

Student Application

State-Tested Nursing Assistant Program Offered by Medical Linx, LLC

Student Name _____

Address _____

City, State, Zip _____

Telephone/Cell _____

Email _____

Date of Birth _____ Male Female

Emergency Contact

Name _____

Relationship _____

Telephone/Cell _____

Do you have a high school diploma? If no high school diploma, do you have a GED or other equivalent certification of completion of required secondary education courses? (**Check one**)

Diploma GED Other

Year of Graduation _____

Name of School _____

City/State of School _____

Healthcare Experience

- No prior experience.
- Yes, I have previously worked in or am currently employed in the healthcare field.

Explain experience _____

Required Police Check Attached

I attach the required police check with my application. I understand this information will be kept confidential and Medical Linx, LLC will use this information only for purposes of determining my eligibility and qualifications under state tested nursing assistant program, which is subject to all appropriate State of Ohio regulations.

Failure to attach the required police check will result in either the delay or denial of your application.

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Rules & Regulations of the School

- 1. Class Schedules.** The normal training program consists of a total of three (3) weeks of classroom training and clinical experience.
- 2. Total required hours.** The total number of hours required to obtain certification as a nursing assistant is 75 hours. This consists of 59 classroom hours and 16 clinic hours.
- 3. Tuition.** Tuition for the program is \$650 per student, plus a \$10 insurance fee to cover legal liability that may arise during your participation in the clinical portion of the program.
- 4. Payment.** Prior to the start of the training session, one-half of the total fees (\$300) with a \$50.00 registration fee are due and payable to hold your seat for the next scheduled class. The remaining fee is due and payable by the end of the first week. Failure to make this last payment will release Medical Linx, LLC from its contractual training agreement with you as evidenced by this Application and payment of the required down payment, and your right to participate in the training program will be cancelled. Also, you will forfeit your down payment and your seat if you fail to make timely payment of the remaining tuition within the required time.
- 5. Student Behavior.** Students shall be courteous at all times to classroom instructors and to administrators, staff and employees of the clinical facility. Medical Linx, LLC will not tolerate disrespect or class disruption by any student. Students with disruptive patterns of behavior shall be dismissed from the program with no refund. Students who are grossly negligent or show wanton disregard for residents of the clinical facility shall be removed from the program immediately without reimbursement of fees and without certification – they will not be allowed back into the program.

Optional Programs (check box if you wish to participate)

- I wish to enroll in the CPR training class. Medical Linx, LLC offers CPR training each month for an extra fee of \$35. This amount is payable in full before you start the CPR training course. This fee is separate from tuition and payable prior to the start of the CPR program.
- I authorize Medical Linx, LLC and its qualified personnel to conduct a TB (tuberculosis) test on my person (this usually is read within 24 –72 hours). Medical Linx, LLC agrees to keep the results of your test confidential, but it shall notify any government health organization of a positive test result if required by law.

Representations of Student

- You agree to attend all classes at the time and place set out for your curriculum.

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- You acknowledge that Medical Linx, LLC will offer makeup classes with upcoming classes – no special makeup arrangements will be provided for individual students.
- You agree to be on time for all classes and all clinical training duty.
- You acknowledge that Medical Linx, LLC provides the necessary classroom training and hands-on clinical training to qualify for the state tested nursing assistant designation and accreditation. However, you understand that attendance alone is no guaranty or representation that you will receive a certificate - you must pass the required test to receive your certificate of completion.

I have read this Application and state that my answers and the information provided are correct and true to the best of my knowledge and belief. If Medical Linx, LLC discovers material misrepresentations or fraudulent answers on this Application, my right to attend the nursing assistant program shall terminate immediately and any fees paid will be forfeited.

I hereby make application to Medical Linx, LLC for training as a state-tested nursing assistant; I agree to make the required tuition payments as well as payment of other optional fees, and I voluntarily attach a copy of my police check.

Student Signature _____

Date _____