

# Quest Healthcare Academy

2030 Ader Road  
Jeannette, PA 15644

## APPLICATION AND ENROLLMENT AGREEMENT For Nurse Aide Training Program

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Last 4 digits of Social Security Number: \_\_\_\_\_

US Citizenship: Yes\_\_\_\_\_ No\_\_\_\_\_ If non-citizen please attach all Visa documentation to this application.

As part of our enrollment process, we ask for information regarding U.S. citizenship or immigration status for administrative and reporting purposes only. **Your response to this question will not affect your eligibility for admission, enrollment, or access to school services.**

Attach official high school transcript, diploma, or proof of GED if applicable.

If you have previously attended a college, university, vocational school, or other post-secondary institution:

Institution(s) attended: \_\_\_\_\_ Year(s): \_\_\_\_\_

Degree, Diploma or Certificate Received: \_\_\_\_\_

Tuition for the NA program will be \$1,595 plus \$620 for fees. The itemized list of fees is attached. Fees for health screenings/tests and background checks can be waived if the applicant provides proof. See attached list for more detail. Total clock hours will be 120. Students will receive a certificate of completion.

Class Start Date: \_\_\_\_\_

The recommended class schedule will permit a student to graduate in the period indicated; however, this is only an estimate. The actual time required to graduate may be longer than estimated if the student fails to follow the schedule recommended by the school, if the student withdraws, or if the student is dismissed. Students may be dismissed from the school for the following reasons: failure to maintain satisfactory academic progress, failure to comply with general conduct policies, or other factors determined by the administration to be in the best interest of the institution, its students, or staff. (Students who are suspended will receive no credit for incomplete work and may be permitted to re-enter as outlined under re-admission policy.

### 1. CONDITIONS OF ADMISSION AND SUSPENSION

Acceptance for admission will be made on the basis that the applicant has a high school diploma or GED or upon receiving a score of 80% on a pre-entrance exam. A copy of the diploma, GED certificate, official high school transcript or pre-entrance exam must be provided and will be placed in the students' file if applicable. Students must also be 18 years of age or older. Applicants must complete a physical examination, including a medical history and physical stating free of communicable disease; 2-step TB Mantoux or other qualifying TB test. Fees for the medical exam and Mantoux test will be collected by the school and then paid to the providers unless proof of completion is provided. All accepted students are required to complete a criminal background check and drug testing prior to admission. The fees for these checks and tests will be collected and paid for by the school unless proof of completion is provided. A positive drug screen or criminal background check will prevent admission to the program due to the inability of the applicant to complete the clinical requirements.

Admission to a specific cohort is subject to minimum and maximum class size requirements. Applicants may have to wait until the next session is available. Acceptance indicates only that the student has met the minimum requirements for admission. Quest Healthcare Academy makes no representations or guarantees regarding the likelihood of success in school, in any career field or in achieving other personal goals.

**2. PAYMENT OF TUITION AND OBLIGATION TO PROVIDE SERVICES**

Tuition and fees are due and payable when classes begin. Total tuition is \$1,595 and fees total \$620. Payment may be made by check or credit card. No credit card fees will be added. Payment of tuition or other charges is solely for the right to attend classes offered by the school and is not contingent upon satisfactory progress, or placement upon graduation or the provision of other services/benefits. Payment is due in full; any outstanding payment must be paid prior to the first day of class.

**3. REFUND AND CANCELLATION POLICY**

**Cancellation** – All monies paid are fully refundable if the student requests cancellation within 5 calendar days after signing the enrollment agreement if no classes have been attended, lessons completed, or materials used. A request for cancellation which is not made in writing shall be confirmed in writing by the student within an additional period of 5 calendar days. The school will retain all the fee after 5 calendar days or after 10 calendar days of absence with or without written confirmation.

**Refund** - For a student completing up to and including 10% of the total clock hours, the school shall refund 90% of the total cost of the program. For a student withdrawing from or discontinuing the program within the first 25% of the program, the tuition charges refunded by the school shall be 55% of the total cost of the program. For a student withdrawing or discontinuing after 25% but within 50% of the program, the tuition charges refunded by the school shall be 30% of the total cost of the program. For a student withdrawing or discontinuing after 50% of the program, the student is entitled to no refund.

This refund policy applies to all situations in which a student ceases attending classes prior to graduation whether such cessation is the result of the student's voluntary decision to withdraw, the expulsion of a student by the institution (to comply with 22 PA Code §73.133), or reasons beyond the control of either party.

The suspension date for refund computation purposes is the last date of recorded attendance of the resident student or the date the nonresident student requests cancellation (to comply with PA Code §73.135).

Refunds shall be made within 30 calendar days of the date the student fails to enter, leaves the program, or fails to return from a leave of absence (to comply with PA Code §73.136).

In the event of rejection for any reason the student will be refunded 100% of tuition and any other fees to comply with PA Code §73.133

**Refund of Fees:** The fees collected for textbooks, workbooks, uniform, I.D. badge, tote bag, and personal protective equipment will be refunded if the materials are returned unused prior to the start of classes. Completed health/drug test and background checks will not be refunded The state competency exam fee will be refunded if the student is not eligible to sit for the exam.

**4. ADDITIONAL DOCUMENTS**

The School Catalog is incorporated as part of the Enrollment Agreement.

5. PLEASE READ AND INITIAL THE FOLLOWING IF TRUE:

- (a)

I certify that I received and read both the school catalog and this enrollment agreement prior to signing it.
- (b)

I understand and agree to all parts of the enrollment agreement (including the parts of the school catalog that apply to me). If any questions arise, I will ask the school director before I begin classes, and before the end of my cancellation period.
- (c)

I understand that this Enrollment Agreement is a legally binding agreement, and it contains ALL the terms of our understanding, including my rights and responsibilities and the school’s legal obligations to me. No written or oral changes, additions or deletions are permitted, **and I certify that none have been made. No other publications, brochures or documents or any statements by anybody before, during, or after the enrollment process are permitted to change this agreement or the legal rights and responsibilities/commitments contained in this agreement.**
- (d)

I understand that each student’s success will depend on that student’s efforts. Therefore, school employees are prohibited from making any oral or written assurances, promises, or guarantees relating to my academic, financial, or career success, or any other benefit I may hope to achieve from my enrollment, and **I certify that none have been made.** I deserve full credit for my success, and I accept full responsibility for any failures.

Note: If anyone gives you information that is inconsistent with your enrollment agreement, you should disregard it and immediately notify the school director.
- (e)

It is the school’s goal that each student be 100% satisfied. However, because each student is a unique individual with a unique viewpoint, differences of opinion can occur. Therefore, to settle any dispute quickly, fairly, and with a minimum cost, a Grievance, Mediation and Arbitration Procedure is provided. **I understand that I (the student) and the school are both required to use these procedures.**
- (f)

I understand that completion of this program does not guarantee employment.

I certify I gave the applicant a copy of this Enrollment Agreement on \_\_\_\_\_ .  
(Date)

School Representative Signature

School Director Signature\*                      Date

**\* The applicant is not accepted, and this is not a legally binding agreement until signed by the school director.**

Applicant's Signature                      Date

DISPUTE RESOLUTION PROCEDURE

It is our goal that you will be completely satisfied with Quest Healthcare Academy. However, we recognize that each student is a unique individual with different needs, concerns and perceptions, so disputes may arise due to a good faith difference of opinion or for other reasons. Therefore, these procedures were developed to settle disputes in a quick, efficient, and fair manner. These procedures are our mutual agreement as to what you and Quest Healthcare Academy must do if a dispute arises between you and the school, or any school representative.

STEPS TO BE FOLLOWED

1. If a dispute arises, you the student, and the school official involved, should both attempt to settle the matter in good faith between the two of you. That is really the best resolution to any kind of dispute.

GRIEVANCE

2. If the dispute is not worked out at Step 1 above, you must file a written "Grievance" with the school director describing the dispute and the requested solution. If the dispute is with the school director, then you may file a complaint with the School Owner, Daniel Wukich, 2020 Ader Road, Jeannette, PA. 15644. A written response will be provided to you by the school.

MEDIATION

3. If the dispute is not worked out at Step 2 above, you must make a written request for "Mediation" to attempt to settle the dispute. The school will pay any administrative fees and mediator fees and shall select a Mediator/Mediation organization, which may include, but not be limited to: (a) American Arbitration Association; (b) a retired state judge; or (c) an attorney with mediation experience and/or State Bar sponsored training in mediation.

ARBITRATION

4. If the dispute is not worked out at Step 3 above, you must make a written request for "Arbitration" under the Federal Arbitration Act to attempt to settle the dispute. The school shall pay any administrative fees and arbitrator fees and shall select the Arbitrator/Arbitration organization and procedures, which may include, but not be limited to: (a) American Arbitration Association, Consumer Related Disputes Supplementary Procedures; (b) a retired state judge; or (c) an attorney with arbitration experience. Concerns that are not satisfactorily resolved should be brought to the attention of the State Board of Private Licensed Schools at 717-783-8228 or by email at [RA-PLS@pa.gov](mailto:RA-PLS@pa.gov).

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In consideration of your acceptance by the school, you agree to follow the Grievance, Mediation, and Arbitration steps described above to attempt to settle any dispute between us (and we also agree to follow these steps). Both you (and the school) must follow these procedures BEFORE filing a complaint in court or with any administrative agency. If, after following these procedures either you, the student, or the school, are still dissatisfied either party may file a complaint in court or with an administrative agency; however, WE BOTH AGREE that any trial will be before a judge only without a jury, and WE BOTH WAIVE OUR RIGHT TO A TRIAL BY JURY. See the school catalog for additional information on your duty to arbitrate and your waiver of the right to file a lawsuit or have a jury trial.

\*The school is licensed by the State Board of Private Licensed Schools and any questions or concerns that are not satisfactorily resolved at any time by the grievance policy above may be brought to the attention of the Bureau of Postsecondary and Adult Education, 607 South Drive, Floor 3E, Harrisburg, PA 17120.

By signing my name below, I am verifying that I have carefully read this document and understand and agree with its contents.

Applicant/Student Date

QHA Representative

Date

PLACEMENT ASSISTANCE/ EMPLOYMENT OPPORTUNITIES

Graduates of the program will receive a certificate reflecting completion of this certificate program.

We take pride in offering our graduates services and resources that give them an advantage in a competitive job market and global economy. You, the student, directly benefit from our years of collaborating with employers in the local community. You also benefit from the knowledge of job search techniques that we have developed. Despite all those advantages, we want to make sure you understand that no reputable school can or would guarantee the success of any graduate or that the graduate will achieve his/her specific career, financial, or other goals. The reason for this is that nobody can guarantee your (the student's) future! **Your career success will depend on your attitude, determination, and the effort that you put into your schoolwork, job search, and your job.** As a reputable school, it is our policy to prohibit our employees from making any such promises regarding your future success. **In the end, only you can guarantee your success!**

We will work in partnership with you, but your school record – your absences, conduct, work ethic and attitude – along with your job search efforts, your character, attitude, ability, and other personal traits will determine the level of your success and where you will start out. In this regard, please note that, like the graduates of any institution starting in a new field, our graduates can expect to start out in entry level positions. Where you go from there is up to you.

We want you to make an informed decision! Please note our staff can only provide general information about career fields. **We cannot and do not provide guidance or estimates regarding any individual's likelihood of career success, because everyone's abilities, talents, and desires are different and because nobody really knows what the state the job market will be when you are getting ready to graduate.** Therefore, you are required to review your career field opportunities before starting classes. To do this, you must check with your local job service/unemployment office, check area newspapers for job listings, and review information from the U.S. Department of Labor. Many of these references are available at your local library or on the internet. It is your responsibility to review the available information to make an informed decision before you enroll.

Simply stated, we can give you some of the tools for success, but the formula for success depends on you!

<div><div></div><div>QHA Representative</div><div></div><div>Date</div></div>	<div>By signing my name below, I am verifying that I have carefully read and understand this document and agree with its contents.</div> <div><div>Applicant/Student</div><div>Date</div></div>
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Quest Healthcare Academy student fee schedule:

Textbooks/workbooks	\$120.00
Uniform	\$60.00
Health/physical fee	\$60.00 (may be waived with proof)
Drug test	\$25.00 (may be waived with proof)
PA Criminal History Record	\$20.00 (may be waived with proof)
FBI Report	\$30.00 (may be waived with proof)
2-step Mantoux	\$65.00 (may be waived with proof)
I.D. Badge	\$10.00
Tote bag	\$40.00
Personal protective equipment	\$15.00
Student liability insurance	\$40.00
State competency exam	\$135.00
Total fees	\$620.00

Fees are payable to the school, which will facilitate health tests and background checks.  
The fees can be waived if applicant can provide proof of tests/screenings and background checks.

I hereby grant Quest Healthcare Academy, its affiliates, and representatives the irrevocable right and permission to photograph, record, and/or use my image, likeness, and voice in any medium (including but not limited to print, digital, video, and social media) for the purposes of marketing, advertising, educational promotion, and program documentation. I understand that these materials may be used without further notification or compensation, and that all such recordings and images will remain the property of Quest Healthcare Academy.

☐ **I consent** to the use of my photo/video likeness as described above.

☐ **I decline** consent for the use of my photo/video likeness.

**Student Name (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### Demographic Information Form

Purpose: Quest Healthcare Academy is required to collect certain demographic information for state and federal reporting purposes.

Your responses are voluntary and will not affect your admission status or eligibility for the program in any way.

**Disclaimer:** Completion of this form is voluntary. The information provided will be used solely for compliance with state and federal reporting requirements and will not be used to determine admission or eligibility for Quest Healthcare Academy programs

Name (optional): \_\_\_\_\_

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

1. Ethnicity (Select one)

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Prefer not to answer

2. Race (Select one or more)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Prefer not to answer

3. Sex (Select one)

- ☐ Male
- ☐ Female
- ☐ Other / Prefer to self-describe: \_\_\_\_\_
- ☐ Prefer not to answer

4. Age Range (Select one)

- ☐ Under 18
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65 or older
- ☐ Prefer not to answer

5. Military Status (Select one)

- ☐ Veteran
- ☐ Active Duty
- ☐ National Guard / Reserve
- ☐ Not applicable
- ☐ Prefer not to answer

6. Disability Status (Select one)

- ☐ I have a disability
- ☐ I do not have a disability
- ☐ Prefer not to answer

7. Primary Language (Select one)

- ☐ English
- ☐ Spanish
- ☐ Chinese
- ☐ Russian
- ☐ Arabic
- ☐ Other (please specify): \_\_\_\_\_
- ☐ Prefer not to answer