



STUDENT ENROLLMENT AGREEMENT

First Nursing Academy, LLC
 9271 Old Keene Mill Road #200
 Burke, VA 22015
 Tel: 703-722-8900
 Fax: 703-722-8901

<http://www.firstnursingacademy.com>
info@firstnursingacademy.com

Student Information:

FIRST NAME:	LAST NAME:
ADDRESS:	CITY/STATE/ZIP:
TELEPHONE: (H)	CELL:
EMAIL:	WORK:
SOCIAL SECURITY #:	DATE OF BIRTH:
EMERGENCY CONTACT:	CELL:
RELATIONSHIP:	

PROGRAM INFORMATION: (To be filled out by Administration)

DATE OF ADMISSION: ____/____/____ PROGRAM/COURSE: _____
 MON DAY YR

PROGRAM START DATE: _____ ANTICIPATED END DATE: _____

DAY

EVENING

WEEKEND

TIME OF DAY/EVENING CLASS BEGINS: _____

TIME OF DAY/EVENING CLASS ENDS: _____

NUMBER OF WEEKS: _____ TOTAL CREDIT/CLOCK HOURS: _____

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EDUCATION

Name of High School or College	Years attended	Degree/Diploma	Major

Other Trainings	Certificate Received	Date

REFERENCES

Please list 2 Non-Relative persons you have known for at least a year.

Reference 1:

Name: _____ Relationship: _____
 Day Phone: _____ Year(s) known: _____

Reference 2:

Name: _____ Relationship: _____
 Day Phone: _____ Year(s) known: _____

I hereby certify that all statements, answers, and representations on this form are true, complete and accurate.

Print Name: _____

Signature: _____ Date: _____

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CANCELLATION AND REFUNDS

1. Student applicants who cancel before the first day of class will be charged a \$175.00 non-refundable fee to cover the cost of enrollment processing.
2. Student applicants that are enrolled in a class who cancel after attending the first and second day of class will be entitled to 50% of the tuition paid, not including enrollment fees.
3. Student who withdraws or is terminated after attending three (3) classroom sessions may not receive any refunds.
4. Refunds will be processed within 30 days of official notification of withdrawal or cancellation.
5. Cancelled and/or returned checks will be subject to a minimum \$50 service charge per check. Student is responsible for cancelled and/or returned check fees, even if the check was written by a third party.

Print Name: _____ Date: _____

Signature: _____

Administrator Name: _____ Date: _____

Administrator Signature: _____

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CRIMINAL DISCLOSURE AND AGREEMENT

I, _____ (Print Name), have been made aware and understand the ramifications of the following offenses, in regard to my enrollment and progression in a health care provider program as it relates to me:

1. Felony and/or misdemeanor convictions(s),
2. guilty plea or nolo contendere to any crime which indicates that one is unfit or incompetent to practice as a health care provider or that one has deceived or defrauded the public, and/or
3. parole violation

Before I can enroll or continue in courses with a clinical component, any crime of which I have been convicted must be disclosed to the clinical agencies, which support the clinical components of the courses(s).

Clinical agencies have the right to refuse a clinical practicum for students in their facilities. Therefore, I may be unable to successfully complete the program because clinical objectives cannot be met, and I will be dismissed from the program.

Have you ever been convicted of or entered a plea of guilty or no contest to any felony or misdemeanor?
No Yes (Misdemeanors include DUI)

If you answered "yes," please describe briefly below:
Charge/Date _____

I release First Nursing Academy, LLC of any and all liabilities. I agree and promise First Nursing Academy, LLC that I will not seek employment in the healthcare industry while any misdemeanor is still pending on criminal records.

Student Signature

Date

Student Print Name

Administrator Signature

Date

Administrator Print Name

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Complaint/Grievance Procedure

If you have any problems or complaints while attending First Nursing Academy, LLC please follow the procedure outlined below:

First, discuss the issue with your Instructor. The instructor will make every effort to resolve the issue. However, if you are not completely satisfied with the result, you should submit a written complaint that is signed and dated by the student. An appointment will be scheduled with the school Administrator, Mohamed Ali, in order to make every effort to resolve the complaint. The complaint and its results will be documented and kept on file.

Graduation

Upon successful completion of classroom and clinicals, student will receive a certificate from First Nursing Academy, LLC. This meets the Virginia Board of Nursing approved standard.

Absences and Tardies

You are responsible for notifying the instructor in advance of any absence or tardiness from class. Any un-excused absence or tardiness may be grounds for termination and/or you may be assessed additional fees. Students will be charged a minimum of \$50.00 per session for private tutoring and/or make-up clinical day(s) to meet the program requirements. It is the student's responsibility to make proper arrangements. If absent, student is responsible for obtaining all class notes, announcements, and assignments for the day student is absent.

Termination:

Students must establish and maintain a record of good standing throughout their program. First Nursing Academy, LLC reserves the right to dismiss/terminate a student for any of the following reasons: More than four (4) tardies, More than two (2) unexcused absent days, failure to maintain an 80% in classroom and clinical portion of Program, disruptive or disorderly conduct, cheating, and non-payment of tuition.

Student Signature

Date

Student Print Name

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Non- Discrimination Policy

First Nursing Academy is committed to the principle of equal opportunity in education and employment. The Institute does not discriminate against individuals on the basis of race, color, sex, sexual orientation, gender identity, religion, disability, age, genetic information, veteran status, ancestry, or national or ethnic origin in the administration of its educational policies, admissions policies, employment policies, or any other characteristic protected under applicable federal or state law.

Employment Assistance

First Nursing Academy, LLC does not guarantee job placement to graduates upon program completion. We will provide employment assistance upon graduation yet ultimately, the student is solely responsible for securing employment. The Student has the choice to work with any employment agencies or organizations they choose.

Rescheduling Program Start Date

First Nursing Academy, LLC reserves the right to reschedule the program start date when the number of students scheduled is too small.

Contact by Text Messaging

We may send First Nursing Academy, LLC text messages to your phone so that we may send you certain information about class schedules or updates pertinent to you in case we cannot reach you by telephone. You understand that your phone carrier's standard messaging charges apply. You agree that you are responsible for paying your carrier's charges.

Your contact information will not be shared by anyone and is only intended for school purposes.

You agree to indemnify, defend and hold us harmless from and against any and all claims, losses, liability, cost and expenses (including reasonable attorneys' fees) arising from your provision of a phone number that is not your own or your violation of applicable federal, state or local law, regulation or ordinance. Your obligation under this paragraph shall survive termination of the Agreement

By checking the box, you agree to the above terms and conditions.

Student Signature

Date

Student Print Name

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Requirements to Attend Clinical

Satisfy all financial obligations prior to attending.

A current copy of Student's **Criminal Background check** must be on file **before** the first day of class.

A current copy (within 1 year of enrollment) of Student's PPD/ Chest X-ray must be on file by the 1st week of class.

A current copy of Healthcare Provider CPR must be on file by the 1st week of class.

A minimum of 80% earned on all tests, including Final Exam.

A minimum of 48 classroom attendance hours logged.

Student must wear scrub uniform and name badge (included in Medication Aide tuition), and a watch with a second hand to attend.

Graduation Requirements

Along with all the items listed in "Requirements to Attend Clinical":

Student may not miss any clinical days.

Earn a "Satisfactory" clinical performance from Instructor

Pass a comprehensive exit exam.

I agree to the above stated Clinical and Graduation requirements.

I understand that if the requirements are not fulfilled as stated above, I may not attend clinicals and/or graduate until they are fulfilled.

Missed Clinical days for Non-Compliance or tardiness will be assessed a minimum of fifty (\$50.00) per missed day and will be required to be made up.

I acknowledge that if I miss the scheduled Clinical day(s), I will have to wait to attend with the next Medication Aide class, dates to be determined and scheduled with school Administration.

It is my responsibility to reschedule Clinical day(s)/hours with school Administration.

Student Signature

Date

Student Print Name

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Payment Agreement

I, _____ (Student Name) do hereby agree to the following payment agreement for the Medication Aide Program at First Nursing Academy, LLC.

Total Tuition: \$ _____

Down Payment \$ _____ Cash / Check# _____ Amount: \$ _____ Received by: _____

Balance Due \$ _____

Due Date #1: _____ Amount Due: \$ _____

The balance due may be paid in full at any time prior to the due dates. Payments must be paid on time according to the above indicated schedule. Past due payments will be assessed a **ten percent (10%) late fee**.

The balance due must be paid in full before student attends clinicals. Student will not receive a Program Certificate until all fees are paid. This includes any make-up day fee(s), subject to a minimum of fifty dollars (\$50.00) per session.

I have read, understand and agree to the above terms and conditions.

Student Name (Print): _____

Student Signature: _____

Date: _____

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Release of Liability

In exchange for participation of Clinical experience in the Nursing Lab and at the off-site Clinical facility, organized by First Nursing Academy, LLC (“First Nursing”), at 8811 Sudley Road, Suite 101, Manassas, VA 20110 and/or use of the property, facilities, and services of First Nursing, I agree to the following:

1. Observe and obey all posted rules and warnings; I further agree to follow all oral instructions or directions given by First Nursing, or the employees, representatives or affiliates of First Nursing.
2. Follow and abide by all First Nursing Policies and Procedures, including, but not limited to: Infection control, HIPPA, safety protocol, and incident and accident reporting. Furthermore, I agree to conduct myself in a professional manner.
3. I am aware that I may be exposed to blood, bodily fluids and chemical fumes during my participation in the Medication Aide program. I am also aware that I may be instructed to perform tasks that require bending, lifting, pulling, squatting, standing, reaching and sitting.
4. I agree to report any and all injuries I sustain, however minor, to my instructor immediately.
5. I recognize that there are certain inherent risks associated with the above described activities. I assume full responsibility for any personal injury, and further waive all rights to legal procedures and will not hold employees, representatives, or affiliates and third parties of First Nursing.
6. I will be responsible for any and all legal fees incurred by myself and by First Nursing, including attorney fees and other litigation costs.
7. Pay for all damages to the facilities of First Nursing and its affiliates caused by my negligent, reckless, or willful actions.
8. Any legal or equitable claim that may arise from participation in the above shall be resolved under Virginia Law.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Signature: _____

Printed Name: _____

Date: _____

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NOTICE TO STUDENTS

This agreement is a legally binding instrument. Both sides of the contract is binding only when the agreement is accepted, signed, and dated by the authorized official of the school or the admissions officer at the school’s principal place of business.

If requested, Student is entitled to an exact copy of this agreement and any disclosure pages signed.

This agreement, Student Handbook, Syllabus, and Med Tech Legal Requirements constitute the entire agreement between the Student and First Nursing Academy, LLC.

The school does not guarantee the transferability of credits to a college, university or institution. Any decision on the comparability, appropriateness and applicability of credit and whether they should be accepted is the decision of the receiving institution.

CONTRACT ACCEPTANCE

I, the undersigned, have carefully read and understand this entire agreement. It is further understood and agreed that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. I also understand that if I default upon this agreement I will be responsible for payment of any collection fees or attorney fees incurred by First Nursing Academy, LLC. My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract.

_____	_____	_____
Signature of Student	Print Name	Date
_____	_____	_____
Signature of School Official	Date	Date

REPRESENTATIVE CERTIFICATION

I hereby certify that _____ has been interviewed by me and in my judgment, meets all requirements for acceptance as a student in the Medication Aide program as described in the school information package. I further certify that there have been no verbal or written agreements or promises other than those appearing on this agreement.

_____	_____	_____
Signature of School Official	Print Name	Date