

Midwest Healthcare Career Training and Development  
**Application for Admissions**  
1010 W. Garfield Street Michigan City, Indiana 46360

Nurse Aide Certification Program:

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

2. Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

3. Telephone #: (\_\_\_\_\_) \_\_\_\_\_ Telephone(\_\_\_\_\_) \_\_\_\_\_

4. E-mail Address: \_\_\_\_\_

5. Birth date: \_\_\_\_\_ (Age): \_\_\_\_\_ U.S. Veteran  Yes: \_\_\_\_\_  No \_\_\_\_\_  
(Month) (Day) (Year)

6. High School Graduate Of: \_\_\_\_\_  
(School) or (GED) (State) (Year)

7. Religious Preference (optional): \_\_\_\_\_ Martial Status: Married \_\_\_\_\_ Single \_\_\_\_\_

8. Social Security Number \_\_\_\_\_ U.S. Citizen? \_ Yes: \_\_\_\_\_ No \_\_\_\_\_

9. Permanent Resident: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(County) (State) (Zip)

10. Gender: \_ Male\_ Female\_ Unknown, Male assigned Unknown, Female assigned

11. Ethnic/Racial Status (required for federal and state accounting purposes only):  
Asian \_\_\_\_\_ African American/Black \_\_\_\_\_ Native Hawaiian/Pacific  
Islander \_\_\_\_\_ White \_\_\_\_\_ American Indian/Alaskan native \_\_\_\_\_ Hispanic or  
Latino \_\_\_\_\_

12. Have You Earned Previous College Credit? \_ Yes \_\_\_\_\_ No \_\_\_\_\_ Hours of  
Credit \_\_\_\_\_ College Where Credit Was Earned \_\_\_\_\_

12. Did either of your parents graduate from a 4-year institution? Yes \_\_\_\_\_  
No \_\_\_\_\_

13. Have You Ever Been Convicted of a Felony? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes,  
please note, depending on the program, that you may be denied participation in clinical

or externship. You may also be denied Certification or registration by some professional boards. You may also be denied employment by some employers.  
\*\* Also note that you may face similar problems as just stated above for felonies if you have a positive drug test result.

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14. How did you find out about Midwest Healthcare Career Training and Development ? (Please check)

TV  Radio  Internet/web  Friend/Co-worker  Former Student  Banner in front of school  From US Higher Education website  Form Workforce Development  The Baltimore Sun  Employment Guide  PennySaver  Job Finder  Other Source.

Please list: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION (for minors and applicants under 18 years)**

Parent/

GuardianName: \_\_\_\_\_  
(Last) (First)

(Middle)

2. Home

Address: \_\_\_\_\_  
\_ (Street) (City) (State) (Zip)

3. Home Phone #: (\_\_\_\_) \_\_\_\_\_ Work Phone #:( \_\_\_\_ ) \_\_\_\_\_ Cell Phone #:  
( \_\_\_\_ ) \_\_\_\_\_

4. Primary E-mail: \_\_\_\_\_ Secondary E-mail: \_\_\_\_\_

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All Entering Students Are Required To Submit, in addition to other admission requirements, a copy of a photo ID and a copy of their High School Certificate or GED and a copy of their Social Security Card.

Attendance is required at the first class meeting. Students who do not attend the first meeting of each class in which they are registered may be dropped from the class.

FOR FURTHER INFORMATION, contact: Admissions: (219) 243-0143

I certify that the information given is correct and complete. I understand that submission of false information is grounds for denial of admission, re-enrollment or immediate suspension if enrolled. If accepted as a student at Midwest Healthcare Career Training and Development, I agree to abide by the rules and regulations of the

college regarding conduct, financial and other obligations. By signing this statement, I also hereby authorize the release of my drug screening results and other pertinent records to Stein Academy.

Students under 18 years of age and employer requirements: Please note that employer requirements and/or federal and state laws vary and may adversely affect your employment. In other words, students who are under the age of 18 may be denied employment after graduation and/or participation in certain externship or internship programs as a result of their age. They may also be denied certification or registration with certain professional boards. The student should consider these realities and discuss it carefully with their parents or guardians before registering for any of our programs.

_____	_____
Signature of Student	Date
_____	_____
Signature of Guardian	Date

**STUDENT ENROLLMENT AGREEMENT  
NURSING ASSISTANT PROGRAM  
Midwest Healthcare Career Training and Development  
1010 W. Garfield Street Michigan City, Indiana 46360**

**NAME OF PROSPECTIVE STUDENT:**

FIRST: \_\_\_\_\_

MIDDLE: \_\_\_\_\_

LAST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

Title of Program: \_\_\_ CNA

PROGRAM LENGTH: \_\_\_ 105 Clock Hours

**\*\*\*DO NOT COMPLETE THIS SECTION! Go to Page 2.\*\*\***

**PROGRAM SCHEDULING:**

DATE TRAINING BEGINS:

\_\_\_\_\_

DATE TRAINING ENDS: \_\_\_\_\_  
 HOURS OF INSTRUCTION PER DAY: \_\_\_\_\_ 4 \_\_\_\_\_  
 DAYS REQUIRED EACH WEEK: \_\_\_\_\_  
 \_\_\_\_\_ 5 \_\_\_\_\_ TOTAL HOURS REQUIRED  
 EACH WEEK: \_\_\_\_\_ 26.25 \_\_\_\_\_  
 WEEKS REQUIRED TO COMPLETE THE  
 PROGRAM: \_\_\_\_\_ 4 \_\_\_\_\_  
 CLINICAL HOURS (if applicable): \_\_\_\_\_ 75 \_\_\_\_\_  
 CLINICAL DAYS: \_\_\_\_\_ M-F \_\_\_\_\_ For ABOUT \_\_\_\_\_ 2Weeks

\*\* NOTE: Clinical dates and hours are subject to change. Midwest Healthcare Career Training and Development will attempt to place students into clinical only after successful completion of classroom portion of the course.

\*\*\*NOTE: Upon Satisfactory completion of the program, a certificate will be awarded. Upon successful completion of the program, I will receive a Certificate of Completion. Successful completion requires that I meet the graduation requirements for the program.

Midwest Healthcare Career Training and Development acknowledges that job placement and job salaries cannot be guaranteed.

**COSTS OF THE PROGRAM IS:**

REGISTRATION FEE: TUITION:  
 \*BOOKS \_\_\_\_\_ \$50 \_\_\_\_\_  
 \*LAB FEE \_\_\_\_\_ \$50 \_\_\_\_\_  
 TUITIONS: \_\_\_\_\_ \$945 \_\_\_\_\_

\*\*OTHER COSTS TO BE ASSUMED BY YOU: \_\_\_\_\_ \$160\*\* \_\_\_\_\_

\*\*These costs comprise: \$50 for Pre-admission Test; \$80 a pair for Uniform; \$20 for Registration with Indiana Board of Nursing & CNA Certificate; \$105 for Registration for the Nurse Aid Assessment Exam, if you plan to seat for the CNA exam. I understand that I may purchase my books, supplies, and materials.

**Note: Tuition must be paid-in-full on or before the first day of class!**

**ADDITIONAL FEES:**

The following fees will also apply:

Tuition Installment Payment Servicing Fee	\$20
Insufficient Funds ("bounced check") Fee	\$35
Lost Student ID Replacement Fee	\$10
Replacement of lost or destroyed certificate (Authenticated copy)	
Replacement of lost or destroyed certificate (Replacement of original document)	\$30
Copy of transcript (first copy has no charge)	\$15

**SCHOOL REFUND POLICY**

1. All monies paid by the student will be fully refunded if the student chooses not to enroll in or to withdraw from the school within seven calendar days after having signed the enrollment contract.
2. If the student chooses not to enroll after the seven-day cancellation period, but before the first day of instruction the registration or enrollment fee will be retained by the school.
3. If after the seven – day cancellation period expires, a student withdraws after instruction begins, refunds shall be based on the total contract price of the course or program and shall include all fees, except the application, registration or enrollment fee and any charges for materials, supplies, or books which have been purchased by, and are the property of the student. The minimum refund that a school shall pay a student who withdraws or is terminated after the 7-day cancellation period has expired and after the instruction has begun, is as follows:
  4. All refunds due will be paid within 60 days of the student’s last day of attendance.
  5. In the case of an official leave of absence, if a student fails to return to training by the end of the leave of absence, a refund due a student shall be based on the date of withdrawal or termination and paid within 60 days of the scheduled last day of the leave of absence.
  6. Books purchased are the property of the student and are not refundable, except within the seven – day cancellation period.

**\*NOTE:**

1. I understand that if the school closes, cancels or discontinues a course or program, the school will refund to me, if I am currently enrolled, all monies paid for tuition and fees and all monies for which I am liable for tuition and fees currently enrolled.
2. I understand that the school requests written notification of cancellation or withdrawal. Send all requests to the School Director or Administrator.
3. I understand that refunds are based on the last date of attendance.
4. I understand that in the case of an official leave of absence, if I fail to return to training by the end of the leave of absence, a refund due me shall be based on the date of withdrawal or termination and paid within 60 days of the scheduled last day of the leave of absence.
5. I understand that all refunds due me will be paid within 60 days of my last day of attendance.
6. I understand that books purchased are my property and are not refundable, except within seven - day cancellation period.

I have received an exact copy of this enrollment contract, and I have been advised to keep this document as well as copies of all financial documents.

**In order to be binding, this contract must be signed by the applicant, guardian, if applicable, and the school official.**

**I understand that this enrollment contract may be extended or modified only with the written consent of both myself and the school.**

**A Final Note:**

(1) You are advised to keep all documents regarding your enrollment and financial obligations.

(2) If you are a minor, you must get your parent or guardian's permission and signature before you can be enrolled.

(3) By signing this contract, you hereby agree that you have received the school's current catalog.

(4) By signing this contract, you hereby agree that you have received a copy of the enrollment contract.

(5) I fully understand and agree that in order for the enrollment contract to be binding, the contract must be signed by the applicant, the guardian (if you are a minor) and the school official.

(6) I fully understand and agree, furthermore, that the enrollment contract may be extended or modified only with the written consent of both the student and the school.

\$10 Document Fee, per request regardless of number \$15

**Proportion of total course or program Taught by date of withdrawal\***

	<b>Refund</b>
Less than 10%	90% refund
10% up to but not including 20%	80% refund
20% up to but not including 30%	60% refund
30% up to but not including 40%	20% refund
40% up to 50%	No Refund
More than 50%	
Tuition	

**\*\*Please Note: Stop payment on a check, failure to pay bill that is due or failure to attend classes does not constitute withdrawal.**

\*Note:



**Midwest Healthcare Career Training and Development  
HIPAA AWARENESS STATEMENT**

Dear Student:

Notification of privacy practices in accordance with the Health Insurance Portability and Accountability Act (HIPAA) was distributed and discussed during the classroom portion of my program. It is your responsibility as a student registered in one or more of Stein Academy's healthcare or allied health – related programs to be able to define the HIPAA regulations. You should be able to describe how the regulation affects you in your position as a student in our health care or allied health program such as Nursing Assistant.

Please review the HIPAA notification as summarized below.

**HIPPA AWARENESS  
PATIENT RECORD CONFIDENTIALITY AGREEMENT**

I, \_\_\_\_\_ as an enrolled Student/Faculty member at Midwest Healthcare Career Training and Development understand that as part of my clinical experience at the CLINICAL-HEALTHCARE FACILITY CONTRACTED BY Midwest Healthcare Career Training and Development FOR CLINICAL/EXTERNSHIP EXPERIENCE, and during the course of my participation in the program, I may come in contact with medical records of patients and/or their clients.

I understand that under the United States and State of Indiana laws, and the Health Insurance Portability and Accountability Act (HIPAA) in particular, the unauthorized disclosure of medical record information is unlawful and could subject myself to civil and/or criminal penalties, I, therefore, pledge to Midwest Healthcare Career Training and Development and the CLINICAL/EXTERNSHIP/HEALTHCARE FACILITY that I will not reveal the name, address or any pertinent, personal, or medical information that exists on any medical record(s) which I will come in contact with during the course of my clinical/externship experiences unless allowable under the CLINICAL/EXTERNSHIP/HEALTHCARE FACILITY'S policy and/or applicable laws.

**HIPAA Statement**

I, \_\_\_\_\_ have read and fully understand the HIPAA regulations and statement noted above.

(Please Print your Signature \_\_\_\_\_ Date \_\_\_\_\_)

**MEDICAL & CRIMINAL RECORDS RELEASE AUTHORIZATION FORM**

I, \_\_\_\_\_, hereby, authorize Midwest Healthcare Career Training and Development to release copies of my medical records, including results of my criminal background and drug test to personnel and officials of School, the Clinical sites or Externship sites, if applicable to my program) for the



purpose of determining my eligibility for registration, and/or to qualify to perform my clinical or Externship requirements at their facility.

Name of Student: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

### **Midwest Healthcare Career Training and Development TUITION INSTALLMENT AGREEMENT**

Midwest Healthcare Career Training and Development installment payment program requires payment for tuition, lab/supplies and installment payment servicing fee to be made in installments as provided the student during enrollment/registration. The number of installments for the CNA, For all programs the first payment/installment is due on or before the first day of class. For the CNA, the second payment is due on or before the second day of Classes start. A \$20 "Installment Payment Servicing Fee" will be added to your first payment.

In consideration of your special situation, Midwest Healthcare Career Training and Development has accepted to extend to you the privilege of paying your tuition in installments following the terms listed below.

NAME OF

PROGRAM: \_\_\_\_\_

TERMS:

I, \_\_\_\_\_ with Social

Security:# \_\_\_\_\_ agree to the following terms regarding my tuition obligation to Midwest Healthcare Career Training and Development :

(1) That I will not be permitted to write the final exams or participate in externships and clinical until the final tuition and other financial obligations to the school are fulfilled by me; and that as a result I will not be able to complete the program on a timely basis.

(2) That in the event that I am not able to complete the payment by the due Midwest Healthcare Career Training and Development reserves the right to employ all available legal means to collect the amounts outstanding.

(3) I understand that Midwest Healthcare Career Training and Development may employ collection agencies to recover any amounts due, including reporting delinquencies to the credit bureau.

(4) I understand that if I complete my tuition payment after the due date, that it will be at the discretion of to determine whether I continue the program; and that in any such event, Midwest Healthcare Career Training and Development does not guarantee that I will complete the program within the original time scheduled for the program.

(5) That Midwest Healthcare Career Training and Development will not provide any letter of recommendation, certificate or references on my behalf until all outstanding financial obligations are met.

(6) That the amount reflected in this installment agreement is for tuition only and does not include fees, cost of books or other non-tuition-relate costs.

(7) That Midwest Healthcare Career Training and Development reserves the right to remove me from class for none payment or completion of tuition.

**PAYMENT FORMS:**

All installment payments must be made by:

Money Order, Certified/Company Check, Visa, MasterCard, or Debit Card

There is a \$35 fee for all dishonored checks. This amount will be added to student's outstanding obligation to the school.

Please note that installment payment plan and the terms is provided to you at the discretion of

Name of

Student: \_\_\_\_\_

Address: \_\_\_\_\_

ZIP Code

Signature of Student/

Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Midwest Healthcare Career Training and Development  
Assumption of Risk for Invasive Procedures**

Students of The CNA Training Programs are required to learn and practice skills and procedures prior to performing them on patients. The undersigned agrees that he/she understands that students practice these skills on each other and this activity may be accompanied by potential dangers as identified below:

I understand and acknowledge that as a part of the training program, I will be required to learn skills necessary for practice in the lab/clinical/externship setting.

I understand that these skills may include finger sticks and injections.

I understand that students will practice these invasive procedures on each other.

I understand that, prior to the skill practice, students will receive instruction from Midwest Healthcare Career Training and Development instructors regarding the skills to be practiced including information on safety and the potential dangers inherent in such procedures.

I understand and acknowledge that such activities by their very nature can be very dangerous and involve the risk of serious injury/illness and/or death.

I understand that the risk of injury/illness may include, but is not limited to blood born pathogen infections, phlebitis, thrombophlebitis, septicemia, hemorrhage, tissue sloughing, nerve damage and loss of limb.

I understand that I may be subject to drug screening during the course.

I agree associated with participation in such educational activities. Moreover, I understand and agree that I will indemnify and hold harmless Midwest Healthcare Career Training and Development, its Board of Directors, Instructors, Employees, and

that other students shall not be held liable for injury or illness which is incidental to or associated with the preparation for and the participation in these learning activities and which may be sustained by me.

Date: \_\_\_\_\_ Student's Printed Name: \_\_\_\_\_  
Student's Signature: \_\_\_\_\_

### **BACKGROUND CHECK INFORMATION FORM**

Your program at Midwest Healthcare Career Training and Development and your admission to the CNA, programs does require a criminal background check.

Admission & Pre-clinical Criminal Background Check:

(1) Midwest Healthcare Career Training and Development uses this check and information resulting from it to alert and/or advise students only about potential problems they may encounter with registration, certifications and/or employment upon graduation from Midwest Healthcare Career Training and Development. It is not used to make admissions decision as that is left to the student.  
(2) Midwest Healthcare Career Training and Development also uses this check to meet the needs of clinical and/or externship sites that may, and often require it as a condition for allowing students to perform their clinical/externship experience at their facility. The site, and not the school determines who may be excluded, and not allowed to perform their clinical experience at their facility.

Board of Nursing Fingerprinting & Criminal Background Check:

This check is required by the Indiana Board of Nursing. It is part of the Application Package you will have to submit to the appropriate Board after your graduation from Midwest Healthcare Career Training and Development in order to be certified or registered as a CNA. The Boards, and only the Boards will determine, based on the information uncovered in the background check, whether or not they will register/certify

you. Midwest Healthcare Career Training and Development does not know what specific pieces of information the Indiana Board of Nursing or the Indiana Board of CNA looks at or the criteria used by them to determine who qualifies or not.

Note: Since Midwest Healthcare Career Training and Development does not know what specific pieces of information the Indiana Board of Nursing, those students who have criminal convictions and/or related matters in their history. The school cannot guarantee that graduates of the CNA programs who have criminal convictions will qualify for registration or certification by the Indiana Board of Nursing respectively. The Boards tend to handle these types of students on a case-by-case basis. Such students are advised to contact the Board and to make appropriate inquiries before registering for the program at Midwest Healthcare Career Training and Development.

I \_\_\_\_\_ acknowledge receiving this form, and further acknowledge that the contents were fully explained to me by a Midwest Healthcare Career Training and Development Official.

Name of Student \_\_\_\_\_

Signature of Student \_\_\_\_\_

Name of Program \_\_\_\_\_

Date \_\_\_\_\_

**STUDENT CONTACT/EMERGENCY CONTACT INFORMATION FORM**

NAME OF PROSPECTIVE STUDENT:

FIRST: \_\_\_\_\_

MIDDLE: \_\_\_\_\_

LAST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Zip: \_\_\_\_\_ TELEPHONE

NUMBER: \_\_\_\_\_

Email: \_\_\_\_\_

SOCIAL SECURITY

#: \_\_\_\_\_

EMERGENCY CONTACT:

#1

NAME: \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-mail: \_\_\_\_\_

#2

NAME: \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-mail: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Signature: \_\_\_\_\_