



Higher Learning CNA Training
1810 Kensington Dr
Second Floor
Waukesha, WI 53188
Ph: (262) 400 - 8617

CNA ENROLLMENT FORM FOR STUDENTS

(PLEASE PRINT CLEARLY)

Today's Date _____

Training Class Date _____

Last Name	First Name	Middle Initial	Maiden Name
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Address	City	State	Zip Code
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Mailing Address (if different)	City	State	Zip Code
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Email Address

Home Phone _____

Alternate _____

Date of Birth _____

SS# _____

Ethnic Origin _____

High School _____
Name of School

High School Diploma or GED _____ Year _____

Highest year of school completed Please Note: 13-16 are college level **(Please Circle One)**

6 7 8 9 10 11 12 13 14 15 16

How did you hear about us? (Please check one)

- | | |
|--|--|
| ☐ Advertisement | ☐ WI Department of Quality Assurance |
| ☐ Family or Friend | ☐ HigherLearningCNATraining.com |
| ☐ Search Engine | ☐ Other (specify) _____ |



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TUITION PAYMENT POLICY & AGREEMENT

I understand tuition and fees for this class is **\$1620.00**. This amount includes a \$1600.00 tuition fee and a \$20.00 background check fee. Tuition and the background check fees are **nonrefundable**. Tuition **does not** cover the state testing fee (\$125.00), TB testing, or uniforms.

Today, I have paid a deposit of \$_____ and my training class is scheduled to start _____ (month/date/year). My initials here _____ indicate I understand, Higher Learning CNA Training will do its best to deliver the class and clinical as scheduled, but unforeseen circumstances (weather emergencies, domestic terrorism, public health emergencies/pandemics etc.) may arise which may prevent this and cause a class to be delayed or canceled. If Higher Learning CNA Training delays the start of your class, we will allow you up to six months to take the class. If we delay or cancel your class and you cannot take it at a later date, you can request a refund. **Please note:** The only exception to our no refund policy is if Higher Learning CNA Training delays or cancels the class. If you request a refund, it must be done in writing and your refund will be disbursed to you within thirty days from the date we receive your written request. Furthermore, I have read and understand:

- Tuition/tuition deposit and the background check fee are **non-refundable except for the reason explained above**. Accordingly, it should be noted:
 - **If I decide not to complete the class or clinical (for any reason), my tuition/tuition deposit will not be refunded because a spot was held for me.**
 - **If I begin the class and decide for any reason not to complete it, the tuition I have paid will not be refunded.**
 - **I understand successful completion of this program requires the student to be present and on time for each class and clinical day and in accordance with the uniform policy. Furthermore, I understand that any absence, tardiness or disruptive behaviors such as talking/texting during class time, fighting, cursing, sleeping in class, harassment, academic dishonesty etc. (List not meant to be exhaustive) will not be tolerated and will result in my dismissal from the program. If I am dismissed for absence, tardiness or disciplinary issues my tuition and background check fees will not be refunded (No Exception).**
- **PAYMENT OPTIONS:** Please select ONE.
 - **OPTION 1:** \$500.00 down payment and \$560.00/month for two (2) months.
 - **OPTION 2:** \$810.00 down payment prior to the start of the first class and the remaining \$810.00 paid in full prior to the end of class.
 - **OPTION 3:** Pay in full. If paid in full **PRIOR** to the start of your scheduled class, you will get \$300.00 discount and the cost of the class will be \$1320.00.
- I understand if I am pregnant, I must visit my physician to receive documentation I am be able to perform skills during class and clinical without restriction. Higher Learning CNA Training **highly recommends** I get this documentation before making a tuition deposit for the class because it is non-refundable. This documentation must be on file before the first day of class and no pregnant student will be allowed to complete class or clinical without this documentation on file.
- I understand I will be scheduled for clinicals the last week of the program. Furthermore, I understand that assignments to a clinical time are determined by my final payment date, my criminal background check results and what slots are available at the time I



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pay in full. **Please note:** Clinical dates and times are subject to change. This rarely occurs, but if it does you will be expected to adjust your schedule as needed to attend clinical on the new dates/times.

- I understand at the end of my course office staff will inform the state I have completed the class. When my completion has been processed by the state/Headmaster I will receive an email or text informing me I can schedule my state test. I must submit payment of **\$125.00 to Headmaster (wi.tmuniverse.com)** when I register with them for my state testing. I also understand my course completion documents (completion certificate, clinical evaluation etc.) will be available to pick up in the office the next Friday after my class ends.

My signature below indicates I have read the above information, it has been discussed with me and I agree to the terms of the tuition payment policy & agreement. Furthermore, I understand my financial responsibilities once I have enrolled.

Student Signature

Date

Parent/Guardian Signature (required if student is a minor)

Date



PAYMENT PLANS

Option 1: \$500.00 down payment and \$560.00/month for 2 months.

Expected start date for class: _____

By initialing here, _____ I understand that I may have a thirty (30) day extension from the expected class start date to finish paying the remaining balance due and that I would be placed in the next class with an available spot.

By initialing here, _____ I understand that if remaining balance is not paid in full by, _____ I will forfeit my deposit and or any other payments made to date.

Option 2: \$810.00 down payment prior to the start of the first class and the remaining \$810.00 paid in full prior to the end of class.

Expected start date for class: _____

By initialing here, _____ I understand that if I am unable to pay my remaining balance (if any) before the class ends, my tuition deposit will not be refunded.

By initialing here: _____ I also understand that I will not be made eligible to take the State of Wisconsin CNA test.

By initialing here: _____ I understand that I may be eligible for a 30-day extension from the end date of my class to pay the remaining balance due.

By initialing here: _____ I understand that, if, after the 30 days, I still have a remaining balance, I will forfeit any monies that I have paid towards the class.

By initialing here: _____ I understand that after 30 days any monies paid will not be transferrable to any other future class.

Option 3: Paid in full. Payment of \$1320.00 (this price reflects the \$300.00 discount) received on: _____

Expected start date for class: _____

By initialing here: _____ you acknowledge that you have paid for the class in full PRIOR to the expected class start date.

By initialing here: _____ I understand that if I am unable to attend the expected class, I will be able to reschedule **and** attend **ONE (1)** time for a future class within the next 90 days.

By initialing here: _____ I understand that if I do not reschedule and attend the class within 90 days from the expected start date of the previous class, I will forfeit any monies paid and I will not be refunded any money.



ADMISSION CRITERIA & POLICY

To be admitted to and to successfully complete Higher Learning CNA Training Program the student must:

- Pay the current tuition fee (as indicated and described in the “Tuition Payment Policy & Agreement” section of this document).
- Provide a complete BID Form and pay the \$20.00 background check fee upfront.
- Provide documentation of negative TB test results the week before class starts.
- If pregnant, provide documentation from physician or nurse midwife indicating you can perform in class and clinical without restrictions of any kind.
- Remain drug and alcohol free while in class and clinical for the duration of the course.
- Be physically able to perform in class and clinical (as indicated and described in the “Physical Requirement” section of this document).
- Provide own transportation to clinical site which may not be on a bus line.

For your knowledge and benefit these requirements are further described below as needed.

BACKGROUND CHECK POLICY

You are required to complete and sign the Background Information Disclosure (“BID”) Form and submit \$20.00 for a background check. The BID Form gathers information as required by the Wisconsin Caregiver Background Check Law to ensure you are an eligible candidate for CNA certification at this time. It also assists Higher Learning’s clinical site administration to determine if you are eligible to complete clinical rotation at their facility. The information we collect from the BID form and the BID form results may be shared with clinical site administration and Wisconsin Caregiver Training Program regulatory bodies but will not be shared with any other entities or used for any other purposes not mentioned within this paragraph without the student’s express written consent. You must submit information for any and all pending criminal charges or convictions in federal, state, local, military and tribal courts whether or not you believe this information has been or will be expunged from your record. **Please note:** Failure to indicate pending charges or convictions can result in an inability to complete the clinical portion of this course, ineligibility to take the nurse aide state exam and your paid tuition will not be returned.

Act, Crimes and Offenses Barring or Requiring Rehabilitation Review

In accordance with the provisions of Chapters 48.685 and 50.065, Wis. Stats., for persons who have been convicted of certain acts, crimes, or offenses: The Department of Health Services (DHS) may not license, certify, or register the person or entity. In some instances, they may not license, certify, or register the person or entity without a rehabilitation review. For a list of barred crimes and offenses requiring rehabilitation review or for more information see DQA publication P-000387, *Wisconsin Caregiver Program Manual*, at <http://www.dhs.wisconsin.gov/publicatios/DQAAnum.asp>

I have read the above criteria & policy for admission to the CNA program and my signature below indicates I understand what the criteria is for entering this program and I meet the requirements for admission.

Student Signature

Date

Parent/Guardian Signature (required if student is a minor)

Date



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HEALTH HISTORY FORM

(Please Print Clearly)

Student Last Name Student First Name Student Middle Name

SEX M____ F____

EMERGENCY CONTACT INFORMATION

Emergency Contact Person Name Emergency Contact Address

Emergency Contact Phone Number Relationship to You

GENERAL HEALTH

List any recent or continuing health problems: _____

List any Physical or learning disabilities: _____

Are you currently under the care of a doctor or other health care professional, including mental health treatment? YES____NO____

DRUG/FOOD ALLEGIES

List any drug or food allergies and briefly describe reaction.

MEDICAL HISTORY

Students with known and ongoing medical problems must take special precautions in preparing for and managing their situation. Check if you have any of the following:

	Yes	No		Yes	No		Yes	No
Headaches			Ulcer/colitis			Back/joint problems		
Epilepsy/seizures			Hepatitis/gallbladder disease			High blood pressure		
Asthma/lung disease			Bladder/Kidney problems			Thyroid Problems		
Heart disease			Diabetes			Recurrent or chronic infectious diseases		
Anemia or bleeding disorder			Cancer/tumors			Other (List): _____ _____		



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MENTAL HEALTH HISTORY

Have you ever suffered from, been treated for, or hospitalized for the following?

	Y/N	Please provide an explanation below for any box you have checked
Depression/Anxiety		
Substance abuse (alcohol or drugs)		
Eating disorder (anorexia/bulimia)		
Are you taking/have ever taken medication for above problems?		

IMMUNIZATION RECORD

Indicate most recent date.

	Date
Polio immunization	
Tetanus booster or Tetanus/diphtheria booster	
MMR - Measles, Mumps, Rubella	
Influenza Vaccine	

MEDICATIONS

Are you currently taking medications? YES ____ NO ____

Please specify below. Including any medication you carry for possible use, e.g., inhaler, bee sting kit.

I CERTIFY THAT ALL RESPONSES MADE ON THIS FORM ARE COMPLETE, TRUE AND ACCURATE, TO THE BEST OF MY KNOWLEDGE.

Student Signature

Date

Parent/Guardian Signature (required if student is a minor)

Date



PHYSICAL & MENTAL CAPABILITY REQUIREMENTS

- The student must be physically able to perform required task/skills as lifting, transfers, communicate with client/resident and provide client/resident cares with the use of their arms, hands, and or mechanical lifts as necessary.
- Participant must be able to read and understand the textbook, handouts and other materials to meet the theory requirements. This requires a minimum ninth grade reading level.

Please Note: The agency is unable to accommodate an individual with lifting restrictions, or individuals that are: blind, have limited dexterity of fingers, have limited use of hands and arms, are wheel chair bound, are deaf, or those that are unable to speak or read, as the theory and training task/skills requires the participant to successfully complete a number of skills, and possess the ability to communicate with the client/resident to meet necessary competency requirements to complete the course.

HEALTH REQUIREMENTS

TB Testing Policy

Our partner clinical facilities are governed by laws that require them to protect the health and safety of their residents. Higher Learning CNA Training enables them to fulfill this duty to their residents by taking steps to require you to prove you have taken the necessary precautions to prevent the introduction and spread of communicable diseases like TB to their resident population. Accordingly, we require our students to provide documentation of the following:

- Negative results from a TB test (if results are positive the student must complete a chest X-Ray)
- Completion of the Health History Form

These items are collected only to ensure you are an eligible to complete clinical rotation at our partner clinical facilities and will be shared with clinical facility administration and Wisconsin Caregiver Training Program regulatory bodies but will not be shared with any other entities or used for any other purposes not mentioned within this paragraph without the student's express written consent.

These items are maintained by the clinical facilities and by Higher Learning CNA Training. Higher Learning CNA training maintains these records for a period of three years after which they will be securely destroyed. These items may be maintained by the clinical facilities for a longer period as deemed necessary under the individual clinical facility's policy or as regulated by State of Wisconsin or federal regulatory bodies. These items will also be destroyed as outlined in the clinical facility's policy or as regulated by State of Wisconsin or federal regulatory bodies.

If TB test results and Health History Form are not provided, it will result in the student not being able to complete the clinical.

Pregnancy Policy

Higher Learning CNA Training. recognizes the need to protect all our students from any potential harm to themselves or their unborn children if pregnant. If a student is pregnant, we must receive a letter or form from her obstetrician or nurse midwife that she is physically able to complete classroom training and clinical in the nursing home during her pregnancy without accommodations or restrictions of any kind.

This policy is implemented to achieve this goal. Because of changes in health needs and potential restrictions on activities during pregnancy, the following will apply to pregnant students:



The student will:

1. Inform the classroom/clinical instructor or administrative assistant as soon as possible regarding the pregnancy and
2. Submit the appropriate letter or form from her obstetrician or nurse midwife at the following times verifying that the student is in satisfactory physical condition to attend class, skills lab and clinical without accommodation or restrictions.
 - Before class begins if known before the start of class
 - When the pregnancy is confirmed or
 - If the classroom or clinical instructor becomes concerned about the health and well-being of the pregnant student and the unborn child.
3. If at any time the obstetrician or nurse midwife states the student is unable to perform expected tasks, functions, and studies for the course, the student is expected to notify Higher Learning CNA Training as soon as possible and she will be withdrawn from the course and will be allowed to complete her training during an upcoming class/clinical rotation as space is available. Before the student will be scheduled for training the student must:
 - Provide a letter or form from her obstetrician or nurse midwife stating that she is physically able to do clinical in the nursing home during her pregnancy without accommodation or restrictions.

In the absence of written disclosure, a student cannot be considered pregnant. However, each student will be expected to sign a statement that she has read this policy, and that she understands that failure to abide by this policy will be grounds for termination from the training course by the administrator or clinical instructor.

Substance Abuse Policy

Higher Learning CNA Training will provide an environment, which is free from the use, sale, possession, or distribution of illegal drugs and/or alcohol. Additionally, everyone must be able to perform their duties without the presence of illegal drugs or alcohol in their system. To manufacture, use, possess, sell, purchase, or transfer any illegal drug is prohibited, while on Higher Learning CNA Training property or at other training related locations. Higher Learning CNA Training prohibits the use or abuse of such drugs to the extent that one's performance, fitness for classroom or clinical activity, and safety are adversely affected. This policy is to ensure a safe, healthy, and work efficient environment for everyone at Higher Learning CNA Training and the general public. The administration of Higher Learning CNA Training will utilize every reasonable measure to maintain a drug and alcohol-free environment.

Anyone who is found to use, sell, possess, or distribute any illegal drug while in training-related activities, on Higher Learning CNA Training premises or its other training locations, will be subject to disciplinary action. Any illegal substance or paraphernalia confiscated will be turned over to the appropriate law enforcement agency for additional investigation and appropriate action. Being arrested or charged with illegal possession, use, or distribution, can subject anyone to disciplinary action.



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Instructor/Staff Responsibility

Every instructor/staff member working for the Higher Learning CNA Training is required to ensure a safe and effective work environment for students/patients. Instructors/staff members will be subject to disciplinary action if the Substance Abuse and Drug Testing Policy is not personally supported in principle and practice. It is part of professional obligation to report unsafe practice according to American Nursing Association code of ethics.

Referral of Questions

Questions concerning this policy should be directed Higher Learning CNA Training administration.

My signature below indicates I have read and agree to be bound by the requirements, standards, policies, and procedures set out in Higher Learning CNA Training's physical & mental capability requirements & its health requirement policies which include policies and requirements for physical & mental functioning and capability, TB testing, pregnancy and substance abuse. I understand that I will be held accountable for deviation from these requirements and obligations and that such deviation may result in disciplinary action taken against me including suspension or release from the course. I also understand that Higher Learning CNA Trainings policies are subject to change at any time with or without verbal or written notice. Questions regarding updates may be directed to the Administrator.

Student Signature

Date

Parent/Guardian Signature (required if student is a minor)

Date



CRITERIA FOR SUCCESSFUL COMPLETION & THE GRADING SYSTEM FOR THEORY/SKILLS EVALUATION

Successful Completion of Program

Successful completion of the program will be determined as follows:

- Satisfactory completion of the skills component in class and clinical.
- Grade average of 80% or higher after all tests and final exams have been completed (see grading policy).
- All students must complete 80 required training hours which consists of 64 theory hours and 16 clinical hours.
- Per state guidelines if the student is dismissed from class or clinical or the student does not successfully pass the course or clinical for any reason (including dismissal from class or clinical for lateness or absence) the student will need to retake the course in its entirety. Please be aware Higher Learning CNA Training will assess the full tuition fee if you decide to retake the course, and this will only be allowed with instructor/administrator approval.

Grading Policy

A cumulative final grade of 80% for classroom lecture is required to graduate from the Certified Nurse Aide program.

- To complete theory portion of program, the student will be expected to finish course with an overall average of 80% and a satisfactory skills performance in the classroom and clinical to complete the program satisfactorily.
- Students will be tested on all chapters given and handout materials related to subject matter. **Please Note:** If you score an 80% or lower on 2 tests, you will be placed on academic probation. If you score an 80% or lower on an additional 2 tests you will be dropped from the course. A score of 80% or better is expected overall to pass the course. The grading system will be as follows for all exams:

Grade	Percentile
A	100-93%
B	92-85%
C	84-80%
Fail	79% or <

The overall average or GPA for theory will be computed as follows:

- **Average from test scores from the chapter exams overall (321 points)**
- **Final Exam (100 points)**
- **Daily workbook homework. (10 points per chapter, 100 possible points)**

Scores for the knowledge portion of the class will be computed by points obtained divided by total possible points (521). To pass the theory portion of the course an overall average of 80% is required to meet program satisfaction. Testing materials will be reviewed with students to ensure an understanding of materials read and tested. Skills review will be evaluated as Satisfactory/ Unsatisfactory. If student cannot meet satisfactory skills performance, in class, the student will not be scheduled for clinical, until a satisfactory review of the skills has been achieved. A Satisfactory performance of skills in class/clinical must be met to achieve course completion. Students unable to meet requirements of theory with an average of 80% and meet clinical expectations will be required to repeat the entire class



My signature below indicates I have read, agree to be bound by the requirements, standards, policies, and procedures set out in Higher Learning CNA Training's criteria for successful completion of the CNA program and its grading/evaluation policy.

Student Signature

Date

Parent/Guardian Signature (required if student is a minor)

Date

Uniform Policy

Students are expected to wear scrubs for class, students provide own uniform for class any color is acceptable. For clinical experience uniforms are expected to be kept clean and in good repair. Substitution of other clothing or uniform types is not permitted. Students must present a professional appearance whenever they are in clinical facilities; therefore, uniforms are to be worn to all clinical sites. The required uniform consists of:

- **Scrubs:** Any color. Students may also wear a plain cotton white long-sleeve shirt underneath the scrub top or a white lab jacket to keep warm and/or to cover tattoos. **No hoodies or jackets while in the clinical setting.**
- **Shoes:** White tennis shoes with closed heels and toes and rubberized/nonskid soles must be worn. No mules or clogs are permitted.
- **Gait Belts:** When in clinical a gait belt must be always worn for transfers and will be provided to you in clinical.
- **Name Badges:** Name badges will be worn in all clinical settings. (Will be provided to you in clinical)
- **Socks:** For class practice

Professional Appearance Policy (in classroom and clinical)

- **Jewelry:** Wedding or engagement rings and a maximum of two stud earrings per ear are allowed. No dangling earrings, hoops, necklaces, as well as no facial or tongue piercings are allowed to be worn in class and clinical. If you have piercings in places other than your ear the piercing/jewelry must be removed or taped with Band-Aid.
- **Hair:** Hair is to be clean, neatly pulled back and secured so that hair does not come into contact with patients, peers or the clean field; men must be clean shaven or have neatly trimmed beards and/or mustaches. **No scarf/scarves, bandanas and/or hats may be worn in class or clinical.**
- **Nails:** Nails are to be kept short, clean, and in good repair, polish should be **clear** and not chipped, and no artificial nails or nail enhancements are permitted (This includes artificial nail tips, appliques, acrylic gels, and any additional items applied to nail surface) in class, clinical orientation or clinical. No exception.
- **Body Art:** Any tattoos or other form of body art should be covered by the uniform or bandage in class, clinical orientation or clinical. No exception. This can be accomplished by wearing a bandage/Band-Aid, wearing a white or black long-sleeve shirt underneath the scrub top, or by wearing a white or black lab jacket.

If the student does not comply with the uniform and professional appearance policies, they will be sent home. This may mean the student may not finish their course and/or clinical.

Please, print name, sign and date below to indicate you have read the uniform and professional appearance policy and understand that noncompliance with this policy will result in dismissal from class and/or clinical. Furthermore, your signature below indicates that you have been notified, if you are dismissed, you may not be able to finish the class.

Student Signature

Date

Parent/Guardian Signature (required if student is a minor)

Date



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Transportation to and from the Clinical Sites

Higher Learning CNA Training currently hosts clinical at nursing home facilities, some of which are not on a bus line. You are responsible for getting yourself to clinical regardless of if it is on a bus line or not and we cannot and will not guarantee we will be able to assign you to clinical at a facility that is on a bus line. Higher Learning CNA Training cannot endorse any of the recommendations below for those who need transportation, but we offer these as some suggestions you can research. The suggestions are:

- Use Uber, Lyft or a cab company.
- Arrange transportation with a family member or friend.
- Carpool with other clinical students.

Please choose wisely. Students cannot be absent from clinical and will be sent home if tardy to clinical.