

HOPE IN HIM TRAINING INSTITUTE

283 Chestnut Street

Lynn, MA

Phone: 781 480 1929/cell:978 304 2844

Website: www.hopeinhimtraining.com

Enrollment Agreement

Student name: _____

Phone: _____

Address: _____

Email: _____

Program: CHECK one NAT _____ HHA _____

Please choose the program you want to enroll in

_____ Day Session, 7:30am-3pm, Mon-Thur. {4 weeks course}

_____ Evening Session, 4:00pm - 10:00pm, Mon-Fri {4 weeks course}

Hope in Him Training Institute values the education of its students and does not accept late registration. All classes must start per the established schedule. New applicants who cannot meet the first day of class will have to enroll in the next available class. There will be no registration for a class that has already started.

ENTRANCE REQUIREMENTS:

To be accepted into a program, an applicant must meet the following requirements before the first day of class:

1. Age: Must be 16 years of age or older.
2. Education: Provide a high school diploma, high school equivalency, or official transcript (high school, college, or equivalent).
3. English & Math readiness: Must pass the Institute’s English and Math readiness assessment at a minimum score of 80%.
4. Identification: Provide a valid photo ID (Driver’s License/State ID/Passport/Permanent Resident Card).
5. Clinical site requirements (NAT only): Students must meet any clinical site onboarding requirements (for example, immunizations or other documentation) that are required by the assigned clinical facility.
6. Required supplies: Students must obtain required supplies prior to the start of training (for example: a watch with a second hand, blood pressure cuff, and stethoscope).

Minimum requirements before Nursing Home Clinical Rotation include:

1. CPR/ American Red Cross Card
2. CORI Authorization Form
3. Physical Examination Form to be completed by MD/NP - prior to Clinical training
 Verification of the Immunization: (Required prior to clinical Training at Nursing Home.)
 PPD Skin Test (TB) (have one done each year), Chest X-Ray if PPD is positive
 Chest X-Ray if known to be PPD positive in the past

The following is a list of health requirements for the HHTI Nursing Assistant Program:

Students with any acute condition, including pregnancy, or chronic medical problems must advise the instructor concerning their current health status, medications, and medical needs.

A written statement from the student's physician must state that the student has "NO restrictions in the following activities for theory, lab or clinical: moving, lifting and transferring a resident/patient"

Tuition Payment and Fees Policy

Students must pay all tuition and fees by the end of the second week of class. A \$500.00 deposit is due on registration day. HHTI accepts full payment upon enrollment.

NAT Program: Tuition: \$1,550.00. Administrative Fee (nonrefundable): \$50.00. Total: \$1,600.00. A \$500.00 deposit is due on registration day, with the remaining \$1,100.00 due no later than the end of the 2nd week of class. If by the end of the second week of class a student has not completed financial obligations in full, the student will not be allowed to continue in the program.

HHA Program: Tuition: \$855.00. Administrative Fee (nonrefundable): \$45.00. Total: \$900.00. A \$500.00 deposit is due on registration day, with the remaining \$400.00 due no later than the end of the 2nd week of class. If by the end of the second week of class a student has not completed financial obligations in full, the student will not be allowed to continue in the program.

Clock Hours: This program is offered in clock hours. Students earn clock hours by attending and completing required instruction, lab, and (if applicable) clinical/externship hours in accordance with school policy.

Date Program Begins: __/__/__ **Ends:** __/__/__, which is the earliest date of completion

Please Note: \$500 due on the day of registration

TUITION (NAT)	\$1,550.00 (Tuition) + \$50.00 (Admin Fee) = \$1,600.00 Total Please Note: \$500 due on the day of registration
Balance due by the end of the 2nd week (NAT)	\$1600-\$500 (deposit) = \$1,100.00
Balance due by the end of 2nd week (HHA)	\$900-\$500 (deposit) = \$400
Payment from other Source	

OTHER FEES	
BOOKS	\$70.00
UNIFORMS	\$30.00

ESTIMATE OF ADDITIONAL EXPENSES TO BE INCURRED BY STUDENT: (out of pocket expenses)	
MA Nurse Aide Testing Fee	\$110.00
Mantoux/PPD test. Students can obtain this testing directly from their own physician	\$65.00
Watch with a second hand	\$20.00
Blood Pressure Cuff (Optional)	\$25.00
Stethoscope	\$20.00
Gait Belt (optional)	\$10.00
Each student is urged to carry a personal health insurance policy. The student is responsible for their individual medical expenses, whether due to an injury during theory/lab or clinical or an illness requiring treatment, testing, or procedure. Failure to abide by the health requirements will constitute dismissal from the program.	Cost will vary on care
Total ESTIMATED additional expenses:	\$ 250.00

STUDENTS' METHOD OF PAYMENT:

CASH _____ CERTIFIED CHECK _____ MONEY ORDER _____ THIRD PARTY SPONSOR _____

REFUND LAW (AS PER M.G.L. CHAPTER 255, SECTION 13K):

1. You may terminate this agreement at any time.		
2. If you terminate this agreement within five days you will receive a refund of all monies paid, if you have not commenced the program	<u>\$1,600.00</u>	5th day after contract signing date.
3. If you subsequently terminate this agreement prior to the commencement of the program, you will receive a refund of all monies paid, less the actual reasonable administrative costs described in paragraph 7.	<u>\$1,600.00</u>	Program Start Date.
4. If you terminate this agreement during the first quarter of the program, you will receive a refund of at least seventy-five percent of the tuition, less the actual reasonable administrative costs described in paragraph 7.	<u>\$1,200.00</u>	Last date of the first quarter
5. If you terminate this agreement during the second quarter of the program, you will receive a refund of at least fifty per cent of the tuition, less the actual reasonable administrative costs described in paragraph 7.	<u>\$800.00</u>	Last date of the second quarter
6. If you terminate this agreement during the third quarter of the program, you will receive a refund of at least twenty-five percent of the tuition, less the	<u>\$400.00</u>	Last date of the third quarter

actual reasonable administrative costs described in paragraph		
7. If you terminate this agreement after the initial five-day period, you will be responsible for actual reasonable administrative costs incurred by the school to enroll you and to process your application, which administrative costs shall not exceed fifty dollars or five percent of the contract price, whichever is less. A list of such administrative costs is attached hereto and made a part of this agreement.		5th day after contract signing date.
8. If you wish to terminate this agreement, you must inform the school in writing of your termination, which will become effective on the day, such writing is mailed.		N/A
9. The school is not obligated to provide any refund if you terminate this agreement during the fourth quarter of the program.		First day of the fourth quarter

Administrative Costs Equal: \$50.00 for NAT , \$45.00 for HHA

***** Tuition credit calculations listed above are based on a percentage of tuition and may not reflect the actual amount to be refunded. Actual amount refunded will be based on payments made to the institution. Specific dates indicated above are based on continuous enrollment from Class Start Date with all programs completed successfully and are subject to change in the event of failed programs, leaves of absence, or other unexpected breaks in attendance.**

I have been provided with a copy of the school's catalogue and policies in a manner of my choosing and I am initialing my choice:

- Hard Copy: _____
- Sent via email: _____
- USB Drive: _____
- Read-only CD-Rom: _____
- I will download the catalogue and policies from school's website: _____

Students will be responsible for the Massachusetts CNA State Exam fee of \$110.

Massachusetts NA candidates can reach the test vendor, D&S Diversified Technologies, by calling : 888-401-0462 or emailing massachusetts@hdmaster.com.

The written portion of the nurse aide certification exam is available in English, Spanish, Chinese, and Haitian Creole. If subsequent exams are needed, the costs are: \$30 (Knowledge exam or retake), \$40 (Audio version of Knowledge Exam), \$70 (Skills Test).

Student's Initials: Please place your initials on the below lines to indicate policies understanding

_____ Students and graduates of any program should be aware that they may be subject to a criminal background check prior to obtaining a certification or license in their field, and those with a prior conviction, particularly a felony, may experience difficulty in obtaining certain licenses, credentials, and/or employment.

_____ I understand this contract will not be in force and effect until signed by both a school representative and myself.

_____ I have received a copy of the school's complaint procedures policy as stated in the handbook.

_____ I understand the Attendance as stated in the Handbook

_____ I understand the abuse and neglect policy as stated in the Handbook

_____ I understand the refund policy as stated above.

_____ I understand that coursework from this school may not be transferable to other institutions of education and acceptance is at the discretion of the receiving institution.

_____ I understand that this agreement is my full agreement with the school and affirm that no oral promises or inducements have been made to me.

_____ I understand that classes canceled due to inclement weather or other emergencies may be rescheduled on a day or time outside the regular schedule to avoid extending graduation

dates.

_____ I have read, and I understand this agreement and the student's handbook and agree to abide by policies as stated, and as they may be amended from time to time.

_____ I understand that I may be subject to CORI check & a drug test prior to participating in a clinical or externship.

This school is licensed by the Massachusetts Division of Occupational Licensure's Office of Private Occupational School Education. Any comments, questions, or concerns about this school's license should be directed to occupational.schools@mass.gov or 617-701-8719, dial "0."

Any changes, addendums, or additions made subsequent to the signing of the enrollment agreement must be in writing and signed by both the school and the student and are subject to the regulations of 230 CMR 15.04.

You have the right to cancel this enrollment contract before the completion of five school days or five percent of this Program, or course, whichever occurs first, and to receive a full refund of all monies paid, less actual reasonable administrative costs up to \$50 and actual reasonable costs of non-reusable supplies or equipment. Refund Amount: \$_____

The school will not provide refunds for books that students have already written their names on. Uniforms that have already been worn will not be refunded.

You have the right to cancel this enrollment contract if a school allows you to begin participation in a Program while an initial award for financial aid, including student loans, is pending, and you are subsequently denied some or all of that student loan or financial aid amount, the School shall offer you, in writing, an opportunity to terminate the enrollment agreement with a full refund of all Monies Paid, less actual reasonable administrative costs as defined under M.G.L. c. 255, s. 13K.

Student's Signature: _____ Date: _____

Print Student's Name: _____

If the student is under the age of 18,

Parent/Guardian: _____ Date: _____

Print Parent/Guardian's Name: _____

School Official's Signature: _____ Date: _____

Print School Official's Name: _____

I, the student, have received a completed and signed copy of this agreement on date: _____ (student's initials)