

Level Up Healthcare Academy, LLC

1100 12th Street
Cayce, SC 29033
803-814-0033

ENROLLMENT AGREEMENT CONTRACT

Student Information (Please Print)

Student Name: _____

Street Address: _____

City, State Zip code: _____

Contact Phone Number: _____

Emergency Contact Number: _____

Email Address: _____

DOB: _____

Male _____ Female _____ Morning _____ Evening _____

Program of Study/Hours of Instruction: Nurse aide (100 hours) Hybrid In-Person (Circle Class Time)

Mornings: Mon-Thurs 9:30am-12:30pm Clinicals-7:00am-3:30 pm Sat or Sun

Evenings: Mon-Thurs 6:00pm-9:00pm Clinicals-7:00am-3:30 pm Sat or Sun

Program Start/End Date: _____

The above listed school and student enter into an agreement under which the school will instruct the student in the curriculum listed below. The student will pay tuition and fees as listed below and will adhere to the school's rules and regulations as set forth in this contract and school catalog.

ADMISSION

Students at Level Up Healthcare Academy, LLC are admitted without regard to race, color, creed, sex, age, sexual orientation, or national origin. The school reserves the right to accept or reject all applicants. If an applicant does not meet admissions requirements, or is rejected for training, the applicant will be notified in writing, and all previous obligations within this contract will be void and refunds issued according to the refund policy. ****Admission is at the discretion of the director.***

Program Information/Outline

Nursing Assistant/Nurse's Aide Program 60 Didactic & Lab Skills, 40 Hrs. Clinical total 100 Hours

This program is designed to prepare students with the basic knowledge, skills, and abilities to provide competent, compassionate, and safe care at the entry-level position in the healthcare field and sit for the state certification exam. You will study: *Basics of Nursing Assistant care, including but not limited to- Communication and Interpersonal Skills, Infection Control, Safety/Emergency Procedures, Promoting Residents Rights, Role of the Nurse Aide, Basic Nursing Skills, Cognitively Impaired Residents, Mental Health & Social Services, Personal Care Skills, Basic Restorative Services. The students will train with equipment that may be used in the performance of nurse-aide duties. This equipment includes, but not limited to, digital blood pressure cuff, scale, infection control measures, oral and denture care supplies, feeding supplies, urinary supplies, and positioning aides.* Nurse aides are unlicensed nursing personnel and perform nursing tasks under the supervision of a registered nurse or selected licensed practical nurse. Tasks that licensed nursing personnel may delegate to unlicensed nursing personnel are restricted by law. Graduates may expect to be employed at an entry-level

wage. Entry-level wages vary with employers; please contact potential employers for specifics.

Tuition and Enrollment Charges Total \$1900.00 Tuition must be paid no later than the first day of class

Administrative Fee \$60

-Application fee \$10.00 (non-refundable)

-Interview and Enrollment Fee \$50.00 (non-refundable)

Tuition & Training Fees

Tuition \$1395.00 which includes the following:

Course Content \$ 1,275.00 (lectures, skills lab materials and supplies, clinical externship experience, state test preparation and registration) Textbooks valued at \$120.00 (Prices subject to change)

Educational Training Materials Fee-\$445 (Itemized below-covered in total cost) Items provided are subject to change depending on the season and supply available. Applicants will be notified in writing if there are any changes.

1. Credentialing Nurse Aide Exam \$140 * This institution is authorized as a designated test site for the Nurse Aide Registry Exam. Students have the option to pay and sit for the exam with the co-hort or decide to test separately. The exam must be completed within two years of an approved Nurse Aide Training Program, or training will need to be completed again to be eligible to be certified.
2. AHA Basic Life Support CPR Course includes classroom and skills training with books and card valued at \$85.00
3. 1 Set of scrubs valued at \$35.00 (Non-refundable once worn)
4. 1 White lab coat valued at \$15.00
5. QuantiFERON Gold Lab & Urine Drug Screen Test valued at \$100.00 (non-refundable)
6. School Badge/ID valued at \$ 15.00 (return at end of class)
7. Pinning Commencement Event \$25.00
8. CNA Commencement Pin \$15.00
9. Malpractice Insurance \$15.00
10. Chromebook rental (Free use valued at \$250.00, return at end of class)

Student Out of Pocket Responsibilities * Price varies per supplier, subject to change)

- SLED Background Check \$30.00 non-refundable Out of Pocket, pay on website prior to applying.
- Secondhand watch (unless supplies available and if distributed ,will be returned at the end of class)
- Black non-slip closed-toe shoes
- Recent Physical Exam within past 6 months
- Additional Hunter Green Scrub uniform if desired (must be approved by director prior to order)
- Basic Life Support Certification (if taken prior to enrollment, there is no refund in lieu of taking Level Up's CPR)

Payment Methods: Money Order, Bank ACH, Cashier's Check, Credit Card, Zelle banking app, PayPal (P2P, Credit cards, Zelle and PayPal may incur an additional fee from 3rd party vendor). Level Up is a collaborative partner with SC WIOA and SC Vocational Rehab, and potential students may contact those partners to determine eligibility for payments or reimbursement with those entities. ****Tuition and fees must be paid no later than the first day of class.***

Cancellation, Withdrawal, Refund Policy

The student agrees to pay Level Up Healthcare Academy, LLC the total stated tuition and fees as outlined in the Program of Study section listed on the Enrollment Agreement/Contract. Payment of all monies due shall be a condition of continuing enrollment. Level Up Healthcare Academy, LLC, will retain fees paid for specific student ordered supplies that cannot be used by another student or supplies returned by the student in a condition that prevents the supplies from being used by or sold to new students. Refunds are calculated on a pro rata basis of attendance and will be made for students who withdraw due to mitigating circumstances. The student is entitled to a statement upon cancellation. **** The student may cancel the enrollment contract at any time prior to midnight of the third business day after signing this contract without penalty and receive a full refund of all monies paid minus the***

LEVEL UP HEALTHCARE ACADEMY, LLC

separate \$30.00 for SLED check, administrative fees, blood work and purchased supplies providing the supplies not used.

Per SCCHE Regulations, after the third day, but before classes begin, the school may retain \$100, plus the cost of any lab work completed, and non-returnable used uniforms or supplies. After classes begin, for the first 60 percent of the course, school may retain \$100 plus a pro-rata tuition charge based on the last date attended, rounded downward to the nearest 10 percent of that period plus the cost of any lab work and non-returnable uniforms, or supplies received. Thereafter the institution may charge for the entire course. The Institution will make refunds within 40 days after the effective date of cancellation, or the last date attended. Refunds are available only for the amount the students paid themselves out of pocket towards the cost of the entire tuition/fees of \$1900.00. Student refunds are made via Level Up Healthcare Academy, LLC bank check. **Students will not receive any tuition/fee refunds reimbursements if course fees are paid with scholarship funds.*

Example: Student attended 10 hours of a 100-clock hour course; the course charge was \$1900.
 $100-10= 90$ hours not completed $90/100=.90$, or 90% of course not completed

Ex: \$1,900 = \$1710- \$100 administrative fee = \$1610 refund due student

Refund table for \$1900, 100-hour course, 3.75 hours per day:

Hours attended	% Refund	Amount Institution Retains	Amount of Refund
1-10	90%	$\$190 + \$100 = 290$	\$1610
11-20	80%	$\$380 + \$100 = \$480$	\$1420
21-30	70%	$\$570 + \$100 = \$670$	\$1230
31-40	60%	$\$760 + \$100 = \$860$	\$1040
41-50	50%	$\$950 + 100 = 1050$	\$850
51-60	40%	$\$1140 + \$100 = \$1240$	\$660
61-100	0%	\$1900	\$0

**Any holder (lender) of a consumer credit contract (promissory note) resulting from the enrollment of the student at the institution is subject to all claims and defenses which the debtor/student could assert against the institution. Recovery shall not exceed the amounts paid by or on the behalf of the debtor/student."*

Information Release and Consents

Student gives permission for any representative of Level Up Healthcare Academy, LLC to release their information including name, address, phone number, and performance during the course to prospective employers, or schools as requested. Information which might be conveyed could include but is not limited to results of tests, quizzes, performance during class, background checks, attendance, and attitude towards assigned work, constructive criticism, skills proficiency and academic records.

Level Up Healthcare Academy, LLC may also obtain any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in the United States. I also grant my permission for a check of the "Nurse Abuse Registry" for information regarding me. I further grant my permission to perform a urine drug screen for evidence of drug use and agree to allow a 2 step TB skin test or QuantiFERON gold TB test to be performed. I understand this information will be used to evaluate my qualifications for the course. Use of the information may prevent me from being allowed to take the course or seek employment as a caregiver. In that situation, I understand that some portion of the tuition I have paid will be retained to cover costs and administration fees, and I will be released from enrollment.

Hold Harmless Agreement

Level Up Healthcare Academy and student hereby acknowledge that there is a reasonable risk of accident or injury associated with use of equipment and other aspects of the course of study including, but not limited to, direct care and contact of patients/residents at clinical site.

Student does hereby waive, release, and discharge Level Up Healthcare Academy, LLC its proprietor and staff, of any and all liability and all claims for damages death, personal injury, or property damage which may or here after incurring to me as a result of participation in the program whether or not cause is by negligence or fault of Level Up Healthcare Academy, LLC or its associated program participation.

Knowing risk exists, I hereby agree to assume those risks and to release and to hold harmless all persons or agencies mentioned above whom might otherwise be liable to me or my heirs or assigned for damages. I further understand and agree that this waiver, release, and assumption of risk are binding on my heirs and assigns. In addition, I give permission to receive, if necessary, emergency services by authorized personnel and any cost incurred because of such medical treatment will be my responsibility.

ACKNOWLEDGEMENTS

By signing my signature, I agree to the conditions of this agreement. I certify that this contract contains all the terms of our agreement and that there have been no promises or agreements made other than those contained herein. Level Up Healthcare Academy, LLC makes no claim or guarantee that credit earned will transfer to another institution. I also verify that I have reviewed and received a copy of this agreement, the Student's Disclosure and Signature Form, and the school catalog. I also understand that the school cannot guarantee a job to any student or graduate. This agreement shall be effective when signed by myself or my legal guardian, and the school's representative.

Student's Signature: _____ Date: _____

School Representative _____ Date: _____

Accepted for Level Up Health Care Academy, LLC by Dr. Colette Townsend-Chambers, School Director

Director's Signature: _____ Date: _____

**Level Up Healthcare Academy
South Carolina Law Enforcement Division Records Check**

PLEASE PRINT LEGIBLY

Complete Name: _____

AKA and Maiden Names: _____

DOB: _____ Race: : _____ Sex: _____ HGT: _____ WGT: _____

SSN: _____

Current Address: _____

City: _____ State: _____ Zip Code _____

County: _____

I understand that the above information will be used to conduct a criminal record check, and I hereby authorize all law enforcement agencies including the South Carolina Law Enforcement Division (SLED) and/or the Federal Bureau of Investigations (FBI) to release any and all records regarding me to Level Up Healthcare Academy. I further agree to release SLED and any law enforcement agency from liability for providing information to Level Up Healthcare Academy, LLC in response to this authorization.

Signature

Date

I give Level Up Healthcare Academy permission to release a copy of the results of this SLED/FBI check to the clinical rotation facility. I understand that a copy of my SLED/FBI check will be kept on file at Level Up Healthcare Academy, LLC and may be shared with other clinical facilities, as South Carolina law and/or clinical contracts require. I further agree to release Level Up Healthcare Academy from liability for sharing this information with clinical sites or any lawful use of the information acquired as a result of a criminal records check.

Signature

Date