

ENROLLMENT AGREEMENT

The Renaissance Care Center Basic Nursing Assistant Training Program

Address

Canton, IL 61520

(309)647-5631

Fax Number

www.renaissancecarerehab.com

Student Name: _____

Present Address:

Permanent Address:

Telephone (home): _____

(work) _____

(Cell) _____

Date of Birth: _____

Student I.D. No.: _____ Social Security number _____

E-mail: _____

Emergency contact _____ Phone number _____

Relationship _____

DATE OF ADMISSION: ____/____/____

PROGRAM INFORMATION:

COURSE: Basic Nursing Assistant Training Program

PROGRAM START DATE: _____ SCHEDULED END DATE: _____

FULL-TIME PART-TIME DAY EVENING DAYS/EVENINGS CLASS MEETS: (circle) M T W Th F Sa Su

TIME CLASS BEGINS: _____ TIME CLASS ENDS: _____ NUMBER OF WEEKS: _____

TOTAL

Program Length: 147 clock hours

The Renaissance Care Center Basic Nursing Assistant Training Program will be 147 hours in length but may have a varying schedule depending upon the needs of our student population and instructor availability. Each class will have a master schedule, complete with possible make-up days that will be available to the student prior to enrollment.

Renaissance Care Center Basic Nursing Assistant program follows the Model Program as outlined in the State of Illinois Administrative Code, section 395 and meets all requirements of the Illinois Department of Public Health (IDPH) Basic Nursing Assistant Training Program (BNATP) requirements. This course also complies with Center for Medicare and Medicaid Services (CMS) regulations.

The Family Educational Rights and Privacy Act (FERPA) guidelines indicate that rights under FERPA transfer from the parent/guardian to the student once the student enrolls in a college course. Although the rights under FERPA transfer to the student, the College may disclose educational records to the parents, without written consent, if the student is a dependent for tax purposes. This is not a college course and students will not receive

college credit or a transcript for this course. This Program will obtain emergency contact information from students and will contact parents if they are listed as an emergency contact.

Program Design:

Renaissance Care Center Basic Nursing Assistant Training Program is designed to prepare those seeking employment as nursing assistants in long-term care, hospitals, home health and other health care settings. Nursing Assistants function under the direction and supervision of a Licensed Nurse. Upon successful completion of this program the student will be trained to safely provide person-directed care while advocating for and maintaining the persons' rights in an infection-controlled environment. This program facilitates learning in a variety of settings including classroom, lab and clinical. Clinical rotation will take place at Renaissance Care Center or other long term care center as circumstances dictate. The instructor to student ratio for the classroom will be at least 1 instructor to 15 students. The instructor to student ratio for clinical will be at least one instructor to 8 students.

The program schedule may vary from class to class to meet the needs of the community. Classes may be rescheduled or cancelled with or without notice, based on class size and instructor availability.

Program Outcomes:

1. The student will demonstrate proficiency in application of knowledge gained in the classroom by translating it to the clinical setting as it relates to delivery of person-directed care including communication, customer service, teambuilding and conflict resolution.
2. The student will demonstrate proficiency in performing all skills related to delivery of person-directed care in a variety of clinical settings, while maintaining safety.
3. The student will understand and demonstrate professional behaviors expected of the nursing assistant in a variety of clinical settings.
4. The student will demonstrate proficiency in safely providing person-directed care while advocating for and maintaining the persons' rights in an infection-controlled environment.

Successful completion of this program will result in eligibility to register for and take the Illinois State competency exam. Upon passing the Illinois State competency exam, the student will be listed on the State of Illinois Health Care Worker registry as eligible for employment as a certified nursing assistant. Please refer to the following website for detailed information. Successful completion of this program does not guarantee successful completion and passing of the Illinois State competency exam.

You have 12 months from the program completion date to pass the Illinois Nurse Assistant/Aide Competency Exam. If you fail the exam three times, you must retake a CNA training program.

The following website provides guidance regarding Basic Nurse Aide Training Programs, Illinois State Competency Exam requirements and Certified Nurse Aide requirements.

<http://www.nurseaidetesting.com/basic-nurse-assistant-training-program-bnatp/>

Renaissance Care Center Basic Nursing Assistant Training Program does not offer or provide college credit.

Renaissance Care Center Basic Nursing Assistant Training Program does not provide an official course transcript.

Renaissance Care Center Basic Nursing Assistant Training Program does not accept transfers from other programs/institutions.

Renaissance Care Center Basic Nursing Assistant Training Program does not offer any course or program other than the Basic Nursing Assistant Training Program.

Renaissance Care Center Basic Nursing Assistant Training Program pays all tuition for students who are current employees of RCC. Students employed by RCC will incur no program expenses, apart from a watch with a sweeping second hand, a pair of shoes in compliance with the uniform requirements, a pen and a pocket notebook.

Students employed by Renaissance Care Center may be dismissed from the program if, for any reason their employment is terminated by RCC. Termination of employment and continued enrollment and participation in the Renaissance Care Center Basic Nursing Assistant Training Program will be reviewed on an individual basis.

Renaissance Care Center Basic Nursing Assistant Training Program Registration and Admission requirements

Students may register in person at Renaissance Care Center, 1675 E Ash Canton, IL between the hours of 9 am and 4 pm Monday-Friday or by appointment, during enrollment periods designated on the Academic calendar which is found on the website at www.renaissancecarerehab.com

Renaissance Care Center Basic Nursing Assistant Training Program Admission requirements include the following:

1. The prospective student must be at least 16 years of age, of temperate habits and good moral character, honest, reliable and trustworthy.
2. The prospective student must complete a Health Care Worker Background Check Disclosure and Authorization form so that a search of the Health Care Worker Registry can be conducted. This form must be completed in person on or before Orientation Day of the class in which you are planning to enroll.

Students who are not already on the Health Care Worker Registry with a FEE_APP or CAAPS on the requirement for a fingerprint background check must submit to a fingerprint background check prior to the first day of class. Students not employed by Renaissance Care Center or the sponsoring employer are responsible for all costs/fees related to this requirement.

3. The prospective student must be able to speak and understand English or a language understood by a substantial percentage of a facility's residents.
4. The prospective student must have completed at least eight years of grade school or provide proof of equivalent knowledge.
5. The prospective student must take reading and math assessment prior to registration for the program. Proof of reading and/or math assessment scores from a credentialed educational institution within the past year may be accepted, in which case, the student would not be required to take the RCC BNATP reading and math assessment.
6. The prospective student must receive an 80% or higher on the reading assessment.
7. Prospective students scoring less than 80% on the math assessment must agree to attend math tutoring sessions which will be noted on each class schedule and available by appointment. Individual student and instructor schedules may dictate the scheduling of the tutoring session.

Medical Requirements for students who are NOT employed by Renaissance Care Center:

1. Physical and Immunization requirements must be completed and turned into your instructor/program coordinator prior to the first day of clinical. The Renaissance Care Center Basic Nursing Assistant Training Program Physical form must be used, and all information must be completed, including signature of the licensed provider.
2. The student must obtain a current physical, including past and current immunization documentation, from a licensed medical provider attesting to the applicant's physical abilities to perform NA duties.
3. The physical exam must be dated within the past 90 days and be provided before the first day of clinical.
4. The cost of all medical requirements for the Renaissance Care Center Basic Nursing Assistant Training Program will be the sole responsibility of the student or the sponsoring employer.
5. Failure to submit required documentation by the first day of clinical will result in the dismissal of the student from the Renaissance Care Center Basic Nursing Assistant Training Program with no refund of monies paid.

Students employed by Renaissance Care Center have met health requirements per Renaissance Care Center policy are not required to obtain a current physical.

Any student, regardless of employment status who has a change of health status during their enrollment in the Renaissance Care Center Basic Nursing Assistant Training Program is required to have an updated physical, stating the student's health status will not prohibit them from safely meeting the course requirements as stated in The Renaissance Care Center Basic Nursing Assistant Training Program Academic Catalog and Program Syllabus.

TB testing for students employed by Renaissance Care Center will follow Renaissance Care Center policies/procedures.

1. TB testing is not a requirement for the theory or lab portion of a program, but clinical sites will require a two-step negative TB test or follow-up annual TB testing or a chest x-ray. For foreign-born students, make sure the student identifies whether the student has ever had the Calmette-Guerin (BCG) vaccine which is a vaccine to prevent tuberculosis given in some countries. The student cannot have a PPD skin test for TB if the student has been vaccinated.
2. IDPH also accepts IGRA (interferon-gamma release assay) testing. These tests are approved under QuantiFERON® or T-SPOT®. These tests are the preferred method of testing for persons who have had the BCG vaccine.
3. The results of the two-step tb test must be recorded in "mm". The word "negative" or "positive" will not be acceptable results.
4. Complete a Hepatitis B vaccination series or sign a waiver as required by facility.
5. Influenza vaccination as required by clinical site. RCC Basic Nursing Assistant Training Program does not require proof of an Influenza vaccine.
6. Covid testing as required by clinical site. Proof of Covid vaccine or exempt status is required. RCC will follow all current CDC and IDPH guidelines regarding COVID 19.

TB testing is not a requirement for the theory or lab portion of a program, but clinical sites will require a two-step negative TB test or follow-up annual TB testing or a chest x-ray. For foreign-born students, make sure the student identifies whether the student has ever had the Calmette-Guerin

(BCG) vaccine which is a vaccine to prevent tuberculosis given in some countries. The student cannot have a PPD skin test for TB if the student has been vaccinated.

7. IDPH also accepts IGRA (interferon-gamma release assay) testing. These tests are approved under QuantiFERON® or T-SPOT®. These tests are the preferred method of testing for persons who have had the BCG vaccine.
8. The results of the two-step tb test must be recorded in “mm”. The word “negative” or “positive” will not be acceptable results.
9. Complete a Hepatitis B vaccination series or sign a waiver as required by clinical site.
10. Influenza vaccination as required by clinical site. RCC Basic Nursing Assistant Training Program does not require proof of an Influenza vaccine.
11. Covid testing as required by clinical site. Proof of Covid vaccine or exempt status is required by clinical site. Renaissance Care Center will follow all current CDC and IDPH guidelines regarding COVID 19 and other communicable diseases or outbreaks.

The Renaissance Care Center Basic Nursing Assistant Training Program Admissions Department will require original documents for the admission process. Documents will not be accepted by mail, fax or email.

Please make copies of all documents that you submit to the RCC Basic Nursing Assistant Training Admissions Department.

All required physical forms and tb testing results must be completed prior to the first day of clinical. Failure to submit required documentation by the first day of clinical will result in the dismissal of the student from the Renaissance Care Center Basic Nursing Assistant Training Program with no refund of monies paid.

Social Security Card

1. It is the policy of the IDPH that an individual must have a valid Social Security number to take the state written competency examination for the ANAPT or a BNATP. There are no exceptions!
2. Licensed individuals (nurses, physicians, etc.) may apply for a license with a TIN through the Illinois Department of Financial and Professional Regulation (IDFPR), but a CNA student must have a Social Security Number.
3. You must produce a valid Social Security by the first day of class to continue in the RCC Basic Nursing Assistant Training Program. A copy of your Social Security card will be copied and kept in a secure file. This will not be shared with any entity other than the IDPH as per their regulations.

Health Care Worker Criminal History Records Background Check:

1. The prospective student must complete a Health Care Worker Background Check Disclosure and Authorization form on or before Orientation Day of the class in which the student is enrolled, so that a Criminal History records search of the Health Care Worker Registry can be conducted.
2. The Program Coordinator will conduct a search of the State of Illinois Health Care Worker Registry. Prospective students found to be in good standing on the Illinois Health Care Worker Registry and meet IDPH and Federal requirements, will not have to submit to an additional Fingerprint Criminal Background Check.
3. Students who are **NOT** already on the Health Care Worker Registry with a FEE_APP or CAAPS on the requirement for a fingerprint background check **MUST** submit to a live-scan fingerprint background check **prior to the first day of class**. Students not employed by Renaissance Care Center or the sponsoring employer will be responsible for all fees related to obtaining the live-scan fingerprint background check.
4. The result of the fingerprint background check must result in “no hit” or “automatic waiver”. If a hit results and is a disqualifying conviction the student will receive a letter from IDPH stating they have a disqualifying conviction and will also receive a waiver application with directions. If a student does have a disqualifying conviction, the student must be immediately disenrolled. The student cannot continue any portion of the course until a waiver has been granted. It is the responsibility of the student to obtain the waiver. Obtaining a waiver can be a lengthy process, up to approximately six months. Training programs are not obligated in any way to offer assistance with obtaining waivers for disqualifying convictions.
5. The prospective student with disqualifying convictions must apply for and obtain a waiver before being admitted to any Illinois Department of Public Health Approved Basic Nursing Assistant Training Program. The following website contains information regarding disqualifying convictions and waivers.

<https://dph.illinois.gov/topics-services/health-care-regulation/health-care-worker-registry/disqualifying-convictions.html>

IDPH Approved Vendor Names

<u>Vendor Name</u>	<u>Phone Number</u>
Accurate Biometrics Inc. www.accuratebiometrics.com	1-866-361-9944

The following information regarding disqualifying convictions is taken directly from the Illinois Department of Public Health Administrative Code.

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER u: MISCELLANEOUS PROGRAMS AND SERVICES
PART 955 HEALTH CARE WORKER BACKGROUND CHECK CODE
SECTION 955.160 DISQUALIFYING OFFENSES

Section 955.160 Disqualifying Offenses

The following offenses are disqualifying under the Act and this Part. Offenses are not considered disqualifying until the effective date of the legislation adding the offenses to the Act, regardless of the date an individual is convicted of the offense (see Appendix A through Appendix C).

- a) Violations under the Criminal Code of 1961 or 2012:
- 1) Solicitation of murder, solicitation of murder for hire [720 ILCS 5/8-1(b), 8-1.1, and 8-1.2] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 8-1.1 and 8-1.2);
 - 2) First degree murder, intentional homicide of an unborn child, second degree murder, voluntary manslaughter of an unborn child, involuntary manslaughter and reckless homicide, concealment of homicidal death, involuntary manslaughter and reckless homicide of an unborn child, and drug-induced homicide [720 ILCS 5/9-1, 9-1.2, 9-2, 9-2.1, 9-3, 9-3.1, 9-3.2, 9-3.3, and 9-3.4] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 9-1, 9-1.2, 9-2, 9-2.1, 9-3, 9-3.1, 9-3.2, and 9-3.3; Ill. Rev. Stat. 1985, ch. 38, par. 9-1.1; Ill. Rev. Stat. 1961, ch. 38, pars. 3, 236, 358, 360, 361, 362, 363, 364, 364a, 365, 370, 373, 373a, 417, and 474);
 - 3) Kidnapping, aggravated kidnapping, child abduction, and aiding and abetting child abduction [720 ILCS 5/10-1, 10-2, 10-5, and 10-7] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 10-1, 10-2, 10-5, and 10-7; Ill. Rev. Stat. 1985, ch. 38, par. 10-6; Ill. Rev. Stat. 1961, ch. 38, pars. 384 to 386);
 - 4) Unlawful restraint, aggravated unlawful restraint, and forcible detention [720 ILCS 5/10-3, 10-3.1, and 10-4] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 10-3, 10-3.1, and 10-4; Ill. Rev. Stat. 1961, ch. 38, pars. 252, 252.1, and 252.4);
 - 5) Indecent solicitation of a child, sexual exploitation of a child, sexual misconduct with a person with a disability, exploitation of a child, and child pornography, promoting juvenile prostitution, custodial sexual misconduct, presence of a sex offender in a school zone, and presence of a sexual predator or sex offender near a public park [720 ILCS 5/11-6, 11-9.1, 11-9.2, 11-9.3, 11-9.4-1, 11-9.5, 11-14.4(a), 11-19.2, 11-20.1, 11-20.1B, and 11-20.3] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 11-6, 11-19.2, and 11-20.1; Ill. Rev. Stat. 1983, ch. 38, par. 11-20a; Ill. Rev. Stat. 1961, ch. 38, pars. 103 and 104);
 - 6) Assault; aggravated assault; battery; battery of an unborn child; domestic battery; aggravated domestic battery; aggravated battery; heinous battery; aggravated battery with a firearm; aggravated battery with a machine gun or a

firearm equipped with any device or attachment designed or used for silencing the report of a firearm; aggravated battery of a child; aggravated battery of an unborn child; aggravated battery of a senior citizen; or drug-induced infliction of great bodily harm [720 ILCS 5/12-1, 12-2, 12-3, 12-3.05, 12-3.1, 12-3.2, 12-3.3, 12-4, 12-4.1, 12-4.2, 12-4.2-5, 12-4.3, 12-4.4, 12-4.6, and 12-4.7] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 12-1, 12-2, 12-3, 12-3.1, 12-3.2, 12-4, 12-4.1, 12-4.2, 12-4.3, 12-4.4, 12-4.6, and 12-4.7; Ill. Rev. Stat. 1985, ch. 38, par. 9-1.1; Ill. Rev. Stat. 1961, ch. 38, pars. 55, 56, and 56a to 60b);

- 7) Tampering with food, drugs, or cosmetics [720 ILCS 5/12-4.5]; (formerly Ill. Rev. Stat. 1991, ch. 38, par. 12-4.5).
- 8) Aggravated stalking [720 ILCS 5/12-7.4] (formerly Ill. Rev. Stat. 1991, ch. 38, par. 12-7.4);
- 9) Home invasion [720 ILCS 5/12-11] (formerly Ill. Rev. Stat. 1991, ch. 38, par. 12-11);
- 10) Criminal sexual assault; aggravated criminal sexual assault; predatory criminal sexual assault of a child; criminal sexual abuse; aggravated criminal sexual abuse [720 ILCS 5/11-1.20, 11-1.30, 11-1.40, 11-1.50, 11-1.60, 12-13, 12-14, 12-14.1, 12-15, and 12-16] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 11-1, 11-2, 11-3, 11-4, 11-5, 12-13, 12-14, 12-15, and 12-16; Ill. Rev. Stat. 1985, ch. 38, pars. 11-1, 11-4, and 11-4.1; Ill. Rev. Stat. 1961, ch. 38, pars. 109, 141, 142, 490, and 491);
- 11) Abuse and criminal neglect of a long-term care facility resident [720 ILCS 5/12-4.4a(a) and 12-19] (formerly Ill. Rev. Stat. 1991, ch. 38, par. 12-19);
- 12) Criminal abuse or neglect of an elderly person or person with a disability [720 ILCS 5/12-4.4a(b) and 12-21] (formerly Ill. Rev. Stat. 1991, ch. 38, par. 12-21);
- 13) Endangering the life or health of a child; child abandonment [720 ILCS 5/12C-5, 12C-10, 21.5, and 12-21.6] (formerly Ill. Rev. Stat. 1991, ch. 23, par. 2354; Ill. Rev. Stat. 1961, ch. 38, par. 95);
- 14) Ritual mutilation, ritualized abuse of a child [720 ILCS 5/12-32 and 12-33] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 12-32 and 12-33);
- 15) Theft; theft of lost or mislaid property; retail theft; identity theft; aggravated identity theft; and credit and debit card fraud [720 ILCS 5/16-1, 16-2, 16-30, 16A-3, 16G-15, 16G-20, 17-32(b), 17-33, 17-34, 17-36, and 17-44] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 16-1, 16-2, and 16A-3; Ill. Rev. Stat. 1961, ch. 38, pars. 62, 207 to 218, 240 to 244, 246, 253, 254.1, 258, 262, 262a, 273, 290, 291, 301a, 354, 387 to 388b, 389, 393 to 400, 404a to 404c, 438, 492 to 496);
- 16) Financial exploitation of an elderly person or a person with a disability [720 ILCS 5/16-1.3 and 17-56] (formerly Ill. Rev. Stat. 1991, ch. 38, par. 16-1.3);

- 17) Forgery [720 ILCS 5/17-3] (formerly Ill. Rev. Stat. 1991, ch. 38, par. 17-3; Ill. Rev. Stat. 1961, ch. 38, pars. 151 and 277 to 286);
 - 18) Robbery, armed robbery, aggravated robbery [720 ILCS 5/18-1, 18-2, and 18-5] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 18-1 and 18-2);
 - 19) Vehicular hijacking, aggravated vehicular hijacking [720 ILCS 5/18-3 and 18-4];
 - 20) Burglary, residential burglary, home invasion [720 ILCS 5/19-1, 19-3, and 19-6] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 19-1 and 19-3; Ill. Rev. Stat. 1961, ch. 38, pars. 84 to 86, 88, and 501);
 - 21) Criminal trespass to a residence [720 ILCS 5/19-4] (formerly Ill. Rev. Stat. 1991, ch. 38, par. 19-4);
 - 22) Arson, aggravated arson, residential arson [720 ILCS 5/20-1, 20-1.1, and 20-1.2] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 20-1 and 20-1.1; Ill. Rev. Stat. 1961, ch. 38, pars. 48 to 53 and 236 to 238);
 - 23) Unlawful use of weapons, unlawful use or possession of weapons by felons or persons in the custody of Department of Corrections facilities; aggravated discharge of a firearm; aggravated discharge of a machine gun or a firearm equipped with a device designed or used for silencing the report of a firearm; reckless discharge of a firearm; aggravated unlawful use of a weapon; unlawful discharge of firearm projectiles; unlawful sale or delivery of firearms on the premises of any school; unlawful possession of firearm by street gang member; possession of a stolen firearm [720 ILCS 5/24-1, 24-1.1, 24-1.2, 24-1.2-5, 24-1.5, 24-1.6, 24-3.2, 24-3.3, and 24-3.8] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 24-1, 24-1.1, 24-1.2, 24-1.2-5, 24-1.5, 24-1.6, 24-1.8, 24-3.2, and 24-3.3; Ill. Rev. Stat. 1961, ch. 38, pars. 152, 152a, 155, 155a to 158b, 414a to 414c, 414e, and 414g);
 - 24) Armed violence [720 ILCS 5/33A-2] (formerly Ill. Rev. Stat. 1991, ch. 38, par. 33A-2);
 - 25) Dismembering a human body [720 ILCS 5/20.5].
- b) Violations under the Wrongs to Children Act:
- 1) Endangering life or health of a child [720 ILCS 150/4] (formerly Ill. Rev. Stat. 1991, ch. 23, par. 2354);
 - 2) Permitting sexual abuse of a child [720 ILCS 5/11-9.1A and 720 ILCS 150/5.1] (formerly Ill. Rev. Stat. 1991, ch. 23, par. 2355.1).
- c) Violations under the Illinois Credit Card and Debit Card Act:
- 1) Receiving a stolen credit or debit card [720 ILCS 250/4] (formerly Ill. Rev. Stat. 1991, ch. 17, par. 5917);

- 2) Receiving a lost or mislaid card with intent to use, sell, or transfer [720 ILCS 250/5] (formerly Ill. Rev. Stat. 1991, ch. 17, par. 5918);
 - 3) Selling a credit card or debit card, without the consent of the issuer [720 ILCS 250/6] (formerly Ill. Rev. Stat. 1991, ch. 17, par. 5919);
 - 4) Using a credit or debit card with the intent to defraud [720 ILCS 250/8] (formerly Ill. Rev. Stat. 1991, ch. 17, par. 5921);
 - 5) Fraudulent use of electronic transmission [720 ILCS 250/17.02] (formerly Ill. Rev. Stat. 1991, ch. 17, par. 5930.2).
- d) Violation of Section 53 of the Criminal Jurisprudence Act: Cruelty to children [720 ILCS 115/53] (formerly Ill. Rev. Stat. 1991, ch. 23, par. 2368).
 - e) Violations under the Cannabis Control Act: Manufacture, delivery, or possession with intent to deliver or manufacture cannabis; cannabis trafficking; delivery of cannabis on school grounds; delivering cannabis to a person under 18; calculated criminal cannabis conspiracy [720 ILCS 550/5(c), (d), (e), (f), (g), 5.1, 5.2, 7, and 9] (formerly Ill. Rev. Stat. 1991, ch. 56½, pars. 705, 705.1, 705.2, 707, and 709).
 - f) Violations under the Illinois Controlled Substances Act: manufacture or delivery, or possession with intent to manufacture or deliver, a controlled substance other than methamphetamine, a counterfeit substance, or a controlled substance analog; controlled substance trafficking; manufacture, distribution, advertisement, or possession with intent to manufacture or distribute a look-alike substance; calculated criminal drug conspiracy; criminal drug conspiracy; delivering a controlled, counterfeit or look-alike substance to a person under 18; and engaging or employing a person under 18 to deliver a controlled, counterfeit or look-alike substance [720 ILCS 570/401, 401.1, 404, 405, 405.1, 407, and 407.1] (formerly Ill. Rev. Stat. 1991, ch. 56½, pars. 1401, 1401.1, 1404, 1405, 1405.1, 1407, and 1407.1).
 - g) Violation under the Nurse Practice Act: practice of nursing without a license [225 ILCS 65/10-5 and 50-50] (formerly Ill. Rev. Stat. 1991, ch. 111, par. 3506).
 - h) Violations under the Methamphetamine Control and Community Protection Act [720 ILCS 646].
 - i) Violations under the Humane Care for Animals Act: cruel treatment, aggravated cruelty, and animal torture [510 ILCS 70/3.01(a), 3.02, and 3.03].

(Source: Amended at 46 Ill. Reg. 6104, effective April 4, 2022)

Additional information regarding Illinois and Federal employment requirements, disqualifying convictions and obtaining waivers for disqualifying convictions for Certified Nursing Assistants can be accessed at the following websites.

<https://dph.illinois.gov/topics-services/health-care-regulation/health-care-worker-registry/disqualifying-convictions.html>

<https://dph.illinois.gov/topics-services/health-care-regulation/health-care-worker-registry/cna-facts.html>

Additional resources for Certified Nursing Assistants and Certified Nursing Assistant Students can be found at the following website:

www.nurseaidetesting.com

The Illinois Department of Public Health, Health care worker registry can be accessed at

www.idph.state.il.us/nar

The Illinois Department of Public Health, Health care worker registry email is dph.hcwr@illinois.gov

The Illinois Department of Public Health address for submission of a written request is
Illinois Department of Public Health
Health Care Worker Registry
525 W. Jefferson St Fourth floor
Springfield, Illinois 61761

The Illinois Department of Public Health phone number is 217-785-51133
Hours are Monday-Friday, 8:30 a.m. to 5p.m.

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 Renaissance Care Center Basic Nursing Assistant Training Program or at the 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 enrollment agreement and the Renaissance Care Center Basic Nursing Assistant Training Program Academic Catalog/Handbook/Program Syllabus 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 Renaissance Care Center Basic Nursing Assistant Training Program and by the student or the student's parent or guardian. All terms and conditions of the agreement are not subject to amendment or modification by oral agreement.
6. The Renaissance Care Center Basic Nursing Assistant Training Program Basic Nursing Assistant Training Program does not offer college credit(s) for this course.

FINANCIAL AID: RCC Basic Nursing Assistant Training Program does not offer Financial Aid.

Is this program being paid for by your employer? Yes ___ No ___

If you answered yes to the previous question, Please provide the contact information for your employer

Employer name _____

Employer address _____

Employer Phone number _____

Name of person to contact regarding billing information _____

Phone number of person to contact regarding billing information _____

Email of individual to contact regarding billing information _____

Sponsoring Employer /Fiscally responsible party regarding payment for the the Renaissance Care Center Basic Nursing Assistant Training Program must also sign this agreement.

Tuition and Fees:

Students employed by Renaissance Care Center will incur no expenses for the cost of this program, including the Illinois State Competency Exam fee.

All students, including students employed by Renaissance Care center are expected to provide their shoes, watch with a sweeping second hand, pen and notebook.

Students must complete The Renaissance Care Center Basic Nursing Assistant Training Program Enrollment Agreement which includes a Tuition and Cancellation Policy agreement and Consumer Information section. Specific tuition costs and fees will be listed on the Renaissance Care Center Basic Nursing Assistant Training Program Enrollment Agreement and are subject to change with notice.

Tuition includes:

1. 147 hours Classroom/Lab/Clinical instruction with additional hours dedicated to tutoring and open lab.
2. Required Text book Mosby's Essentials for Nursing Assistants Textbook 11th Ed., by Leighann Remmert, MS, RN ISBN: 9780443121319, Copyright 2025.
3. AHA 2020 BLS Provider Student Manual. ISBN 978-1-61669-768-6 will be issued for use during the AHA BLS (CPR) class which is a 2-year AHA BLS (CPR) certification. Students who provide proof of current AHA BLS Certification will not have to attend the CPR portion of the course and will have a deduction of \$70.00 from their tuition.
4. Skills packet including transfer belt, gown, mask and goggles.
5. Reimbursement of up to \$50.00 for one uniform consisting of scrub top and pants that meet requirements as stated in the dress code. Receipt must be provided prior to the end date of the course in which the student is enrolled.
6. The State of Illinois Competency exam fee.

Non-Covered expenses include:

1. **Shoes, a watch with a sweeping second hand, pen and notebook for all students.**
2. **Physical and Immunization requirements for students NOT employed by RCC**

Students who are NOT already on the Health Care Worker Registry with a FEE_APP or CAAPS on the requirement for a fingerprint background check MUST submit to a live-scan fingerprint background check prior to the first day of class. Students not employed by Renaissance Care Center or the student's sponsoring employer will be responsible for all fees related to the Health Care Worker Criminal History Records Background Check.

TUITION and Program costs

<u>Tuition</u>	<u>\$1555.00</u>
<u>Textbook</u>	<u>\$85.00</u>
<u>CPR 2-year certification</u>	<u>\$70.00</u>
<u>Gait Belt</u>	<u>\$18.00</u>
<u>Goggles/Face shield</u>	<u>\$7.00</u>
<u>State Competency Exam</u>	<u>\$85.00</u>
<u>Uniform reimbursement</u>	<u>Up to</u> <u>\$50.00</u>
<u>Total Program Cost</u>	<u>\$1870.00</u>

TUITION PAYMENTS:

TUITION PAYMENTS:

Upon receipt and satisfactory review of the Renaissance Care Center Basic Nursing Assistant Training Program application by the Admission Committee, and successful completion of the reading Assessment with a minimum score of 80% or proof of equivalent score on reading/math assessment from a credentialed education institution, a Letter of Acceptance will be sent to the student via the email provided and this enrollment agreement will be offered for signature.

A non-refundable registration fee of **\$100.00** is due with the signing of this enrollment agreement. The enrollment agreement secures your seat in the class. Please refer to the Renaissance Care Center Basic Nursing Assistant Training Program Academic Catalog/Handbook/Program Syllabus/Enrollment agreement for criteria that must be met for continuation and successful completion of The Program. The 100.00 enrollment fee will be deducted from the total tuition cost of \$1870.00.

Balance of tuition is payable by cash, certified Check, Money order or Cashier's check.

Installment agreements may be individualized with the understanding that Tuition must be paid in full by the end of the program.

These options are available to all students NOT employed by Renaissance Care Center.

Students who are employed by Renaissance Care Center will not be charged for any portion of this training.

Students not employed by Renaissance Care Center will not be eligible to take the final exam if full tuition has not been paid before the date and time of the final exam.

CANCELLATION AND REFUND POLICY:

Three-Day Cancellation: An applicant who is not employed by Renaissance Care Center who provides written notice of cancellation within three days (excluding Saturday, Sunday and federal and state holidays) of signing an enrollment agreement is entitled to a refund of all monies paid with the exception of the 100.00 registration fee. No later than 30 days of receiving the notice of cancellation, the school shall provide the refund.

Other Cancellations: An applicant who is not an employee of Renaissance Care Center requesting cancellation more than three days after signing an enrollment agreement and making an initial payment, but prior to entering the school, is entitled to a pro-rated refund of all monies paid, minus the registration fee of **\$100.00**.

Refund after the commencement of classes:

1. Procedure for withdrawal/withdrawal date:
 - A. A student choosing to withdraw from the school after the commencement of classes is to provide written notice to the Program Coordinator. The notice is to indicate the expected last date of attendance and be signed and dated by the student.
 - B. Students in the Renaissance Care Center Basic Nursing Assistant Training Program are not eligible for a leave of absence due to Federal and State attendance requirements.
 - C. A student will be determined to be withdrawn from the institution if the student has missed greater than 6 hours of theory/lab sessions and or 7.5 hours of clinical sessions as stated in the attendance policy.
 - D. All refunds will be issued within 30 days of the determination of the withdrawal date.

2. Tuition charges/refunds:

Any student not employed by Renaissance Care Center who is withdrawn because of disciplinary action for reasons stated in the Renaissance Care Center Basic Nursing Assistant Training Program Academic Catalog/Handbook/Program Syllabus/Enrollment agreement will forfeit all monies paid to Renaissance Care Center Basic Nursing Assistant Training Program.

- A. Before the beginning of classes, the student is entitled to a refund of 100% of the tuition, minus the registration fee of **\$100.00**
- B. After the commencement of classes, the prorated tuition refund, minus the registration fee of **\$100.00**, will be determined as follows:

% of the clock hours attempted:	Tuition refund amount:
10% or less	90%
More than 10% and less than or equal to 20%	80%
More than 20% and less than or equal to 30%	70%
More than 30% and less than or equal to 40%	60%
More than 40% and less than or equal to 50%	50%
More than 50%	No Refund is required

The percentage of the clock hours attempted is determined by dividing the total number of clock hours elapsed from the student's start date to the student's last day of attendance, by the total number of clock hours in the program.

Books, Skills packet and CPR certification fees are not eligible for refund.

Refunds minus the registration fee of \$100.00 will be issued within 30 days of the date of student notification, or date of school determination (withdrawal due to absences or other criteria as specified in the Renaissance Care Center Basic Nursing Assistant Training Program Academic Catalog/Handbook/Program Syllabus/Enrollment agreement.

Student initial _____

Holder in Due Course Statement:

Any holder of this consumer credit contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds, hereof Recovery hereunder by the debtor shall not exceed amounts paid by the debtor (FTC Rule effective 5-14-76).

1. The Renaissance Care Center Basic Nursing Assistant Training Program does not accept credit for previous education, training, work experience (experimental learning), or CLEP.
2. The Renaissance Care Center Basic Nursing Assistant Training Program does not guarantee successful completion of the written State Competency exam or job placement to students upon program completion.
3. The Renaissance Care Center Basic Nursing Assistant Training Program reserves the right to reschedule the program start date due to low enrollment up to the start date of the course.
4. The Renaissance Care Center Basic Nursing Assistant Training Program will not be responsible for any statement of policy or procedure that does not appear in the Renaissance Care Center Basic Nursing Assistant Training Program Academic Catalog/Handbook/ Program Syllabus/Enrollment agreement.
5. The Renaissance Care Center Basic Nursing Assistant Training Program reserves the right to discontinue the student's training for unsatisfactory progress, nonpayment of tuition or failure to abide by Renaissance Care Center Basic Nursing Assistant Care Program rules as stated in the Renaissance Care Center Basic Nursing Assistant Training Program Academic Catalog/Handbook/Program Syllabus/Enrollment agreement.
6. The Renaissance Care Center Basic Nursing Assistant Training Program does not offer college credit(s) for this course.
7. This document does not constitute a binding agreement until accepted in writing by all parties.

Student initial _____

Resolution of complaints

Our students are one of our most important resources. We believe that open communication with an atmosphere of mutual trust is of prime importance in developing a positive learning environment.

Recognizing that effective communication is always a two-way street, Renaissance Care Center Basic Nursing Assistant Training Program has an “open-door” philosophy in an effort to create a positive environment where students and management are comfortable discussing any problem, complaints, suggestions, or questions without retaliation. As part of this policy, we have developed the following procedure in handling any complaints, problems or concerns.

- If possible, first speak to your instructor. You may put your problem or complaint in writing.
- An investigation will be conducted, and an answer will be given as quickly as possible
- IF you are unsatisfied with the proposed resolution, you may contact the Program Coordinator.
- If the program coordinator is the instructor you have the issue with, you may contact the administrator.
- If you remain unsatisfied with the resolution, the matter will be reviewed by the CEO.
- Any complaint whether unresolved or resolved may be sent to the attention of the Illinois Board of Higher Education. The email address is www.ibhe.org
- The IBHE mailing address is 1 North Old State Capitol Plaza Suite 333 Springfield, IL 62701-1377
- The phone number for IBHE is (217)782-2551

This procedure is designed to encourage you to follow an appropriate chain for communication, and is a simple way to ensure that complaints and problems are dealt with in a prompt, orderly and consistent fashion.

Student initial _____

STUDENT ACKNOWLEDGMENTS

1. I hereby acknowledge receipt of Renaissance Care Center Basic Nursing Training Program Academic Catalog/Handbook/Program Syllabus/Enrollment agreement dated _____, which contains information describing programs offered, and equipment/supplies provided. Portions of Renaissance Care Center Basic Nursing Training Program Academic Catalog/Handbook and Program Syllabus are included as a part of this enrollment agreement, and I acknowledge that I have received a copy of the Renaissance Care Center Basic Nursing Assistant Training Program Academic Catalog/Handbook/Program Syllabus and Enrollment agreement.

Student initials _____

2. Also, I have carefully read and received an exact copy of the Renaissance Care Center Basic Nursing Assistant Training Program enrollment agreement as well as the Renaissance Care Center Basic Nursing Assistant Training Program Academic Catalog/Handbook/Program Syllabus.

Student initials _____

3. While enrolled in the school, I understand that I must maintain satisfactory academic progress as described in the Renaissance Care Center Basic Nursing Assistant Training Program Academic Catalog/Handbook/Program Syllabus/Enrollment agreement and that my financial obligation to the school must be paid in full before a certificate or credential may be awarded.

Student Initials _____

4. I hereby acknowledge that the Renaissance Care Center Basic Nursing Assistant Training Program has made available to me a disclosure information listed under the Consumer Information section of this Enrollment Agreement.

Student Initials _____

5. I understand that the Renaissance Care Center Basic Nursing Assistant Training Program does not provide college credit or an official transcript for this course.

Student Initials _____

6. I also understand that Renaissance Care Center Basic Nursing Training Program does not guarantee successful completion of the State competency exam or job placement upon program/course completion or upon graduation.

Student initials _____

7. I understand that complaints, which cannot be resolved by direct negotiation with the school in accordance with the written grievance policy, may be filed with the Illinois Board of Higher Education, 1 N. Old State Capitol Plaza, Suite 333, Springfield, IL 62701 or at www.ibhe.org.

Student Initials _____

8. I hereby acknowledge that as a student with a sponsoring employer, should my employment be terminated whether by decision of the employer or myself, this enrollment agreement is binding. The balance of the tuition owed must be paid per the enrollment agreement. As the student, I understand that any agreement made regarding reimbursement from the sponsoring employer or is expressly between myself and the sponsoring employer.

Student Initials _____

CONTRACT ACCEPTANCE:

I, the undersigned, have read and understand the Renaissance Care Center Basic Nursing Assistant Training Program Enrollment agreement and acknowledge receipt of a copy. It is further understood and agreed 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 Program Coordinator. I also understand that if I default upon this agreement, I will be responsible for payment of any collection fees or attorney fees incurred by The Renaissance Care Center Basic Nursing Assistant Training Program.

My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract.

Student initial _____

Signed this _____ day of _____ 20____

Signature of Student

Date

SPOSORING EMPLOYER/FISCALLY RESPONSIBLE PARTY ACKNOWLEDGEMENTS:

1. I hereby acknowledge receipt of Renaissance Care Center Basic Nursing Training Program Academic Catalog/Handbook/Program Syllabus/Enrollment agreement dated _____, which contains information describing programs offered, and equipment/supplies provided. Portions of Renaissance Care Center Basic Nursing Training Program Academic Catalog/Handbook/Program Syllabus is included as a part of this enrollment agreement, and I acknowledge that I have received a copy of the Renaissance Care Center Basic Nursing Assistant Training Program Catalog/Handbook/Program Syllabus and Enrollment agreement
Employer/Fiscally responsible party initials _____
2. Also, I have carefully read and received an exact copy of the Renaissance Care Center Basic Nursing Assistant Training Program enrollment agreement.
Employer/Fiscally responsible party initials _____
3. I understand that Renaissance Care Center Basic Nursing Training Program may terminate student enrollment if the student fails to comply with attendance, academic and financial requirement or if the student disrupts the normal activities of Renaissance Care Center Basic Nursing Training Program. While enrolled in Renaissance Care Center Basic Nursing Training Program I understand that the student must maintain satisfactory academic progress as stated in the Renaissance Care Center Basic Nursing Training Program Academic Catalog/Handbook/Program Syllabus/Enrollment agreement and that my financial obligation to Renaissance Care Center Basic Nursing Training Program must be paid in full before a certificate may be awarded.
Employer/Fiscally responsible party initials _____.
4. I hereby acknowledge that the Renaissance Care Center Basic Nursing Assistant Training Program has made available to me a disclosure information listed under the Consumer Information section of this Enrollment Agreement.
Employer/Fiscally responsible party initials _____.
5. I understand that the Renaissance Care Center Basic Nursing Assistant Training Program does not provide college credit or an official transcript for this course.
Employer/Fiscally responsible party initials _____.
6. I also understand that Renaissance Care Center Basic Nursing Training Program does not guarantee successful completion of the State competency exam or job placement to graduates upon program/course completion or upon graduation.
Employer/Fiscally responsible party initials _____
7. I understand that complaints, which cannot be resolved by direct negotiation with the school in accordance to its written grievance policy, may be filed with the Illinois Board of Higher Education, 1 N. Old State Capitol Plaza, Suite 333, Springfield, IL 62701 or at www.ibhe.org.
Employer/Fiscally responsible party initials _____

8. I hereby acknowledge that as the sponsoring employer, should the student employment be terminated whether by decision of the employer or student, this enrollment agreement is binding. The sponsoring employer must pay the balance of the tuition owed or rely on agreement made expressly between the student and the sponsoring employer.

Employer/Fiscally responsible party initials _____

CONTRACT ACCEPTANCE:

I, the undersigned, have read and understand this agreement and acknowledge receipt of a copy. It is further understood and agreed 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 Program Coordinator. I also understand that if I default upon this agreement, I will be responsible for payment of any collection fees or attorney fees incurred by Renaissance Care Center Basic Nursing Assistant Training Program.

My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract.

Employer/Fiscally responsible party initials _____

Signed this _____ day of _____ 20____

Signature of Employer/Fiscally responsible party _____

Date _____

Signature of Program Coordinator or Designee

Date

Representative's certification: I hereby certify that _____ has been interviewed by me and in my judgment, meets all requirements for acceptance as a student. I further certify that there have been no verbal or written agreements or promises other than those appearing on this agreement.

By: _____ Date: _____