This form should NOT be used by applicants for *entity operator approval* (license, certification, registration or other DHS approval) or by entities requesting approval for an individual to reside in entity facilities as a *non-client resident*. Applicants for *entity operator approval* or for a *non-client resident* background check must request an [entity background check](#) from the Division of Quality Assurance.

Full Legal Name – <i>First</i>	<i>Middle</i>	<i>Last</i>	
Other Names (including prior to marriage)		Social Security Number	
Position Title ( applied for or existing)		Birth Date ( <i>MM/DD/YYYY</i> )	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	City	State	Zip Code

Business Name and Address – Employer (Entity)

**Answering “NO” to all questions does not guarantee employment, a contract, or service agreement.**

If more space is required, attach additional documentation to this form and indicate “see attached” in your answer.

**SECTION A – DISCLOSURES**

- Do you have any criminal charges pending against you, including in federal, state, local, military, and tribal courts?  
 If **Yes**, list each charge, when it occurred or the date of the charge, and the city and state where the court is located. Yes  No   
 You may be asked to supply additional information, including a copy of the criminal complaint or any other relevant court or police documents.
- Were you ever convicted of any crime anywhere, including in federal, state, local, military, and tribal courts?  
 If **Yes**, list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. Yes  No   
 You may be asked to supply additional information including a certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.
- Please note that Wis. Stat. § 48.981, *Abused or neglected children and abused unborn children*, may apply to information concerning findings of child abuse and neglect.  
 Has any government or regulatory agency (other than the police) ever found that you committed **child** abuse or neglect? Yes  No   
 Provide an explanation below, including when and where the incident(s) occurred.
- Has any government or regulatory agency (other than the police) ever found that you abused or neglected **any person or client**? Yes  No   
 If **Yes**, explain, including when and where it happened.

- |                                                                                                                                                                                                                                                   |                                         |                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| <p>5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client?<br/>If <b>Yes</b>, explain, including when and where it happened.</p>     | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>6. Has any government or regulatory agency (other than the police) ever found that you abused an <b>elderly person</b>?<br/>If <b>Yes</b>, explain, including when and where it happened.</p>                                                  | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients?<br/>If <b>Yes</b>, explain, including credential name, limitations or restrictions, and time period.</p> | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |

**SECTION B – OTHER REQUIRED INFORMATION**

- |                                                                                                                                                                                                                                                                                                                                   |                                         |                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| <p>1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services?<br/>If <b>Yes</b>, explain, including when and where it happened.</p>                                                                            | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility?<br/>If <b>Yes</b>, explain, including when and where it happened and the reason.</p>                                                                                    | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>3. Have you been discharged from a branch of the US Armed Forces, including any reserve component?<br/>If <b>Yes</b>, indicate the year of discharge:<br/>Attach a copy of your DD214, if you were discharged within the last three (3) years.</p>                                                                             | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>4. Have you resided outside of Wisconsin in the last three (3) years?<br/>If <b>Yes</b>, list each state and the dates you resided there.</p>                                                                                                                                                                                  | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>5. If you are employed by or applying for the State of Wisconsin, have you resided outside of Wisconsin in the last seven (7) years?<br/>If <b>Yes</b>, list each state and the dates you resided there.</p>                                                                                                                   | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>6. Have you had a caregiver background check done within the last four (4) years?<br/>If <b>Yes</b>, list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.</p>                                                                         | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>7. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS-designated tribe?<br/>If <b>Yes</b>, list the review date and the review result. You may be asked to provide a copy of the review decision.</p> | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |

**Read and initial the following statement.**

I have completed and reviewed this form (F-82064, BID) and affirm that the information is true and correct as of today's date.

<p><b>NAME</b> – Person Completing This Form</p>	<p>Date Submitted</p>
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## Nursing Assistant Training Program Information and Policies



Please read each policy and guideline carefully.

Check each box below to indicate that you have read, understand, and agree to comply with the guidelines and policies.

- Attendance Policy:** Attendance and punctuality are required for all class and clinical sessions. Refunds will not be given for missing class or clinical time. Students are responsible for scheduling and participating in make-up time for any missed classroom time as indicated in the course schedule. Students scheduling make-up time will be required to pay an additional \$40 per hour needed to be made up. This fee covers additional instructor hours. No PERSONAL checks accepted & all payments for must be made in advance. A maximum of one (1) classroom day is allowed to be made up in this manner. Zero hours may be missed from the clinical time. You WILL automatically fail if clinical time is missed. This includes being 1 minute late.
- Punctuality:** You are expected to arrive for each course session at least 5 minutes prior to the start of class so that you are IN your seat promptly on class start time. You must stay until dismissed and attend all sessions.
- Dress Code:** A ROYAL BLUE scrub top and BLACK scrub pants are required to be worn to each course session/activity. Footwear must be low-heeled, non-skid shoes with closed toes. Tennis shoes are acceptable. Socks must also be worn. A watch with a second hand is optional, but strongly encouraged. Students NOT wearing proper attire will be asked to go home and change. Missed time will fall under the attendance policy above.
- Hygiene:** Personal hygiene is important. Daily bathing and use of deodorant are required. Aftershave, cologne, or perfume use is not appropriate for classroom and clinical activities. Outside of wedding rings, engagement bands, and small post earrings in earlobes, jewelry is not permitted. Facial piercing must be removed or covered. Fingernails must be short (no longer than 1/4 inch long), well-kept (filed, no jagged edges) and clean. Hair should be clean and neat and should be tied back and away from the face.
- Substance Policy:** Smoking and vaping is prohibited during all class, clinical, and break times. The consumption of alcohol and/or drugs is prohibited before and during all class, clinical, and break times. Violation of this policy may result in immediate termination from the program.
- Conduct:** Professional, respectful, and safe behaviors are expected at all times, both in the classroom and clinical settings. Class disruptions, theft, damage to property, and verbal or physical abuse of students, residents, instructors, or clinical staff will not be tolerated and will lead to dismissal from the class without refund and other appropriate actions will be taken when necessary. Students may be dismissed at any time for inappropriate behavior and will fail the course. If a student is dismissed from the course or officially fails the course, the student or sponsoring organization is not eligible for a tuition refund.
- Equipment Use:** Equipment and supplies are the property of Quality CNA Training LLC and/or the clinical site and should not be damaged or altered. A student may be required to pay for the cost of any damaged or altered item(s). All supplies and equipment should not leave the classroom or clinical site. Students will be responsible for any equipment they damage due to negligence.
- Course Completion:** Payment of the course fee and attendance does not entitle the student to course certificate, licensure or employment. Completion certificates must be earned by attending and participating, demonstrating the knowledge, attitudes and skills which meet the course exit requirements. Students are expected to complete online assignments, properly demonstrate skills, and have a test score of at least 80% to be successful in the course.
- Registration Fee:** QCNAT registration closes 2 weeks prior to the class start date. Once we receive and process a student's application, an email confirmation will be sent that the student has been "registered and placed on the roster." Once this email confirmation is sent, \$100.00 of the total student tuition is non-refundable.

- Cancellation and Refund Policy:** Students must notify Tanya Christianson, Student Services Director, at [Tanya@QualityCNATraining.com](mailto:Tanya@QualityCNATraining.com) to withdraw from the program. Students withdrawn fifteen (15) or more days before the class start date will receive a total refund of \$550. Students withdrawn four (4) to fourteen (14) days before the class start date will receive a total refund of \$325. Students withdrawn less than three (3) days before the first day of class will not receive a refund. If QCNA is NOT notified of a student withdrawal or a student is a “No Show,” the student or sponsoring organization is not eligible for a refund. Students do not receive a refund if they are dismissed from the course for cause or if they fail the course.
- Transfers:** The Cancellation and Refunds Policy above also applies if a student requests to transfer into a different class. In the event of extenuating circumstances, students must provide proper documentation to be eligible for a waiver of the fees to be transferred into a future class.
- Dismissed/Failed:** If a student is dismissed from the course or officially fails the course, the student or sponsoring organization is not eligible for a tuition refund. All testing fees will be credited to the account or will be refunded.
- QCNA Final Exam:** The final exam is a proctored exam that begins promptly at the scheduled start time. Students arriving late will not be allowed to test and will fail the program. Students are required to follow the dress code for the final exam (see Dress Code requirements above). Students must score at least an 80% on the final exam to pass the course. Students do not receive a refund if they fail the course.
- State Exam:** The State Exam fee is not part of the training program. **The State Exam Testing fee is \$125 (or \$130 if the audio/oral knowledge test is requested instead of the written test) and DUE BEFORE the class graduation date (see course schedule)** in order to participate with “in-facility” testing at the Quality CNA Training site. The Quality CNA Training center is an approved “in-facility” testing site. If either the knowledge or skills portion of the initial evaluation is failed, subsequent evaluation(s) must be scheduled at a regional testing site at the student’s expense. Those successfully completing the Nursing Assistant Training program who DO NOT wish to participate in “in-facility” testing may schedule at a Regional Testing location of their choice.
- Media/Photo Information Release:** Periodically throughout the training program instructors will take pictures of the students practicing skills. These photos are highlighted on our Facebook page and website, and occasionally used for marketing purposes. Students are able to tag themselves or share the photos on their personal pages for their friends and families. Group photos are typically taken and shared on the last day of class.
  - I agree to the terms and conditions of the media/photo information release.
  - I choose not to have my photos posted but understand that it is then my responsibility to ensure that I am not included in any photos taken during the class or at graduation.
- Inquiries:** Program questions, concerns, and complaints should be emailed to Paulene Kipke, Founder/CEO, at [Paulene@QualityCNATraining.com](mailto:Paulene@QualityCNATraining.com) or (715) 281-5064 between 8am and 4:30 p.m., Monday through Friday. Paulene will conduct a follow-up within two business days to address any situation.

**I have read and understand all of the above terms and conditions. I agree to comply with the guidelines listed in the Nursing Assistant Training Program Information and Policies.**

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant Signature\*

*NOTE: If applicant is under age 18, all signatures must be handwritten and Parent/Guardian Consent Form must be submitted with this application. The Parent/Guardian Consent Form can be found at the end of this document.*

**\*IF APPLICANT IS OVER AGE 18, applicant may sign electronically with a typed signature.** By electronically signing this document, you agree to the following: Any signature (including any electronic symbol or process attached to, or associated with, a contract or other record and adopted by a Person with the intent to sign, authenticate or accept such contract or record) hereto or to any other certificate, agreement or document related to this transaction, and any contract formation or record-keeping through electronic means shall have the same legal validity and enforceability as a manually executed signature or use of a paper-based recordkeeping system to the fullest extent permitted by applicable law, including the Federal Electronic Signatures in Global and National Commerce Act, the Wisconsin’s Uniform Electronic Transactions Act, or any similar state law based on the Uniform Electronic Transactions Act, and the parties hereby waive any objection to the contrary.

**Parent/Guardian Consent Form**  
**\*REQUIRED FOR ALL APPLICANTS UNDER THE AGE OF 18\***



(715) 902-1746

[QualityCNATraining.com](http://QualityCNATraining.com)

Please read each policy and guideline carefully.

Check each box below to indicate that you have read, understand, and agree to comply with the guidelines and policies.

By signing below, I represent that I am a parent/guardian of \_\_\_\_\_ (applicant name).

- Medical Information:** I certify the answers and statements under the Medical Information section are true. My child is in good health with no communicable disease, and physically able to perform the duties of a nursing assistant. I do hereby release this information to the Quality CNA Training LLC Training Program administration and its instructors.
- Medical Form:** I understand that the Quality CNA Training medical form must be completed by a physician by the dates indicated on the class schedule. This form is available on the Quality CNA Training website and will also be emailed to students upon acceptance into the program. Failure to complete the Medical Form by the dates outlined on the class schedule will result in my child failing the course. I understand that if my child fails the course, they or their sponsoring organization is not eligible for a tuition refund.
- TB Test Requirements:** I understand that my child will be required to provide proof of a TB test by the date indicated on the class schedule. A 2-Step TB test takes a FULL 14 days and involves 4 visits to a clinic. A blood test or chest x-ray can be done in place of the 2-Step TB test. Failure to provide proof of a TB test by the date outlined on the class schedule will result in my child failing the course. I understand that if my child fails the course, they or their sponsoring organization is not eligible for a tuition refund.
- Flu Shot Requirements:** I understand that my child is required to receive a flu shot if clinicals occur between October 1 - March 31. If my child declines the flu shot, they will be required to wear a medical-grade mask during clinicals.
- COVID Vaccine Requirements:** I understand that my child may be required to be current with COVID-19 vaccinations prior to attending the first in-person lab day. Requirements vary by healthcare facility and may change at any time. My child may request a COVID vaccine waiver by submitting documentation with this application. Acceptance of waivers are subject to clinical site approval. Failure to provide proof of COVID-19 vaccination by the date outlined on the class schedule will result in my child failing the course. I understand that if my child fails the course, they or their sponsoring organization is not eligible for a tuition refund.
- Background Information Disclosure Release:** I give to Quality CNA Training LLC, its representatives and assigns, permission to receive, read, copy, and duplicate, any criminal justice summary data sheets forwarded from the state of Wisconsin Department of Justice (DOJ) as a result of submission of Wisconsin Criminal History Request Form (DJ-LE-250A), and any responses received from the Department of Regulation and Licensing (DRL) and the Department of Health and Family Services (DHFS) for purposes of fulfilling provisions of sections 48.685 and 50.065 of the Wisconsin Statutes, and share with clinical sites as needed. I understand that based on the results of this information, my child may be denied entry into the clinical portion of the course. Denial of entry into clinicals does not entitle me to reimbursement of any of the course fee paid or invoiced to date.
- Hold Harmless Agreement:** I agree to release and hold harmless Quality CNA Training LLC from any and against any and all liability, loss, damages, claims or actions for bodily injury and/or property damage, in accordance with current state and federal law arising out of participation in this program.
- Attendance:** I understand that attendance and punctuality are required for all class and clinical sessions. Refunds will not be given for missing class or clinical time. Students are responsible for scheduling and participating in make-up time for any missed classroom time as indicated in the course schedule. Students scheduling make-up time will be required to pay an additional \$40 per hour needed to be made up. This fee covers additional instructor hours. No PERSONAL checks accepted & all payments for must be made in advance. A maximum of one (1) classroom day is allowed to be made up in this manner. Zero hours may be missed from the clinical time. Students WILL automatically fail if clinical time is missed. This includes being 1 minute late.



- Conduct:** I understand that professional, respectful, and safe behaviors are expected at all times, both in the classroom and clinical settings. Class disruptions, theft, damage to property, and verbal or physical abuse of students, residents, instructors, or clinical staff will not be tolerated and will lead to dismissal from the class without refund and other appropriate actions will be taken when necessary. Smoking and vaping is prohibited during all class, clinical, and break times. The consumption of alcohol and/or drugs is prohibited before and during all class, clinical, and break times. Students may be dismissed at any time for inappropriate behavior and will fail the course. I understand that if my child fails the course, they or their sponsoring organization is not eligible for a tuition refund.
- HIPPA Requirements:** I will reinforce the concepts my child will learn about the Health Insurance Portability and Accountability Act (HIPPA), which my child will need to follow while working in a healthcare facility during their required clinical times. I will encourage my child to keep all details regarding patients, staff, and situations within the healthcare facility confidential per HIPPA laws. While my child is participating in work experience during clinical times, I understand that, even as their parent, I am not allowed to know any information regarding patients, staff, and situations within the healthcare facility.
- Class Expectations:** I understand that to be successful in this program, my child must be able to read, write, and comprehend the English language at least at an eighth-grade level. I understand that all assigned class work is REQUIRED to pass the course. Failure to complete ALL required assignments will result in my child failing the course. The final exam is a proctored exam that begins promptly at the scheduled start time. I understand that if my child arrives late, they will not be allowed to test and will fail the course. I understand that if my child fails the course, they or their sponsoring organization is not eligible for a tuition refund.
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- Cancellation and Refund Policy:** Students must notify Tanya Christianson, Student Services Director, at Tanya@QualityCNATraining.com to withdraw from the program. Students withdrawn fifteen (15) or more days before the class start date will receive a total refund of \$550. Students withdrawn four (4) to fourteen (14) days before the class start date will receive a total refund of \$325. Students withdrawn less than three (3) days before the first day of class will not receive a refund. If QCNAT is NOT notified of a student withdrawal or a student is a "No Show," the student or sponsoring organization is not eligible for a refund. I understand that if my child fails the course, they or their sponsoring organization is not eligible for a tuition refund.
- Transfers:** The Cancellation and Refunds Policy above also applies if a student requests to transfer into a different class. In the event of extenuating circumstances, students must provide proper documentation to be eligible for a waiver of the fees to be transferred into a future class.
- Dismissed/Failed:** If a student is dismissed from the program or officially fails the course, the student or sponsoring organization is not eligible for a tuition refund. All testing fees will be credited to the account or will be refunded.
- Media/Photo Information Release:** Periodically throughout the training program instructors will take pictures of the students practicing skills. These photos are highlighted on our Facebook page and website, and occasionally used for marketing purposes. Students are able to tag themselves or share the photos on their personal pages for their friends and families. Group photos are typically taken and shared on the last day of class. *You may choose to opt out below.*
- Media/Photo Information Disclaimer:** I give Quality CNA Training LLC, its designees, agents and assigns, unlimited permission to use, publish and republish in any form or media, information about my child and reproductions of my child's likeness (photographic or otherwise) and my child's voice, with or without identification of my child by name.
  - I agree to the terms and conditions of the media/photo information release.
  - I choose not to have my child's photos posted and I understand that this means that my child will NOT be included in any photos taken during the class or at graduation.

**I have read, understand, and agree to comply with all of the above guidelines and policies.**

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Print Name

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Date

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Parent/Guardian Signature