

Level Up Healthcare Academy, LLC

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

ENROLLMENT AGREEMENT CONTRACT \$2250.00

Student Information (Please Print)

Student Name: _____

Street Address: _____

City, State Zip code: _____ County: _____

Contact Phone Number: _____

Emergency Contact Number: _____

Email Address: _____

DOB: _____ Are you a Veteran? _____ Ethnicity? _____

Male _____ Female _____ Morning _____ Evening _____

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

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 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.

Financial Investment & Program Costs

At Level Up Healthcare Academy, we believe in **transparent pricing**. Unlike other programs that charge for tuition and then leave you to manage testing fees, background checks, and laboratory screenings on your own, our "Success Package" is all-inclusive. We handle logistics so you can focus on your training.

I. Enrollment Bundle: \$155.00

Due at the time of application to secure your seat.

- **SLED Background Screening:** \$30.00 (Non-refundable)

Application & Interview/Seat Deposit Fee: \$125.00 (Non-refundable, credited towards your tuition)

The Level Up Guarantee: While the Enrollment Bundle is non-refundable, your \$155.00 credit is valid for **6 full months**. If you cannot attend with your scheduled cohort, you may postpone and roll this payment over to any available class within 6 months. ** If your SLED returns with a record, you will be refunded the seat deposit of \$125.00*

II. All-Inclusive Tuition & Clinical Site Training: \$2,250.00

- Our curriculum is designed for modern healthcare. Your tuition covers 100 total state mandated clock hours of instruction (40 classroom, 20 lab and 40 clinical hours) and includes the following high-value items:
- **Core Curriculum:** \$1,800.00 (Lecture content, skills lab materials, clinical externship, state exam prep/registration with highly qualified faculty)

Educational Training Fees: \$450.00 Itemized Below- (covered in total cost) Items provided are subject to change depending on the season and supply available.

1. **State Registry Exam:** \$140.00 (*We are an authorized designated test site! 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.
- **AHA Basic Life Support (CPR) Course:** valued at \$85.00 (Includes eBook and card)
 - **Lab Screenings:** valued at \$100.00 (QuantIFERON Gold TB Test & Urine Drug Screen) Non-Refundable
 - **Malpractice Insurance:** valued at \$20.00
 - **Textbooks:** valued at \$120.00 (Comprehensive CNA theory and skills)
 - **Chromebook Rental:** (Free use, valued at \$250.00, return at the end of class)
 - **Uniform Package:** valued at \$50.00 (1 Set of scrubs & 1 White lab coat for pinning)
 - **Identification:** valued at \$15.00 (School Badge/ID-Return and Recycled)
 - **Commencement:** valued at \$40.00 (Includes Pinning Event and Official CNA Pin)

III. Student Responsibilities

To ensure you are "floor-ready," students are responsible for the following out-of-pocket items:

- **Footwear:** Black non-slip, closed-toe and heel shoes.
- **Watch:** A watch with a secondhand (analog) for vitals- (unless supplies available and if distributed, will be returned at the end of class)
- **Scrubs:** Additional scrub sets (must be director-approved).
- **Physical Exam:** You may use a physical from your provider completed within the last 6 months.

IV. Payment Information & Options

We request that all fees are submitted **one week prior to the start of class** to ensure all materials and screenings are cleared.

Accepted Payment Methods:

- **Digital:** QuickBooks Invoice (Direct Transfer), Stripe (Apple/Google Pay), Zelle, or PayPal. *(Note: 3rd-party vendor fees may apply).*
- **Certified:** Money Order or Cashier's Check.

Workforce Partnerships:

Level Up is a proud collaborative partner with **SC WIOA** and **SC Vocational Rehab**. If you are seeking sponsorship or reimbursement, please contact these entities directly to determine your eligibility.

V. Financial Policy Highlights

- **BLS Certification:** If you cannot attend the included Level Up CPR class, you must obtain certification elsewhere at your own cost prior to clinicals. You may be reimbursed for this cost if you already have this certification and submit proof at the time of enrollment.
- **Testing:** You have two years from program completion to sit for the State Exam.
- **Refunds:** Once uniforms are worn or lab screenings are processed, those specific portions of the tuition become non-refundable.

Cancellation, Withdrawal, & Refund Policy Level Up Healthcare Academy, LLC (LUHCA) operates on a transparent financial model. By signing the Enrollment Agreement, the student agrees to the total stated tuition and fees. Continued enrollment is contingent upon the timely payment of all monies due.

1. The Three-Day "Cooling Off" Period

Students may cancel their enrollment contract at any time prior to **midnight of the third business day** after signing. In this event, the student will receive a refund of all monies paid, **minus:**

- The **\$30.00 SLED Background Check fee**.
- Standard administrative/enrollment fees.
- Costs for blood work (labs) and supplies already processed or ordered.

2. Pro-Rata Refunds

Per SCCHE regulations refunds for students who withdraw after the three-day period or after classes have commenced but before classes begin the school may retain \$100, plus the cost of any lab work completed, and non-returnable used uniforms or supplies. Refunds are calculated on a **pro-rata basis** of attendance.

- **Retained Fees:** LUHCA will retain fees for student-specific supplies (such as scrubs, lab coats, or textbooks) that cannot be reused or were returned in a condition that prevents resale.
- **Mitigating Circumstances:** Extreme personal hardships or mitigating circumstances will be reviewed by the Director on a case-by-case basis.

3. Cancellation Statement

Upon cancellation, the student is entitled to a formal financial statement outlining the calculation of any returned funds and the status of their account.

Refund Calculation Breakdown

- **Total Course Charge:** \$2,250
- **Administrative Fee:** \$100 (non-refundable)
- **Formula:** (Total Charge \times % Completed) + \$100 Administrative Fee = Amount Institution Retains.

Example: Student attended 10 hours of a 100-clock hour

course; the course charge was \$2250

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100-10= 90 hours not completed

90/100=.90, or 90% of course not

completed

Ex: \$2,250 = \$2,025 - \$100 administrative fee = \$1,925 refund due student

Refund Table for \$2,250 Course

100-hour course | 3.75 hours per day

| Hours Attended | % Refund Due | Amount Institution Retains | Amount of Refund |
|----------------|--------------|----------------------------------|------------------|
| 1–10 | 90% | \$225 + \$100 = \$325 | \$1,925 |
| 11–20 | 80% | \$450 + \$100 = \$550 | \$1,700 |
| 21–30 | 70% | \$675 + \$100 = \$775 | \$1,475 |
| 31–40 | 60% | \$900 + \$100 = \$1,000 | \$1,250 |
| 41–50 | 50% | \$1,125 + \$100 = \$1,225 | \$1,025 |
| 51–60 | 40% | \$1,350 + \$100 = \$1,450 | \$800 |
| 61–100 | 0% | \$2,250 | \$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 behalf of the debtor/student.

Withdrawal Procedure

1. A student choosing to withdraw from the school after the start of classes is to provide a written notice to the administrative staff. The notice must include the expected last date of attendance and be signed and dated by the student. The written notice may be submitted in person, by mail or by electronic transmission. Student must receive acknowledgement from the school of this receipt of withdrawal notice.
2. If special circumstances arise, a student may request, in writing, which should include the date the student anticipates the leave beginning and ending.
3. A student will be determined to be withdrawn from the institution if the student misses three (3) consecutive days of instructional days and all the days are unexcused.
4. Approval of the withdrawal will allow the student to re-register and continue in the program on a date no later than the beginning of the start of the next class.
5. A student granted readmission is subject to the tuition rate and fees at the time of re-entry.
6. A student's last date of attendance is the last day a student had academically related activity, which may include projects, clinical experience, or examinations. The last date of attendance is the date that the institution has determined that a student is no longer in school.

Information Release and Consents \$2250.00

Student gives permission for any representative of Level Up Healthcare Academy 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 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, 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 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. 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: _____

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

Director's Signature: _____ Date: _____