

## STATE TESTED NURSING ASSISTANT AGREEMENT FORM

### **ATTENDANCE:**

IS MANDATORY!! No absences permitted due to short duration of class. If there are any days missed for whatever reason; you will have 60 days from your first day of class to make up those missed days. There will be a \$25 fee assessed for any needed make-up days. If you do not complete your certification within 60 days of the first day of your class, you will be required to re-enroll for the class and responsible for full payment in order to be certified.

### **HOURS CLASS:**

Morning Class is Monday through Friday, 8:30am to 3:00pm x 12 days.

Evening Class is Monday through Friday, 5:00pm to 10:00pm x 17 days.

\*½ hour lunch and 10-15 minute breaks are included

### **CLINICAL HOURS:**

Clinicals for the Morning and Evening classes are usually held on the 2<sup>nd</sup> weekend from 7:00am to 3:30pm. If there are more than 8 students, clinicals will be split into 2 groups. The final decision will be left to the instructor and is based on the overall needs of the class.

### **REQUIRED ATTIRE:**

Navy blue scrubs (top and bottom). This can be purchased from PCHS for a fee of \$20 per set. Shoes must be white tennis shoe type (NO COLORS, CLOGS, OR OPEN TOE). Uniforms are Mandatory and are to be worn to class and clinical sessions at all times. Students who violate this policy will be sent home and will have to make up those missed days. All policies surrounding missed days will be applicable.

### **HEALTH SCREENING REQUIREMENTS:**

Each student must have a negative 2-step Mantoux (TB skin test) prior to attending clinical at student's expense. Upon registration you were given a 2-step Mantoux form to be filled out by the individual giving the test. If this requirement is not completed, you will not be permitted to attend the clinical portion of the program, therefore you will not receive a completion certificate nor will a refund of fees paid be issued. If you have already had a 2-step done, it must have been done within a year's time to fulfill this requirement. A physical is also required prior to clinical. The physical can be as simple as a doctor's prescription pad with your Dr.'s signature and his agreement that you are physically able to attend an STNA class/clinical without any restrictions.

### **STUDENT ACADEMIC RESPONSIBILITIES:**

- Be prepared for class.
- Produce your highest quality work.
- Take notes, read assignments and study daily.
- Ask questions and seek help when needed.
- Participate in class.
- Respect your fellow classmate's thoughts, feelings and suggestions.
- Do your best at all times!

### **STUDENT CONDUCT PHILOSOPHY:**

- Students shall attend class on a regular basis and be in class on time.
- Students shall follow directives, directions, and procedures at all times.
- Students shall display appropriate behavior in order to assist with maintaining a harassment free, violence free, and a substance abuse free class.
- Students shall have their school ID with them at all times while on company's property or at any clinical activity.

### **STUDENT IDENTIFICATION (I.D.'s):**

Every student will be issued an identification card with his/her name. A student must have their I.D. card in their possession at all times while at school or at clinical. Failure to possess the I.D. for admission to a clinical event may result in the student not being admitted to the event. Students should report lost or stolen cards to the receptionist. The first lost/stolen card replacement is \$5.00. A second lost/stolen card has a \$10.00 replacement fee. No temporary Student I.D. card is available during the replacement time. A student who lends or uses another's I.D. card will be referred to the Students coordinator for disciplinary action.

### **THEFT/LOST AND STOLEN ITEMS:**

Any school books, equipment, or clothing items checked out to a student that are lost/stolen are the responsibility of the student and his/her parent/guardian and must be replaced/purchased at the current replacement cost. PCHS and its staff members are not responsible for personal items that are lost or stolen on company premises or at clinicals.

A student shall not take, use, or borrow any property by misrepresentation, deception, or by expressed or implied threat. A student shall not take, use, or borrow property belonging to another person without his/her permission.

### **STATE TEST:**

All students are required to pass the final review test with at least 80% score that will be given at the end of the course before they will be allowed to register to take the state test.

### **TEXTBOOK:**

The school furnishes textbooks to all students on a lease basis. Each student must make it a point to keep their book with them at all times. Replacement for lost or stolen textbook is \$25 and can be purchased at the reception counter. Workbooks are also available to purchase for study purposes. Textbooks are to be returned in good condition on the day of State Test. Failure to do so will result in collection action against you.

### **PAYMENT INFORMATION:**

Each student must bring a minimum of \$200 deposit at the time of enrollment. This deposit and/or tuition are non-refundable and non transferable but it is applied toward the cost of the program. Students who have paid a non-refundable deposit and/or tuition may be subject to an additional \$100 cancellation fee, if Cancellations are not received by our offices at least 48 business hours before the start of the class for which they are enrolled. Cancellations must be received in writing by e-mail ([PCHS@live.com](mailto:PCHS@live.com) Subject: Cancellation), fax (614-437-2695 ATTN: Administrator) or by U.S. mail (1997 E Dublin Granville Rd Columbus, OH 43229 ATTN: Administrator.) No refunds will be made for requests received after that time. Refunds may be issued in the same form payment was made. Please allow two weeks for processing. Registrants who cancel will not receive seminar materials.

The remaining costs totaling: \$435.00 for day classes and 460.00 for night classes, will be due prior to the first clinical class. Otherwise an additional \$50 will be assessed to the total balance. In addition, you will be charged \$5 per day for any day/days after the due date. Please contact a PCHS representative for information about payment plans prior to submitting your application. PCHS accepts cash, cashier's checks, money orders, debit and credit cards. Deposits or other payments can be mailed or delivered in person at 1997 E. Dublin Granville Rd, Columbus OH 43229.

### **COMPUTER AND INTERNET USE:**

Use of the Internet and computers requires efficient, ethical, and legal use of network resources. If a student violates any of these guidelines, their eligibility for using the computer will be terminated and future access to the Internet and computers will be denied. Violation of these guidelines may also result in further disciplinary action. Disciplinary action may also be taken for inappropriate use of computers for personal use after classes has ended that violates school policy.

**FALSE IDENTIFICATION:**

Students shall always provide accurate identification of who they are. When requested, students will always respectfully provide a staff member, chaperone, or law enforcement officer with their school identification card.

**PROFANITY:**

Students shall refrain from using any form of profanity (verbal or written) at all times. Students will be pulled aside and spoken to if improper language is an ongoing problem. If an agreement cannot be reached (re: poor language) student will be asked to leave the class. In such cases PCHS will not refund any deposit made.

**SEXUAL HARASSMENT:**

The unwelcome sexual advances, request for sexual favors, and any other verbal or physical conduct of a sexual nature by a student to another student or by a student to a staff member will not be tolerated.

**WEAPONS:**

A student shall not knowingly, intentionally, or recklessly go onto school premises with a firearm, explosive, knife, or any other weapon (real or fake) without written authorization by an administrator. Violators are subject to required withdrawal and may be referred to the appropriate law enforcement authority.

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# **PREMIER CHOICE HEALTH SERVICES, LLC**

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1997 E. DUBLIN-GRANVILLE RD.

COLUMBUS, OHIO 43229

PHONE: (614) 737-3755

Fax: (614) 437-2695

**My signature below indicates that I have read,  
understand and agree to the terms and conditions  
of the Policy and Procedure Agreement information  
form given to me by Premier Choice Health  
Services STNA Program.**

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**Students name (print)**

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**Date**

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**Students Signature**