

# CPR WITH MICKEY, INC. – CNA PROGRAM APPLICATION & CONTRACT

PLEASE PRINT LEGIBLY IN BLUE OR BLACK INK.

Full Name as it Appears on Government-Issued Photo ID, such as Driver's License or Passport:

\_\_\_\_\_

*First* *Middle* *Last*

Preferred Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

*(Print Clearly)* *(Print Clearly)*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

<p>Course:   <input type="checkbox"/> 3-week Day Class   <input type="checkbox"/> 5-week Evening Class   <input type="checkbox"/> 7-week Weekend Class</p> <p>Start Date: _____</p>
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How did you hear about CPR with Mickey? \_\_\_\_\_

\_\_\_\_\_

Is there someone we can thank for recommending us? \_\_\_\_\_

What made you decide to come to CPR with Mickey? \_\_\_\_\_

\_\_\_\_\_

<p>App. Initials: _____</p> <p>Date: _____</p>
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\_\_\_\_\_

**Office Use Only:**

Documentation Received:    DL    SSC    BG ✓    PPD/CXR

Amount Paid: \$ \_\_\_\_\_    Cash    Credit    Check # \_\_\_\_\_    WIOA   Books received?    Yes    No

Notes: \_\_\_\_\_

\_\_\_\_\_

Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

**Physical Assessment:**

Do you have any physical limitations that would keep you from providing care to patients?  Yes  No  
*This includes, but is not limited to, back, shoulder, knee, or wrist injuries.*

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Are you pregnant or will you have given birth within 3 months of beginning class?  Yes  No  
*If yes, you must provide a release from your obstetrician before class begins.*

Is there any reason you cannot bed, lift 25-50 lb, or walk/stand extensively in a clinical setting?  Yes  No  
*If yes, you must provide a release from your doctor before class begins.*

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have hearing problems?  No  Yes – Explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have back problems?  No  Yes – Explain: \_\_\_\_\_  
\_\_\_\_\_

Are you allergic to latex?  No  Yes – Symptoms: \_\_\_\_\_  
\_\_\_\_\_

Do you have any other allergies?  No  Yes – Do you have an EpiPen or other injector?  Yes  No

Allergens/Symptoms: \_\_\_\_\_

List any other conditions that you feel may present a risk for you or that instructors should be aware of to protect you. \_\_\_\_\_  
\_\_\_\_\_

<b>Emergency Contact &amp; Relationship:</b> _____ <b>Cell Phone:</b> _____
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<b>App. Initials:</b> _____ <b>Date:</b> _____
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**As of this date, I find that this applicant:**

- has no physical or medical issue that would deter the applicant from fully participating in and/or performing patient care activities as a Nurse Aide in a clinical setting.
- meets the criteria to be able to safely participate in and/or perform patient care activities as a Nurse Aide in a clinical setting with the following provisions/accommodations: \_\_\_\_\_
- does not meet the criteria to be able to fully participate in and/or perform patient care activities as a Nurse Aide in a clinical setting for due to the following concerns: \_\_\_\_\_

RN Name & Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>CNA TUITION &amp; FEES</b>		
<b>Registration Fee</b>	<b>Tuition</b>	<b>Total</b>
\$150	\$1000	\$1150

**Registration Fees:**

- Registration fee is required to secure a place in a class.
- Registration fee is NON-REFUNDABLE 3 business days from the signing of this contract.
- Registration fees will ONLY be refunded if requested by emailing [Amelia@CPRwithMickey.com](mailto:Amelia@CPRwithMickey.com) within 3 business days of signing this contract AND prior to the first day of class.
- Registration fees may be transferred to another class ONLY by emailing [Amelia@CPRwithMickey.com](mailto:Amelia@CPRwithMickey.com) a minimum of 2 business days prior to the first day original class.
- Unused registration fees are forfeited if the above conditions are not met OR 6 months after signing this contract.

**Tuition Payment:**

- Tuition may be paid at registration, on the first day of class, or via CPR with Mickey’s payment plan.
- There is a one-time \$25 service fee to access the payment plan, which is added to and due with the first payment.
- When using the payment plan, payments are due on the first day of class each week.
- Each weekly payment that is not paid on the first day of class will incur a \$10 late fee unless prior arrangements have been approved and documented by the Office Manager or Mickey Sturdivant, RN.
- Delinquency in the payment of any financial obligation may result in being withdrawn from class, not being permitted to register for or take the associated certification exam, and/or not being permitted to register for another class until the obligation is satisfied.

<b>WEEKLY PAYMENTS BY PROGRAM</b>			
<b>Week</b>	<b>Weekday Class</b>	<b>Evening Class</b>	<b>Weekend Class</b>
Reg. Fee	\$150	\$150	\$150
Week 1	\$350	\$225	\$150
Week 2	\$350	\$200	\$150
Week 3	\$350	\$200	\$150
Week 4	---	\$200	\$150
Week 5	---	\$200	\$150
Week 6	---	---	\$150
Week 7	---	---	\$125
<b>TOTAL</b>	<b>\$1175</b>	<b>\$1175</b>	<b>\$1175</b>

**Missed Class & Clinical Hours:**

The CNA program is 94 hours long with as much learning and practice time as possible packed into each session. If you know at the time of registration that you will miss class time, the best course of action is to make up the material in advance. This may be done at no additional charge when you join a class that is already in session.

If you have an absence during the program, the session must be made up. Depending on the material missed, this may mean not finishing class on time. The first make up session is provided at no additional charge. Each subsequent session incurs a \$45 charge to be paid by the beginning of each session.

App. Initials: _____
Date: _____

### Permanent Withdrawal from Class:

- Date of withdrawal from class is determined by the date that an email is received at [Amelia@CPRwithMickey.com](mailto:Amelia@CPRwithMickey.com).
- Refunds are prorated based on the percentage of the program completed and amount of tuition paid at time of withdrawal.
- Withdrawal under extreme circumstances requires documentation and is decided on a case-by-case basis.
- Refunds are paid within 45 days of the date of withdrawal and are ONLY paid to the person or entity that made the payment.
- See the CPR with Mickey Catalog & Policy Manual for full details.
- Students who are expelled due to violation of the Code of Conduct & Ethics Policy are still responsible for tuition and fees in their entirety and forfeit their right to any refund.

### Temporary Withdrawal from Class:

CPR with Mickey recognizes that students sometimes experience circumstances beyond their control that require them to temporarily withdraw from class. Students are eligible to return to the next available class or within 6 months *subject to space availability* as follows:

Course Fees	Academic Standing	Next Scheduled Class (same as the one withdrawn from)	Within 6 Months (same as the one withdrawn from)
Paid in Full	Good	<ul style="list-style-type: none"> <li>▪ Only take unfinished portion.</li> <li>▪ No Additional Charge.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Must retake entire course.</li> <li>▪ Discounted Rate.</li> </ul>
Paid in Full	Poor	<ul style="list-style-type: none"> <li>▪ Must retake entire course.</li> <li>▪ Discounted Rate.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Must retake entire course.</li> <li>▪ Discounted Rate.</li> </ul>
Payments Up to Date	Good	<ul style="list-style-type: none"> <li>▪ Only take unfinished portion.</li> <li>▪ Must continue making weekly payments until original tuition/fees are paid in full while waiting to return to class.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Must retake entire course.</li> <li>▪ Discounted Rate.</li> </ul>
Payments Up to Date	Poor	<ul style="list-style-type: none"> <li>▪ Must retake entire class.</li> <li>▪ Eligible for discounted rate if prorated original tuition/fees are paid in full.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Must retake entire course.</li> <li>▪ Discounted Rate.</li> </ul>
Behind on Payments	Good	<ul style="list-style-type: none"> <li>▪ Only take unfinished portion.</li> <li>▪ Original tuition/fees must be paid in full before eligible to return to class.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Must retake entire course.</li> <li>▪ Eligible for discounted rate ONLY once prorated original tuition/fees are paid in full.</li> </ul>
Behind on Payments	Poor	<ul style="list-style-type: none"> <li>▪ Must retake entire class.</li> <li>▪ Prorated tuition/fees must be paid in full before eligible to return to class.</li> <li>▪ Eligible for discounted rate once prorated original tuition/fees are paid in full.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Must retake entire course.</li> <li>▪ Eligible for discounted rate ONLY once prorated original tuition/fees are paid in full.</li> </ul>

### Medical Insurance:

- CPR with Mickey does NOT offer medical insurance for students.
- It is recommended that students be covered by a personal health and/or injury insurance policy.
- CPR with Mickey is not responsible for any and all costs associated with any injury or illness to its students.

App. Initials: \_\_\_\_\_

Date: \_\_\_\_\_

**Conduct:**

I have read, understand, and agree to all policies addressed in the CPR with Mickey Catalog and Policy Manual, available online at [www.CPRwithMickey.com](http://www.CPRwithMickey.com) and at CPR with Mickey. I agree to abide by the CPR with Mickey Code of Conduct & Ethics Policy. I agree to follow the directions and instructions of CPR with Mickey staff regarding safety and policy issues. I understand that violation(s) may result in expulsion from class without any right to a refund of any and all monies paid.

I understand that I must complete all class/clinical sessions and maintain a minimum grade average of 75% to graduate from class, receive a course completion certificate, and be eligible to take the Georgia nurse aide certification exam.

I, \_\_\_\_\_ (legal name) hereby acknowledge that I have read, fully understand, and agree to the terms and conditions outlined in this agreement. The information I have provided is complete and correct to the best of my knowledge.

\_\_\_\_\_ (initial here) I understand that CPR with Mickey does not give references to employers. Instead, I agree to allow CPR with Mickey to release my Course Grades & Reference form upon request from entities that request it.

\_\_\_\_\_ (initial here) I recognize that CPR with Mickey or its representative may record pictures or video footage of class activities. I understand that my image may be used on the CPR with Mickey website, Facebook page, or other marketing materials. I understand that CPR with Mickey will use these images in a professional, tasteful manner. I give CPR with Mickey permission to use these images.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CPR with Mickey Staff Witness: \_\_\_\_\_ Date: \_\_\_\_\_



Consent and Authorization Form  
 Post Office Box 757, Blairsville GA 30514  
 Tel: 706-781-3554 Fax: 706-781-3907  
 Email: [searches@informationondemand.net](mailto:searches@informationondemand.net)

## CPR with Mickey

**Tel: 770-573-2448**

### STUDENT APPLICANT BACKGROUND CHECK AUTHORIZATION/ORDER FORM

The undersigned (i) confirms that it has authorized the above named Client to obtain a background check for training purposes including, without limitation, a consumer report and criminal background check on the undersigned, and (ii) authorizes **Information on Demand, Inc.**, or any of its agents, to provide, orally or in writing, the results of a background check, including a consumer report and criminal background check, to the above-named Client or its representatives. I further certify that I have been advised of my rights under the The Fair Credit Reporting Act (FCRA), 15 U.S.C. 1681-1681y, either verbally or by inclusion in my training application package. This authorization is a continuing authorization for the Client to obtain background checks on the undersigned during the term of the undersigned's relationship with Client.

**THE UNDERSIGNED RELEASES INFORMATION ON DEMAND, INC. AND ITS AGENTS AND REPRESENTATIVES, AND ALL ENTITIES AND INDIVIDUALS INVOLVED IN REPORTING INFORMATION ABOUT THE UNDERSIGNED, FROM ANY AND ALL CLAIMS BY, OR LIABILITY TO, THE UNDERSIGNED THAT MAY RESULT FROM, ARISE OUT OF, OR IN CONNECTION WITH THE CHECK AND CONSENTS TO THE ABOVE NAMED EMPLOYER TO PERFORM PERIODIC BACKGROUND CHECKS FOR THE DURATION OF MY RELATIONSHIP WITH THIS COMPANY.**

<b>STUDENT INFORMATION – COMPLETED BY STUDENT (**Sex &amp; Race for Identifier Purposes Only**)</b>
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**PRINT HERE:**

First Name	Middle Name	Last Name	
Sex	Race	Date of Birth	Social Security Number

Complete Street Address, City, State, and Zip Code \_\_\_\_\_

Student Signature _____	Date _____
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Client certifies the following:

1. The Background Report is being ordered from IOD for use by Client training purposes.
2. Information from the Background Reports will not be used in violation of and Federal or state equal opportunity employment law or regulation.
3. Client has provided to the subject of the Background Report a clear and conspicuous written disclosure, in a document that consists solely of the disclosure, that a consumer report may be obtained on the subject for training purposes, and the subject has provided written authorization (which may be on the same document) of Client's procurement of the report.
4. Before taking adverse action against the subject of the Background Report, based in whole or in part on the Background Report, Client will provide that subject a copy of the report and a copy of the FTC's Summary of Consumer Rights.

<b>BACKGROUND CHECK REPORT ORDER – COMPLETED BY CLIENT</b>
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Criminal Trace (Enter Each State in Parentheses Below)      County Level Search: \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Social Security Trace       M.V.R. State & No. \_\_\_\_\_

US National Search       FACIS. (choose I II III) Please provide professional License Number \_\_\_\_\_

Education /Employment Trace (Use Attached Sheet)       I9 Verification (Please attached I9 and copies of documents)

Signature of Client Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Work in Elder Care       Work in Child Care       Work with Mentally Disabled