

Veritas Nursing Academy
9250 Bay Plaza Blvd # 319
Tampa Florida 33619
813-447-5422
WWW.FLCNE.COM

Student Enrollment Agreement

All signers have received a copy of this contract for review and signature.

STUDENT INFORMATION – COPY OF DRIVERS LICENSE REQUIRED

Applicant Name:	DOB:
Address:	Last 4 of Social:
City: _____ St.	Zip Code:
Telephone: Cell: Email:	How did you hear about us? Social Media _____ Google _____ Friends/family _____ Other _____ (Specify)
Referred By: _____	

Program Information. Select all that applies.

- | | |
|--|---|
| <input type="checkbox"/> (CNA) Nursing Assistant Exam Prep 2 DAY SKILL REVIEW - \$250 | <input type="checkbox"/> Online EKG - \$200 |
| <input type="checkbox"/> (CNA) Nursing Assistant Online + CPR/BLS - Class- \$200 | <input type="checkbox"/> Psych Aid/Mental Health Tech - \$200 |
| <input type="checkbox"/> Phlebotomy Exam Preparation - \$250 | <input type="checkbox"/> Online CEU Course - \$30 |
| <input type="checkbox"/> IV Therapy Class - \$250 | |
| <input type="checkbox"/> Assistance w/Medication Administration (MED TECH) - \$60 | |
| <input type="checkbox"/> CPR/BLS - \$60 | |
| <input type="checkbox"/> Clinical Medical Assistant Exam Prep - \$900 | |
| <input type="checkbox"/> Online MED TECH/CNA/Psych Tech - \$500 | |
| <input type="checkbox"/> Online EKG/CNA/Mental Health Tech - \$500 | |
| <input type="checkbox"/> Online EKG/CNA/2 Day Phlebotomy (PCT) - \$500 | |

State and National testing are available once all requirements have been met by the respective certification body. Students will pay the certification body for the examination. Veritas Nursing Academy takes no fees associated with the certification test.

A proctoring fee for the National Examination fee of \$50 will apply at the time of testing

Goods and Services not included in the regular tuition: State/National Examination and registration fees, Physical Examination/TB testing, Lab Testing and Criminal Screening fees.

METHOD OF PAYMENT

1. Payment in full at the time of signing the enrollment agreement. Class fees are not transferable.

Payment accepted are: CASH VISA MASTERCARD

CANCELLATION, REFUND & RESCHEDULE POLICY

Should a student be terminated for any reason, all refunds will be made according to the following refund schedule.

CANCELLATION & REFUND POLICY:

Cancellations must be made by **filling out a cancellation/refund request form**. Refund requests for **cancelling a class must be received at least FIVE business days prior to class by certified mail or in person**. **There is No Refund if written cancellation is not received at least FIVE days prior to class.**

Cancellations received 5 business days before class will be 100% refunded AS LONG AS THE STUDENT HAS NOT RECEIVED ANY STUDY MATERIALS OR ACCESS TO ONLINE LEARNING PLATFORMS. Once a student has received online login information, received training materials or attended classes there will be no refunds.

Refunds will be given within 30 business days in the form of a company check.

Initial: _____

Reschedule Policy:

You will be charged an administrative fee of **\$35 for CPR/BLS provider and Med Tech Courses & \$75 for our 2 day skills sessions (Phlebotomy/CNA) to reschedule to a future class**. You have 45 days from the original course date to reschedule your class. If you do not successfully complete the rescheduled course after 45 days it will be treated as a new registration and you will be required to pay in full for a new class.

Initial: _____

****I UNDERSTAND AND AGREE TO THE ABOVE STATED CANCELLATION, REFUND & RESCHEDULE POLICY AND THAT I AM SIGING UP FOR THESE COURSES UNDER MY OWN FREE WILL. I ALSO ATTEST THAT THE CREDIT CARD BEING USED BELONGS TO MYSELF AND THAT I AM FULLY AUTHORIZED TO USE SAID CARD AND AM AUTHORIZING VERITAS NURSING ACADEMY'S CREDIT CARD PROCESSOR TO MAKE A ONE TIME CHARGE FOR THE FULL BALANCE OF THE COURSE THAT I HAVE CHOSEN LISTED IN SECTION/PAGE 1 OF THIS BINDING AGREEMENT.**

****Student Initial agreeing with the above statement**** _____

GROUND FOR TERMINATION

A student's enrollment can be terminated at the discretion of the institution for insufficient academic progress, non-payment of academic costs, or failure to comply with rules and policies established by the institution.

EMPLOYMENT RESOURCE ASSISTANCE

Job placement is not offered, although employment resources may be offered, the institution does not guarantee employment.

ACKNOWLEDGEMENT

This document constitutes a binding contract between the institution and the student and no further modification or representation except as herein expressed by both parties will be recognized.

VERITAS NURSING ACADEMY, Inc. request that all students carry accident and/or health insurance while enrolled into any program, by signing this agreement you release Veritas Nursing Academy and its employees, contractors and clinical facilities of any liability from harm or damage that may occur to yourself and/or your personal belongings while enrolled in your course of study. I agree I must participate in class activities, attend all required class days, and score a minimum of 80% on class tests to be considered successfully completed in the course I have attended.

I hereby authorize Veritas Nursing Academy to use my photo/video related to my experiences with Veritas Nursing Academy. I understand this information may be used in publications, including electronics

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publications, audiovisual publications, promotional, social media and advertising views. My consent is freely given as a public service to Veritas Nursing Academy without expecting compensation.

Do not sign this contract before you have read it or if it contains any blank spaces. All signers have received and read a copy of this binding document.

Courses offered at this institution are approved by the Florida Board of Nursing, Provider # 50-8489

By signing this contract you are stating that you are eligible for the courses by meeting the previous health related work experience or similar circumstances. If you have taken any health -related courses, homemaker, companion, and medical or nursing student will suffice as health related.

The undersigned hereby acknowledges that participation in Veritas Nursing Academy programs or courses related activities may involve risk of physical injury, illness, death or exposure to blood or body fluids while participating in clinical activities and/or any other types of activities associated with participation in said programs and courses. The student hereby assumes all such risks and does hereby release and forever discharges Veritas Nursing Academy and/or its affiliates, the instructor, the clinical site or facilities, and all agents thereof from any and all liability of whatever kind of nature arising from and by reason of any and all known and unknown foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof resulting from the registrants participation in or involvement with this course. It is strongly recommended that you obtain approval from your Health Care Provider prior to participating in the activities of this course and obtain health insurance to cover any cost associated with ANY type of injury or illness that could occur. I am verifying that I have read understood and will comply with the liability waiver. I am signing this document of my open free will and am hereby releasing any and all liability by signing the document.

I the student understand that I am completing a continuing education course that is approved only by the Florida Board of Nursing, CEBROKER, the certificate given after completion is only to verify attendance and in no way represents a diploma or degree. Florida Board of Nursing requires that proof of completion via certificate is given at the end of a completed course. I understand that some employers may not accept this type of program as sufficient to be become employed.

ARBITRATION: the student, hereby agrees that any and all disputes with the training facility, the training facilities parent company or their subsidiaries or affiliates, whether statutory, contractual or otherwise, including but not limited to personal injuries and/or illness ("Claims") shall be resolved by binding arbitration as allowable in the State of Florida. In addition, the student agrees that they may not initiate any arbitration proceeding for any claim(s) unless and until the student has first given the training facility specific written notice of each Claim by certified mail to: [9250 Bay Plaza Blvd suite 315 Tampa FL 33619], complied with all applicable procedures of the business, and given the business a reasonable opportunity after such notice to cure any default, including correcting/rectifying any issues. Arbitration awards may be enforced in any court of competent jurisdiction. The provisions of this paragraph shall be governed by the provisions of the federal Arbitration Act, 9 U.S.C §1, et seq, and shall survive settlement. The rules governing arbitration are different than those in court. Arbitration does not involve a judge or jury and review is limited, but an arbitrator can award the same damages as court. Except as may otherwise be provided in AAA's Consumer Due Process Protocol that allows consumers to file certain claims in smalls claims court, Buyer understands that by initialing this Arbitration paragraph, he or she is giving up his or her right to trail in court, either with or without a jury.

Applicant Signature:	Date:
Office Staff Signature: <i>Lori Barnes PhD, ARNP, MSN</i>	Date

ATT: PLEASE EMAIL ENROLLMENT FORM & COPY OF DRIVER LICENSE TO
 (VERITASNURSINGACADEMY@GMAIL.COM)
 THIS IS REQUIRED TO COMPLETE REGISTRATION.

