



# Career Learning Centers

## Certified Nursing Assistant Application

### Program Information

Certified Nursing Assistant (CNA) Exam Prep	4 weeks	2 days per week	8 hours per day	64 program hours
	2 weeks	4 days per week		

LOCATION \_\_\_\_\_

PROGRAM SCHEDULE \_\_\_\_\_

### Applicant Information

NAME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

I have a high school diploma, or its equivalent; OR I am at least 18 years of age. \_\_\_\_\_

APPLICANT INITIALS

### Payment Authorization

Registration fee	\$195	Non refundable; Required to process application
Program fee	\$200	Must be received 10 days prior to program start date

**After registration is processed, each applicant will be mailed *Mosby's Textbook for Nursing Assistants* with an accompanying workbook and a set of CLC scrubs.**

Scrub size: S  M  L  XL  2X  3X

Payment Type: Credit Card  Money Order  Mail money orders to the address at the bottom of the page.

Credit Card Type: Visa  MasterCard  Discover  American Express

CARDHOLDER'S NAME (AS IT APPEARS ON CARD - PLEASE PRINT) \_\_\_\_\_

AMOUNT \_\_\_\_\_

CARDHOLDER'S STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

CARD NUMBER

-

EXPIRATION DATE

SECURITY CODE\*

By signing below I authorize Career Learning Centers to initiate a one-time charge for the above amount to my credit card.

CARDHOLDER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

\* The 3-digit security code is located on the back of your card within the signature panel. Write in the last three digits of this code.



# Career Learning Centers

## Cancellation / Refund Policy

Should the applicant elect to cancel or be dismissed for any reason, all refunds will be made according to the following refund schedule and in compliance with Florida State laws:

1. The Registration Fee is non refundable.
2. Cancellation must be made in person or by certified mail.
3. Cancellation before the first training session will result in a refund of all monies paid with the exception of the registration fee.
4. Cancellation after training inception but prior to 40% completion of the program will result in a prorated refund based on the number of hours completed compared to the total program hours.
5. Cancellation after 40% of the training session will result in no refund.
6. Termination Date: The termination date for refund computation purposes is the date of receipt of the cancellation request.
7. Refunds will be made within 30 days of termination or receipt of Cancellation Notice.
8. An applicant can be dismissed, at the discretion of the Director, for insufficient progress, disruption of class or failure to comply with the rules.
9. Training sessions may be rescheduled or cancelled at the discretion of the Director. If training sessions are cancelled, a full refund is issued. Registrants will be notified in advance should this occur.

I have read and agree with the terms and conditions of this policy. \_\_\_\_\_  
APPLICANT INITIALS

## Notice to Applicant

Read this agreement in its entirety before signing. Do not sign the agreement if it contains any blank spaces. You are entitled to a copy of your signed agreement.

\_\_\_\_\_  
APPLICANT'S NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN IF APPLICANT IS UNDER 18 YEARS OF AGE

\_\_\_\_\_  
DATE

## Accepted By

\_\_\_\_\_  
CAREER LEARNING CENTERS OFFICIAL

\_\_\_\_\_  
DATE