

Name

CONTACT INFORMATION

Career Academy, LLC

2600 Poplar Avenue, Suite 415 Memphis, TN 38112 901-761-4500 FAX 901-323-5299

careeracademymemphis.com

APPLICATION FOR ADMISSION

(Upon submission, applicant may be notified of acceptance either (1) in person, if submitted in person; (2) by phone; (3) by email.)

Social Security #

PRESENT JOB → PAST JOB → PAS	Address				City		State		_ Zip	
Emergency Contact (name & phone) EDUCATION Which do you have?	Telephone				Telep	ohone #2				
Which do you have?	E-Mail	,								
Which do you have?	Emergency	Contact (name	& phone)							
Name Of High School Last Grade Completed College or Vocation School Major # Credits	EDUCATION	Ī								
Major	Which do y	ou have?	☐ High Scl	nool Diploma	☐ GE	D	☐ Neith	ner		
Major	Name Of H	igh School			Last	Grade Comp	oleted			
BACKGROUND RECORD Have You Ever Been Convicted Of Theft/Abuse/Neglect Of An Elderly Person Or Child?	College or V	Vocation Schoo	l							
EMPLOYMENT INFORMATION COMPANY ADDRESS PHONE START END TITLE SALA									□ Ves □	 No
COMPANY ADDRESS PHONE START END TITLE SALAR				•		·				
COMPANY ADDRESS PHONE START END TITLE SALAR	EMPLOYME	NT INFORMA	ATION							
PAST JOB → PERSONAL INFORMATION (Does Not Determine Acceptance To Class; Statistical Information Or Certification Exam ID Information Only) Race Gender Date Of Birth Height Eye Color How did you learn of Career Academy? □TN Career Center □Sign □Bus Bench □Billboard □Internet □Facebook □Phone Book □Phone Book				ADDRESS		PHONE			TITLE	SALARY
PAST JOB →										
PERSONAL INFORMATION (Does Not Determine Acceptance To Class; Statistical Information Or Certification Exam ID Information Only) Race Gender Date Of Birth Height Eye Color How did you learn of Career Academy? ☐ TN Career Center ☐ Sign ☐ Bus Bench ☐ Billboard ☐ Internet ☐ Facebook ☐ Phone Book ☐ Referred by										
Race Gender Date Of Birth Height Eye Color How did you learn of Career Academy?										
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How did you learn of Career Academy? ### TN Career Center	Race	_ Gender _	Da	te Of Birth		H	eight	Eye (Color	
	How did you le			☐ TN Career C☐ Internet	Center [] Sign] Facebook	□ Bus	Bench		
How will you pay tuition? \(\square\text{TN Career Center} \) \(\square\text{Self-Pay} \) \(\square\text{VocRehab} \) \(\square\text{DVA} \) \(\square\text{Other}_{	How will you p	pay tuition? \Box	TN Career C	Center □ Sel	If-Pay [J VocRehab	□VA	□ Other_		

Career Academy, LLC

CNA Training Program
2600 Poplar Avenue, Suite 415
Memphis, TN 38112
901-761-4500
careeracademymemphis.com

Credits earned at Career Academy may not transfer to another educational institution. Credits earned at another educational institution may not be accepted by Career Academy. You should obtain confirmation that Career Academy will accept any credits you have earned at another educational institution before you execute an enrollment contract or agreement. You should also contact any educational institutions that you may want to transfer credits earned at Career Academy to determine if such institutions will accept credits earned at Career Academy prior to executing an enrollment contract or agreement. The ability to transfer credits from Career Academy to another educational institution may be very limited. Your credits may not transfer and you may have to repeat courses previously taken at Career Academy if you enroll in another educational institution. You should never assume that credits will transfer to or from any educational institution. It is highly recommended and you are advised to make certain that you know the transfer of credit policy of Career Academy and of any other educational institutions you may in the future want to transfer the credits earned at Career Academy before you execute an enrollment contract or agreement.

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Signature Of Applicant	Date



CNA Training Program 2600 Poplar Avenue, Suite 415 Memphis, TN 38112 901-761-4500 careeracademymemphis.com

PRE-ENROLLMENT CHECKLIST

- ✓ Inform of length of program (academic and calendar schedule)
- ✓ Inform of tuition and estimated cost of other supplies
- ✓ Tour facility
- ✓ Receive institutional catalog (available as electronic or paper record)
- ✓ Review policies in catalog
- ✓ Receive copy of cancellation & refund policy
- ✓ Inform of meaning of transferability of credits and limitations on transferring
- ✓ I realize that any grievances not resolved on the institutional level may be forwarded to the Tennessee Higher Education Commission, Nashville, TN 37243-0830, (615) 741-5293.
- ✓ Any person claiming damage or loss as a result of any act or practice by this institution that may be a violation of the Title 49, Chapter 7, Part 20 or Rule Chapter 1520-01-02 may file a complaint with the Tennessee Higher Education Commission, Division of Postsecondary State Authorization, 404 James Robertson Pkwy Nashville, TN 37243-0830. Telephone: 615-741-5293.
- ✓ I have been informed that detailed statistical data for this program may be viewed by going to http://www.tn.gov/thec/topic/authorized-institutions-data.

	For the period 7/1/15-6/30/16	Withdrawal Rate	Completion Rate	In-Field Placement Rate
CNA Training Program 6% 94%			94%	71%
Student S	ignature	D	ate	
Institution	nal Representative	D	ate	

ENROLLMENT AGREEMENT

PROGRAM ENROLLMENT

Persons interested in participating in Career Academy programs must complete an application to the applicable program. Enrollment period is up to the start date of the class. Late entry into the program may be considered during the first 25% of class at the discretion of the instructor. The application will be reviewed by Career Academy staff to determine whether the applicant qualifies to be in the program. Acceptance is conditional upon successful completion of an Ability To Benefit Assessment and Background Check. Requirements to be in the program are:

- Clean arrest record (absence of convictions related to abuse of a person in the applicant's care)
- Documentation of identification
- High school diploma, GED, or Ability To Benefit test results of 70 or over
- Absence of poor standing in previous institutions
- Goals compatible with employment in desired field

Applicants referred by a sponsoring agency must present a voucher or payment from the agency by the first day of class. Tuition is guaranteed for one year from date of enrollment. The student must complete course work within 2 years. While credit is not extended, students wishing to pay their own tuition may divide the cost, as long as payments are received prior to actual dates of class attendance. Payment may be cash, money order, or credit/debit card. Final certificate, grades, & state test registration will not be issued until the final payment is received. No payment is required prior to the start of class. Students should save payment receipts. As a "Job Skills" program, the school must issue receipts for tax purposes instead of the IRS 1098 form.

WITHDRAWAL/TERMINATION/REFUNDS

Date of withdrawal/termination will be the date on the termination notice if terminated, the date the institution receives a written withdrawal notice, or if no written notice is given, the last day of attendance. For tuition paid by student assistance programs, Career Academy will adhere to the refund policy prescribed by the sponsor. For a student whose tuition is not paid through a sponsoring agency, the following formula will be used to determine the amount of refund:

Withdrawal on/before first day of class, or failure to begin class	Full refund minus \$100 administrative fee
Withdrawal prior to 10% completion	75% refund minus \$100 administrative fee
Withdrawal between 10%-24% completion	25% refund minus \$100 administrative fee
Withdrawal at or beyond 25% completion	No refund

Any student who is unable to complete class because the institution discontinued such class during a period of enrollment for which the student was charged will receive a full refund.

GRADUATION REQUIREMENTS

Grading Scale:

- 94-100 A
- 89-93 B
- 85-88 C (85 or above qualifies a student to take the state test)
- 75-84 D (75-84 qualifies a student to receive a Certificate of Completion, but not take the state test)
- Below 75 F (Receives documentation of participation only; will not progress to clinicals without further coursework.)

Clinical Skills Performance: Students will receive a grade of "Pass" or "Fail" based on the following:

- Physically perform & check off on each clinical skill in the classroom
- Satisfactory performance at the clinical site; attendance at the clinical site is mandatory to completion of the class

Fulfillment of Financial Requirements

RELEASE OF INFORMATION AND LIABILITY

By signing below, I confirm my full-time enrollment in Career Academy's training program as indicated above, including classroom & clinical/externship training, where applicable. The tuition, which may be paid by the student or sponsoring agency, is guaranteed for a period of one year from the date signed below. Students must provide evidence of screening for tuberculosis within the last 12 months prior to clinical externships. Total cost of supplies may be less than \$40. I agree to comply with all policies of the school, as stated in the Course Catalog. I agree to indemnify & hold harmless Career Academy, its employees, agents, sponsors, & clinical/externship representatives from any & all actions, causes of action, or claims of any kind or nature during my participation in activities in the classroom, skills lab, clinical experience, clinical/externship, or other activities. I give consent for my photograph to be taken & used in promotional materials for the school. I represent that I am in such physical condition as to allow me to participate fully in all activities of the program. I agree to notify the institution of any disability I may have that falls under the American Disability Act & requires reasonable accommodations &/or assistance with evacuation in an emergency. I agree to notify the school upon my employment, & to cooperate with employment assistance programs. Enrollment is contingent on successful completion of Ability To Benefit Assessment & submission of required documentation. I give permission to Career Academy & its representatives to contact previous employers, schools, agencies, & other institutions, in order to obtain information about my background. Further I give permission for Career Academy to perform a background check of my arrest record & to obtain a drug test & TB skin test as required. Career Academy has my permission to release my information, including, but not limited to grades, attendance records, background check & drug test to potential employers & to sponsoring agencies or other parties. I hold Career Academy harmless from any liability associated with the obtaining or the release of information. I certify that all information I have given on the application is true. I understand that providing false information is grounds for termination from this program. The school & student understand that the student has a right to receive a copy of the Course Catalog/Handbook & a copy of this agreement, electronic or paper, as requested.

Career Academy is authorized by the Tennessee Higher Education Commission. This authorization must be renewed each year and is based on an evaluation of minimum standards concerning quality of education, ethical business practices, and fiscal responsibility This project is funded under an agreement with the Department of Labor and Workforce Development.

Career Academy offers equal employment, training, and other opportunities to all persons regardless of race, religion, color, sex, age, national origin, disability, marital status, military status or participation in collective bargaining organizations.

DESCRIPTION AND COST Please indicate the program you would like to attend:

CAN TION AND COST I lease indicate the program you would like to attend:					
PROGRAM	HOURS	TUITION	BOOKS	UNIFORM &	OTHER
	(Monday-Friday)	COST	REQUIRED	SUPPLIES NEEDED	FEES
☐ CNA-Day Class-4 Week	8:30-2:30	\$1350	Included	Scrub Suit (\$10-25)	None
(102 Class/18 Clinical Hours)					
Includes Clinicals					
☐ CNA-Evening Class-6 Week	5:00-9:00	\$1350	Included	Scrub Suit (\$10-25)	None
(102 Class/18 Clinical Hours)					
Includes Clinicals					

Desired Start Date	(*Refer to class schedule)	Expected End Date	
Signature Of Applicant		Date	
D : 141 : : /D	For Institution Us s For Admission: □ High School	Diploma or GED Scores	\
Institutional Representative:		Date	