



Nurse Aid Training Program Enrollment Agreement

I, _____ (hereafter, the .trainee.) desires to attend the nurse aide Training program administered by My Tees Healthcare Services (hereinafter, the .program.) that is intended to provide the attendee with the training and education required by the State of Ohio as one of The prerequisites for becoming a State Tested Nurse Aide.

In consideration of My Tees Healthcare Services accepting the Trainee into the program, though trainee agrees, acknowledges and understand the following:

1. Physical Exam: Except as prohibited by applicable law, Trainee agrees to present to the program the results of physical examination, and to consent to My Tees Healthcare Services training retaining a copy of such physical.
2. Program Enrollment Fee: The cost of enrollment into the program is **\$ 389.00 (Morning Class)** and **\$429.00 (Evening Class)** Hereinafter the program Enrollment fee.. Trainee agrees to pay the Program Enrollment Fee in advance and in full prior to enrollment in the program, unless Addendum A to this agreement has been agreed upon; Also note that even with the Addendum / Payment Plan, you will not be able to get your certification unless payment is paid in full as agreed.
3. Compliance with Polices and Procedures: Trainee agrees at all times to abide by all polices and procedures of the program including Passing with an Overall Minimum of 80% set forth by My Tees Healthcare Services.
4. Schedule: The program shall be conducted in accordance with the published schedule that shall be provided to the Trainee. My Tees Healthcare Services reserves the right to reschedule program sessions at its sole discretion.
5. Expulsion from Program: My Tees Healthcare Services reserves the right to bar the Trainee from attending the program if, in the sole discretion of the program or of My Tees Healthcare Services, or violates any laws or regulations relating to patient safety. Under such circumstances, the Trainee Shall not be entitled to a refund of the Program Enrollment Fee.

In *WITNESS WHEREOF*, the undersigned have agreed to said agreement and understands rules and regulations:

Trainee Signature _____

Trainee Printed Name _____

Today.s Date _____

Trainee.s Address _____

Telephone Number _____

Social Security Number _____

Proof of non-expired photo identification _____