

**HEALTH PLUS MEDICAL INSTITUTE**  
**Certified Nursing Assistant Program Application**

Name: \_\_\_\_\_

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

Telephone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

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

SSN: \_\_\_\_\_ ID#: \_\_\_\_\_

Gender: Female \_\_\_\_\_ Male \_\_\_\_\_

Date of Birth:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*This information is used for statistical purposes only and will not be used to determine admission status.*

Ethnic Background: American Indian \_\_\_\_\_ Asian \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_  
 White \_\_\_\_\_ Non- resident alien \_\_\_\_\_

Are you a US? citizen: \_\_\_ Yes \_\_\_ No If "No," country of citizenship \_\_\_\_\_

Is English your first language? \_\_\_ Yes \_\_\_ No

Emergency Contact Name: \_\_\_\_\_

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

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

Education:

Name of School	City/State	Degree/Diploma	Year Graduated

Work Experience:

1. Company: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

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

Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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2. Company: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Address: \_\_\_\_\_  
Manager: \_\_\_\_\_ Phone: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

3. Company: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Address: \_\_\_\_\_  
Manager: \_\_\_\_\_ Phone: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

References

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

Please read and answer the questions below. Be brief, but succinct in your answers.

1. Why do you want to be a CNA?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you have any experience in the healthcare field? If yes, please elaborate.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Are there any other goals or additional education you would like to pursue after obtaining your CNA license?  
\_\_\_\_\_

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4. Please provide any other information you may feel we need to know in considering your application.

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5. Have you ever been convicted of a crime? If so please elaborate.

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6. How did you hear about Health plus medical institute ?

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**STATEMENT OF GENERAL HEALTH**

It is the policy of Health Plus Medical Institute that students seeking enrollment at the institution must submit a statement of general health. This is a requirement of enrollment.

Please complete the following documentation. This statement will become a part of your permanent school record. This statement must be in your file prior to the start of your class.

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

By signing below the student is acknowledging that they are in general good health.

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

\_\_\_\_\_  
Date

**CONFIDENTIALITY STATEMENT**

As a student of Health Plus Medical Institute, I am aware of my responsibility to maintain the confidentiality of any/all information, which I may come in contact with and/or have access to. I am also aware that I am responsible for the legal penalties, which may be assessed for unauthorized disclosure.

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

\_\_\_\_\_  
Date

**LETTER OF GUARANTEE**

I \_\_\_\_\_ agree to have all tuition and fees paid in full (zero balance) before I register for my state and or national exams. I also agree to any legal and collections costs and expenses in the event of the default of the Letter of Guarantee for Payment, including, but not limited to, all attorney and legal fees. This agreement in entered into voluntarily by the above-mentioned parties, and it is not to be replaced nor supplemented by any other payment agreement. For additional information on this matter please contact the **Finance Director, at 770-675-8190.**

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

\_\_\_\_\_  
Date

**WITHDRAWAL AND FEE REFUND POLICY**

There are no carrying charges, interest charges or finance fees connected or charges with any of the programs. However, there will be a \$35 fee charge on the first credit/debit card chargeback and a \$50 charge on all additional credit/debit card will be applied. The institution ensures that deposits or down payments are credited as tuition payments unless clearly identified on receipt by the institution as application or other fees

1. **Paid in Full-** Students may pay for the Nurse Aide Training program course in full prior to the start of the course. This is the preferred method. Payments will only be accepted in the following forms: cash, money order, certified funds check, credit card, or debit card. **No personal checks will be accepted.**
2. **Payment Plan-** Students may be given the option to engage in a payment plan. All students engaged in a payment plan must sign the payments arrangement agreement. Cost of the program is \$875 and can be broken down into the following installment plan. Initial Installment on registration or first day of the first week of school, balance is due by 5pm on Monday of the third week. Please note everything must be paid in full prior to start of clinical rotation.
3. Full refunds will be issued up until the 3rd day of class. A fee of \$100 will be deducted to cover administrative fees
4. If a student cancels more than three business days after executing the Enrollment Agreement and after the start of classes the school will only refund monies paid using prorated system. Refunds are determined based on the proration of tuition and percentage of program completed at withdrawal

I certify that the information on this application is true and correct. I understand the misrepresentation or omission of information will be sufficient cause for rejection or dismissal. I intend to abide by the rules and regulation of Health Plus Medical Institute.

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Student Signature/Date  
Date

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Health Plus Medical Institute