



ZHI

ZURIK HEALTHCARE INSTITUTE

3325 West 183rd Street Homewood, IL 60430

Phone: 708-960-0723 / 708-991-2776 / 708-983-9903

Fax: 708-960-0419

Email: zurikschool27@gmail.com / nnekagreen@yahoo.com

ONLINE CLASSES Enrollment Agreement FORM

Name:

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Work Phone:

Email Address:

Date of Birth:

Gender:

Male

Female

New Student

Returning Student

Emergency Contact:

Relationship:

Telephone Number:

PROGRAM INFORMATION

Date of Admission:

PROGRAM / COURSE NAME: **Basic Nurse Assistant Training Program (120 hours)**

DESCRIPTION OF PROGRAM: Zurik Healthcare Institute's BNAT program is approved by the Illinois Department of Public Health. The theoretical foundation for clinical skills and procedures are presented in lecture and include instruction in basic anatomy, medical terminology, communication skills, safety, infection control, and patient rights. This course contains substantial information on Alzheimer and dementia patient care, and emphasizes communication and coping mechanisms fundamental to working with this patient population. The curriculum also includes proper management of patient hygiene and mobility, and taking vital signs. In the student lab, students must master the 21 patient care manual skills mandated by the Illinois Department of Public Health. The instructor will demonstrate skills via live video, students will practice skills until achieving mastery in the live video with other students. Eleven of the 21 skills will be performed with a human mannequin.

Program Start Date:

Scheduled End Date:

LOGIN HOURS: Monday through Thursday (CLASS STARTS FROM 9:00am-11:00pm)

CLINICAL HOURS: START FROM WEEK 3 AT THE CLINICAL SITE PINECREST REHABILITATION 3300 175TH STREET HAZEL CREST, IL 60429

NUMBER OF WEEKS: **6**

TOTAL CLOCK HOURS: **120**

PROGRAM / COURSE OBJECTIVES: Upon completion of the course, the student will be able to:

- 1) Identify the role of the Certified Nursing Assistant (CNA) as a member of the health care team.
- 2) Recognize the legal and ethical responsibilities of the CNA.
- 3) Students must be able to perform a return demonstration of the 21 skills
- 4) Apply principles of infection control in the health care setting.
- 5) Demonstrate the ability to perform nursing assistant skills in a safe manner according to established criteria.
- 6) Demonstrate the ability to meet residents' basic needs with empathy and caring.



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Pre-requisites for Admission or Course Requirements

- * Take the BNAT assessment tests
- * Achieve required scores of 80% on reading, math, and oral comprehension tests.
- * Complete an interview with faculty member.
- * Submit documentation of health requirements.
- * Have a valid social security number that will be placed on the Illinois Health Care Worker Registry.
- * Meet state-mandated medical requirements to participate in clinical sessions. These include:
 1. A recent physical exam by a medical doctor or nurse practitioner;
 2. A recent TB test;
 3. Hepatitis B vaccination or a signed Hepatitis B declination form;
 4. Confidential medical history form (filled out by student).

In order for students to apply to the program they must show competence in reading, math, and English

A felony conviction will prohibit an individual from seeking employment in any healthcare facility in the State of Illinois. Any inquiries regarding criminal convictions should be directed to the Illinois Department of Public Health at (217) 782-2913

Classroom location all lecture will be conducted in 3325 WEST 183RD ST, HOMEWOOD IL 60430

BNAT program offers a variety of scheduling options, as follows:

- * Lecture sessions are offered in morning and evening time periods.
- * Lab sessions are offered in four or eight-hour time blocks, also scheduled in the morning and evening.
- * Clinical sessions are either in four or eight-hour time blocks and are scheduled during the day and evening and on the weekend

Basic Nurse Assistant Training Program--Certification

Each student must possess a valid social security number, complete (and pass) an Illinois Criminal Background Check, complete 120 clock hours of study and successfully implement the 21 patient care manual skills mandated by Illinois Department of Public Health, attend all lecture/lab/clinical sessions, attain a grade of "C" or better in the BNAT program, and pass the State of Illinois Nurse Aide Competency examination. After successful completion of the BNAT Program, the student applies to take the Illinois Nurse Aide Competency Examination. When the student receives a notification letter from the Illinois Department of Public Health that he/she has successfully passed the exam, he/she is then placed on the State of Illinois Nurse Aide Registry. For additional information on certification, please visit www.nurseaidtesting.com.

Upon passing the State Nurse Aide Competency examination, program graduates receive a letter documenting that they passed the exam and this serves as the program completer's "certificate." To verify that an individual is qualified as a Certified Nurse Assistant in the State of Illinois, go to: <http://www.idph.state.il.us/nar/home.htm>. Scroll down and select "Search the Healthcare Worker Registry." On the following page, enter last name, first name, press enter, and the information will appear.

Inquiries for additional information can be made to the office at (708) 991 2776 or send mails Zurik Healthcare Institute, Inc. 3325 W 183rd street Homewood, Illinois 60430



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CONSUMER INFORMATION

All schools are required to make available, at a minimum, the following disclosure information clearly and conspicuously on their Internet websites:

- * The number of students who were admitted in the program as of July 1 of that reporting period.
- * The number of additional students who were admitted in the program during the next 12 months and classified in one of the following categories: new starts, re-enrollments, and transfers into the program from other programs at the school.
- * The total number of students admitted in the program during the 12-month reporting period.
- * The number of students enrolled in the program during the 12-month reporting period who: transferred out of the program and into another program at the school, completed or graduated from a program, withdrew from the school, and are still enrolled.
- * The number of students enrolled in the program who were: placed in their field of study, placed in a related field, placed out of the field, not available for placement due to personal reasons, and not employed.
- * The number of students who took a State licensing exam or professional certification exam, if any, during the reporting period, as well as the number who passed.
- * The number of graduates who obtained employment in the field who did not use the school's placement assistance during the reporting period (pending reasonable efforts to obtain this information from graduates).
- * The average starting salary for all school graduates employed during the reporting period (pending reasonable efforts to obtain this information from graduates).
- * Zurik Healthcare Institute is approved by the Private Business and Vocational Schools Division of the Illinois Board of Higher Education."
- * Our school is yet not accredited by an accrediting body recognized by the U.S. Department of Education.

LOGIN HOURS: Monday through Thursday (CLASS STARTS FROM 9:00am-11:00pm)

**CLINICAL HOURS: START FROM WEEK 3 AT THE CLINICAL SITE PINECREST REHABILITATION 3300
175TH STREET HAZEL CREST, IL 60429**

NUMBER OF WEEKS: 6

TOTAL CLOCK HOURS: 120

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FINANCIAL AID

The institution is not offering or receiving any financial aid to and from students at this time.

TUITION & FEES

NON-REFUNDABLE REGISTRATION FEE: **\$ 200.00**

TUITION INCLUDES: **\$ 1,200.00**

TOTAL COST FOR BASIC NURSING ASSISTANT PROGRAM / COURSE: **\$ 1,400.00**

Other Includes: \$75 State competency examination and \$35 student criminal background check

PROGRAM MATERIALS AND FEES VARY BY PROGRAM OR COURSE

A program or course may be provided at no costs to eligible applicants; through funding by the U.S Department of Labor Mayor's Office of Workforce Development (Chicago) or the President's Office of Employment Training (Cook County), the United Way of Chicago, or the Illinois Department of Human Services. Students will receive a Certificate of Completion upon successful completion of a program or course.

NOTICE TO STUDENT:

1. Do not sign this agreement before you have read it or if it contains any blank spaces.
2. This agreement is a legally binding instrument and is only binding 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. Read all pages of this contract before signing.
3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
4. This agreement and the school catalog constitute the entire agreement between the student and the school.
5. Any changes in this agreement must be made in writing and shall not be binding on either the student or the school unless such changes have been approved in writing by the authorized official of the school and by the student or the student's parent or guardian. All terms have conditions of the agreement are not subject to amendment or modification by oral agreement.
6. Every assignee of this agreement is subject to all claims and defenses of the student in interest arising under this agreement.
7. I understand that should I withdraw from a program or course prior to the completion of said program or course, I am responsible for returning all property including textbooks, Laptop, when applicable. Costs of Laptop and materials are refundable if returned in good condition.
8. The school does not guarantee the transferability of credits to another school, college, or university. Credits or coursework are not likely to transfer; any decision on the comparability, appropriateness and applicability of credit and whether credit should be accepted is the decision of the receiving institution.
9. \$150:00 Registration fee is not refundable, Please before you sign this agreement make sure that you understand the school non-refund policy and student's right to cancel.

STUDENT'S RIGHT TO CANCEL

The student has the right to cancel the initial enrollment agreement until midnight of the fifth business day after the student has been admitted. If the right to cancel is not given to any prospective student at the time the agreement is signed, then the student has the right to cancel the agreement at any time and receive a refund on all money paid to date with 10 days of cancellation. Cancellation should be submitted to the authorized official of the school in writing.



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REFUND AND TUITION REFUND SCHEDULE INFORMATION

1. Schools shall, when a student gives written notice of cancellation, provide a refund in the amount of at least the following:
 - a. When notice of cancellation is given before midnight of the fifth business day after the date of enrollment but prior to the first day of class, all application registration fees, tuition, and any other charges shall be refunded to the student;
 - b. When notice of cancellation is given after midnight of the fifth business day following acceptance but prior to the close of business on the student's first day of class attendance the school may retain no more than the application registration fee which may not exceed \$150 or 50% of the cost of tuition, whichever is less;
 - c. When notice of cancellation is given after the student's completion of the first day of class attendance, but prior to the student's completion of 5% of the course of instruction, the school may retain the application registration fee, an amount not to exceed 10% of the tuition and other instructional charges or \$300, whichever is less, and, excluding the cost of any books or materials which have been provided by the school.
 - d. When a student has completed in excess of 5% of the course of instruction the school may Retain the application-registration fee but shall refund a part of the tuition and other Instructional charges.
- 1) All other schools regulated under this Section may retain an amount computed prorate by days in class plus 10% of the tuition and other instructional charges up to completion of 60% of the course of instruction. When the student has completed in excess of 60% of the course of instruction, the school may retain the application/registration fee and the entire tuition and other charges.
- 2) A student, who on personal initiative and without solicitation enrolls, starts, and completes a course of instruction before midnight of the fifth business day after the enrollment agreement is signed, is not subject to the cancellation provisions of this Section.
- 3) Applicants not accepted by the school shall receive a refund of all tuition and fees paid within 30 calendar days after the determination of non-acceptance is made.
- 4) Application-registration fees shall be chargeable at initial enrollment and shall not exceed \$150 or 50% of the cost of tuition, whichever is less.
- 5) Deposits or down payments shall become part of the tuition.
- 6) The school shall mail a written acknowledgement of a student's cancellation or Written withdrawal to the student within 15 calendar days of the postmark date of Notification. Such written acknowledgement is not necessary if a refund has been mailed to the student within the 15 calendar days.
- 7) All student refunds shall be made by the school within 30 calendar days from the date of receipt of the student's cancellation.
- 8) A student may give notice of cancellation to the school in writing. The unexplained absence of a student from a school more than 15 school days shall constitute constructive notice of cancellation to the school. For purposes of cancellation the date shall be the last day of attendance.
- 9) A school may make refunds which exceed those prescribed in this Section. If the school has a refund policy that returns more money to a student than those policies prescribed in this Section, that refund policy must be filed with the Superintendent
- 10) A school shall refund all monies paid to it in any of the following circumstances:
 - a. the school did not provide the prospective student with a copy of the student's valid enrollment agreement and a current catalog or bulletin



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b. the school cancels or discontinues the course of instruction in which the student has enrolled;

c. the school fails to conduct classes on days or times scheduled, detrimentally affecting the student.

11) A school must refund any book and materials fees when: (a) the book and materials are returned to the school unopened and unmarked; and (b) the student has provided the school with a notice of cancellation

Refunds and Withdrawals

Students may drop courses during the first seven days from the start date of class for main session (or equitable time period for special sessions) without incurring a penalty.

After the first seven days of the start of class for main session (or equitable time period for special sessions), no refunds will be allowed.

Refunds

Refunds for student-initiated withdrawals (WTH) are available at one hundred percent of tuition and applicable fees only if processed during the first seven days from the start of class for main session (or equitable time period for special sessions) without incurring a penalty. No refund will be allowed if a student withdraws after the first seven days of class.

Refunds – No-Show Withdrawal / No Show 1 Day (NSW and NS1)

No refunds of tuition and/or fees will be issued for classes with no-show withdrawals (NSW or NS1's). Students will be held accountable for the payment of tuition and fees of NSW/NS1 courses.

Non-Refundable Fees

The following fees associated with course registration are non-refundable.
They include, but are not limited to:

Partial Payment Fees

Lab Fees (Lab fees may be refunded if courses are dropped before the term begins)

STUDENT ACKNOWLEDGMENTS

1. I hereby acknowledge receipt of the school's catalog, which contains information describing programs offered, Laptop and equipment or supplies provided. The school catalog is included as part of this enrollment agreement and I acknowledge that I have received a copy of this catalog.

Student Initials:

2. I have carefully read and received an exact copy of this enrollment agreement.

Student Initials:

3. I understand that the school may terminate my enrollment if I fail to comply with attendance, academic, and financial requirements or if I fail to abide by established standards of conduct, as outlined in the school catalog. While enrolled in the school, I understand that I must maintain satisfactory academic progress as described in the school catalog and that my financial obligation to the school must be paid in full before a certificate or credential may be awarded.

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4.I understand that the school does not guarantee transferability of credit and that in most cases, credits or coursework are not likely to transfer to another institution. In cases where transferability is guaranteed, [school name] must provide me copies of transfer agreements that name the exact institution(s) and include agreement details and limitations..

Student Initials:

5.I hereby acknowledge that Zurik Healthcare Institute has made available to me all required disclosure information listed under the Consumer Information section of this Enrollment Agreement.

Student Initials:

6.I understand that Zurik Healthcare Institute does not guarantee job placement to graduates upon program completion.

Student Initials:

7. I understand that complaints, which cannot be resolved by direct negotiation with the school in accordance to its written grievance policy. If dissatisfied, the student can file a complaint with IBHE at any time and do not have to wait until the institution's process is complete. Appeal may be filed with the Illinois Board of Higher Education

Division of Private Business and Vocational Schools

1 NORTH OLD STATE CAPITOL PLAZA, SUITE 333. SPRINGFIELD, IL 62701-1377

Main Line: (217) 782-2551 Complaint Call Line: (217) 557-7359 Website: www.ibhe.org

Student Initials:

The student acknowledges receiving a copy of this completed agreement, the school catalog, and written confirmation of acceptance prior to signing this contract. The student by signing this contract acknowledges that he/she has read this contract, understands the terms and conditions, and agrees to the conditions outlined in this contract. It is further understood 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. The student and the school will retain a copy of this agreement.

Student's Name

Date

Program Director's Name

Date