



**Enrollment Agreement**  
**Certified Nursing Assistant Program**  
Revised 8/1/23

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

**Name of School:** Northwest N.A.C. Training

**Address:** 13504 NE 84<sup>th</sup> St, Suite #119  
Vancouver, WA 98682

**Phone:** (360) 882-0101

**Applicant Information**

**Name:** \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Tuition and Application Fee Paid to NWNACT**

Registration/Application Fee:	\$100
Tuition:	\$ 1290
<b>Total Charges:</b>	<b>\$ 1390</b>

**OTHER PROGRAM COSTS**

In addition to the tuition and fees outlined above, students will be required to obtain the course textbook or e-Book (\$60), and medical scrubs. The costs for these items vary, but these and the \$85 for Washington State Certification are a good estimate of additional costs.

**TRAINING AND SERVICES PROVIDED**

Students will be provided training and lab work in all aspects of nursing assistant work in preparation for their being able to sit for the State of Washington Nursing Assistant certification. The cost of the state exam IS NOT included in the tuition. Currently, the cost of the State Exam is \$124. (Written and Skills).

The NWNACT program endorses the Americans with Disabilities Act and in accordance with our policy, reasonable accommodations may be provided for a student with a disability. In order to be admitted and to progress in the CNA program, the student must be able to meet

essential functions with or without accommodation. NWNACT will provide reasonable accommodations, however, the school is not required to make modifications that would substantially alter the nature or requirements of the program or to provide auxiliary aids that present an undue burden to NWNACT.

To complete the program or to continue in the program, the student must be able to perform all essential functional abilities either with or without accommodation.

Functional abilities relate to the behavioral components of student competence. They are abilities identified by the NWNACT program as essential for safe patient care and are used as a guide in determining reasonable accommodations. The categories of functional abilities are:

- Visual
- Auditory
- Tactile
- Olfactory
- Communication
- Interpersonal Relationships
- Cognitive Thinking
- Motor Functions

Acceptance into the NAC Program does not imply or guarantee future employment in the health care field. Northwest N.A.C. Training does not discriminate against students or potential students based on race, creed, religion, color, national origin, sex, veteran or military status, sexual orientation, or the presence of any sensory, mental, or physical disability or the use of a trained guide dog or service animal by a person with a disability.

Northwest N.A.C. Training acknowledges that information pertaining to an applicant's disability is voluntary and confidential and will be made on an individual basis. If this information is presented, NWNACT will reasonably attempt to provide accommodation to overcome the effects of the limitation of the qualified applicant. All inquiries about accommodations should be made to the Program Director upon registration to the program. In most cases, medical documentation will be required because of the rigors of the curriculum.

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## **WITHDRAWALS, EXPULSION & REFUNDS**

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**Withdrawal** is defined as a voluntary cessation of the student's participation in the NWNACT Nursing Assistant Education Program, based on a voluntary decision made by the student.

**Expulsion** is defined as an involuntary cessation of a student's participation in the NWNACT Nursing Assistant Education Program, based on decisions made by NWNACT staff due to lack of payment of tuition, policy violations, constant disruptions during training, attendance matters, or poor performance.

### **Withdrawals and Refunds**

The Certified Nursing Assistant program is comprised of two sections, the didactic (classroom and lab) section, and the clinical (on-site at health care facilities) section.

1. The school must refund all money paid if the applicant is not accepted. This includes instances where a starting class is canceled by the school.

2. If the student changes his or her mind and no longer wishes to take the class, within five days of making his or her initial payment, and the student has not yet begun classes, all monies paid will be refunded.
3. The school may retain an established registration fee equal to 10 percent of the total tuition cost, or \$100, whichever is less, if the applicant cancels after the fifth business day after signing the contract or making an initial payment. A “registration fee” is any fee charged by a school to process student applications and establish a student record system.
4. If the student withdraws or is expelled from the program following the start of classes, refunds will be processed as follows:
  - a. Student has completed three days or less of the program - He or she will be refunded 90% of tuition paid, not including the Application Fee.
  - b. Student has completed at least three days, but less than 25% of the program He or she will be refunded 75% of tuition paid, not including the Application Fee. \*
  - c. Student has completed between 25% and 50% of the program - He or she will be refunded 50% of tuition paid, not including the Application Fee. \*
  - d. Student has completed more than 50% of the program - Student is not eligible for a refund.

If the student had not paid for the program in full at the time he or she withdraws, the refund will be pro-rated based on the amount actually paid.

When calculating refunds, the official date of a student’s termination is the last day of recorded attendance:

- a. When the school receives notice of the student’s intention to discontinue the training program; or,
- b. When the student is terminated for a violation of a published school policy which provides for termination; or,
- c. When a student, without notice, fails to attend classes for thirty calendar days. All refunds must be paid within thirty calendar days of the student’s official termination date.

### **Credits**

If a student chooses to **withdraw** from the Nursing Assistant Education program and has money owing, he or she may elect to receive credit for a future class instead of receiving cash. This, however, does not guarantee that the student will be admitted into the next CNA class.

### **Expulsion**

If a student is **expelled** from the program, his or her only option will be to request a refund.

### **Refund Schedule**

1. All refunds owing will be made within thirty (30) calendar days of the date of determination of student withdrawal or expulsion.

2. If the NWNACT cancels the Certified Nursing Assistant program after a student has started the program, the institution will refund all monies paid by the student, including the initial application fee.

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## PAYMENT OF FEES AND TUITION

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Students must pay a minimum of \$580.00 by the first day of class (\$420 tuition & textbook rental fee \$60 plus \$100 Application Fee). Second payment of \$400 at end of the 2<sup>nd</sup> week of class, the remaining tuition and fees due the last day of class. Failure to do so may result in termination from the program. **Students are encouraged to pay the entire cost at the beginning of class in order to avoid any future payment problems. After one year without payment , student is permanently withdrawn from the program and will have to start over.**

again.

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## GENERAL TERMS

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The acceptance and fulfillment of the terms of this agreement entitles me to Northwest N.A.C Training's Certified Nursing Assistant Program.

I understand that all expenses incurred while traveling to and from the training location and clinical sites and any expenses incurred for food and lodging while in training are my responsibility.

I understand that the training will be conducted under the guidance and supervision of competent training personnel.

**I understand it is my responsibility to follow all Rules and Policy and Procedure Guidelines for the program. Violations of any rules or regulations will constitute grounds for dismissal.**

I understand that at no time may I be present at the training center or clinical facility while intoxicated or under the influence of a controlled substance.

I understand Northwest N.A.C Training cannot, and does not, promise or guarantee employment or level of income or wage rate to any applicant or graduate.

I understand that a Certificate of Completion will be issued after the course of study is successfully completed. Successful completion includes a passing grade on all exams.

I understand this agreement is a legally binding instrument when fully completed and signed by the applicant and by an authorized representative of Northwest N.A.C Training.

I understand that any changes in the agreement will not be binding on either the student or the school unless such changes are acknowledged in writing by an authorized representative of the school and by the student or the student's parent or guardian if he/she is a minor.

Further, I understand the financial obligations which I am accepting by entering this program and understand that if I fail to fulfill those obligations I may be dismissed from the program and will waive my right to recover any monies I have heretofore paid, except as outlined in the section entitled "Withdrawals, Expulsion and Refunds."

### **NOTICE TO BUYER:**

Do not sign this agreement before you read it or if it contains any blank spaces. This is a legal instrument. All pages of this contract are binding. Read both sides of all pages before signing. You are entitled to an exact copy of the agreement, school catalog, and any other papers you may sign and are required to sign a statement acknowledging receipt of those.

**CANCELLATION OF CONTRACT:**

If you have not started training, you may cancel this contract by submitting written notice of such cancellation to the school at its address shown on the contract. The notice must be postmarked no later than midnight of the fifth business day (excluding Sundays and holidays) following your signing of this contract, or the written notice may be personally or otherwise delivered to the school within that time. In the event of dispute over timely notice, the burden to prove service rests on the sender.

**UNFAIR BUSINESS PRACTICES:**

It is an unfair business practice for the school to sell, discount, or otherwise transfer this contract or promissory note without the signed written consent of the student or his/her financial sponsors if he/she is a minor and a written statement notifying all parties that the cancellation and refund policy continues to apply.

**WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

1. I understand that the education and work of a Certified Nursing Assistant, including lab work and clinical rotations within nursing facilities or other healthcare facilities with which I may be associated, are inherently dangerous and could expose me to accident and injury and even death, including but not limited to, blood-borne and air-borne pathogens, needle sticks, and many other dangerous and hazardous situations and environments. As such, in attending any NWNACT training event, lesson, or session, I hereby release and hold harmless Northwest N.A.C Training, and any of their employees, instructors, and volunteers (herein called Staff) from any and all liability, claims, demands and actions whatsoever, associated with any risks incurred therein arising from or relating to any injury or damage, including death, that may be sustained by myself or property belonging to me **even if caused by negligence on the part of NWNAC Training staff**, while participating in any NWNACT activity on or around the premises where the NAC Program is being conducted

**INITIAL**

2. I hereby agree to indemnify and hold harmless, the Staff from any loss, liability, damage, including death, costs, including all legal fees, that they may incur due to my participation in the Nursing Assistant Certification Program offered by NW NAC Training, **even if caused by negligence of Staff.**

**INITIAL**

3. Certified Nurse’s Assistant training programs feature inherent risks such as accidental Needle sticks. I agree that the school will not be liable if I injure myself while performing the typical duties of a Certified Nurse’s Assistant. **I understand that this limit of liability does not cover any intentional and willful acts or violation of law.**

**INITIAL**

**4. In signing this release, I acknowledge and represent that I have read this Waiver of Liability and Hold Harmless Agreement, understand it, and sign it as my own free act and deed; no representations or statements apart from this written agreement have been made; I am at least eighteen (18) years of age; and I execute this release for full and complete consideration completely intending to be bound by same.**

**Printed Name of Student**

**Signature of Student / Date**

\_\_\_\_\_  
Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian / Date

**CERTIFICATIONS:**

I certify that I have read and understand the Cancellation and Refund Policy, the Complaint Procedure and General Terms, and the Waive of Liability and Hold Harmless Agreement. I have received a copy of the school catalog, and an exact copy of this Enrollment Agreement. I am also entitled to a copy of any other papers I sign.

**Student:**

\_\_\_\_\_  
(Please print)

\_\_\_\_\_  
Date \_\_\_\_\_

Signature

**Parent or Guardian:** (If student is under 18)

\_\_\_\_\_  
(Please print)

\_\_\_\_\_  
Date \_\_\_\_\_

Signature

**As the authorized representative of the school, I hereby agree to the conditions set forth herein:**

**Authorized School Representative:**

\_\_\_\_\_  
Jennifer Griffis, Director (Please print)

*Jennifer Griffis R.N.* Date \_\_\_\_\_

Signature

This school is licensed under Chapter 28C.10 RCW.  
Inquiries or complaints regarding this private vocational school may be made to:  
Workforce Training and Education Coordinating Board  
128 – 10th Avenue SW  
Olympia, Washington 98501  
Phone: 360-709-4600 E-Mail: pvs@wtb.wa.gov Web: wtb.wa.gov

Attachment A

NW NAC Training  
13504 NE 84<sup>th</sup> St. #119  
Vancouver, WA 98682

NOTICE

Washington law requires the following information to be supplied to each student enrolling in a private vocational school licensed under RCW 28C.10. One copy of this notice bearing the original signatures must be attached by the school as an addendum to that individual's enrollment agreement and a copy must be provided to the enrollee by the school.

## ACKNOWLEDGMENT BY ENROLLEE

1. I understand and accept that any contract for training I enter with the above-named school contains legally binding obligations and responsibilities.
2. I understand and accept that repayment obligations will be placed upon me by any loans or other financing arrangements I enter to pay for my training.
3. I understand that any enrollment contract I enter will not be binding or take effect for at least five days, excluding Sundays and holidays, following the last date such a contract is signed by the school and myself, if I have not entered classes sooner.

Name (Please print) \_\_\_\_\_

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

## ACKNOWLEDGMENT BY SCHOOL

Prior to being enrolled in this school, the applicant, whose name and signature appears above, has been made aware of the legal obligations he/she takes on by entering into a contract for training. Those discussions included cautions by the school about acquiring an excessive debt burden that might become difficult to repay given employment opportunities and average starting salaries in his/her chosen occupation.

Sign: Jennifer Griffis R.N \_\_\_\_\_ Date \_\_\_\_\_

Title: \_\_\_\_\_ Director\_Jennifer Griffis R.N.

Dear Student,

As caregivers and medical professionals, it is **imperative** that we understand the importance of complying with the Health Insurance Portability and Accountability Act (**HIPPA**). This Federal Law states that *all* of a patient's personal health information (PHI) must be kept confidential and protected by health care facilities and those who are responsible for their care.

During the Clinical portion of our NAC Program, you, as a student, will be entrusted with personal health information of many people. You are responsible to protect this information and to keep it confidential – this is mandated by Federal Law. Violating this law will result in prosecution and fines for the staff (including students) and the facility involved. This means that any patient information **is only shared on a strict need-to-know basis**.

Therefore, the following behaviors will not be tolerated by NW NAC Training, and will result in **immediate expulsion of any students involved**:

- Posting photographs, names, or **any** PHI of patients on Facebook, Twitter, e-mail, online or through **any** media, electronic or otherwise.

- Taking of any photographs of patients with cell phones or another device – **with or without patient's permission.**
- Divulging PHI of any client *in any manner*, whether verbal, visual, audio, or in any other way.

Thank you,

Jennifer Griffis, R.N., Director

I have read and understand the above. I understand that if I violate the above rules or fail to comply with HIPPA regulations, I may be expelled from the NW NAC Training program:

\_\_\_\_\_

Student Name Printed

\_\_\_\_\_

Student Signature Date Signed

**DRUG TESTING CONSENT AND RELEASE FORM**

I have been accepted into a medical training program to be conducted by Northwest N.A.C. Training (NWNACT). My medical training will involve, among other things, my participation in clinical settings where I will have patient contact.

I understand the need for me to be unimpaired by any type of substance, **legal or illegal**, that could impede my ability to provide proper patient care.

Based on the above, I hereby consent to submit to urinalysis and/or blood tests if I am requested to do so by a representative of NWNACT. I understand that such a request will not be made of me unless I am observed exhibiting behavior that a reasonable person could conclude showed some type of impairment.

Should such testing be requested, I understand and agree to the following:

- NWNACT may select the lab or labs to collect and analyze the specimen(s).
- I authorize the release of the results of said tests to NWNACT.
- I understand that a positive test, or refusal to submit to a test, will result in my being removed from my medical training at NWNACT with no refund available to me of monies paid.



- I fully release and hold harmless NWNACT and their employees from any liability arising in whole or in part out of the collection of specimens, testing, analysis, and use of the information from said testing in connection with NWNACT's decision to act on same.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of the Consent and Release Form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

Date

It is required that all CNA students hold a basic CPR certification (**BLS Healthcare Provider level**) before they are allowed to attend the clinical portion of their training.

If a CNA student does not have BLS/CPR certification, ***THEY WILL NOT BE ALLOWED TO ATTEND CLINICAL TIME UNTIL IT HAS BEEN COMPLETED AT STUDENTS OWN EXPENSE ELSEWHERE.***

If student DOES NOT HAVE A BLS/CPR CERTIFICATION see options below:

- Option 1: Contact Amy Daneen at 360-600-3487. Ask Amy for a \$10 off voucher.
- Option 2: A source of your choice. Make sure it is the BLS version of CPR
- If you currently hold a CPR(BLS) Certification and you think you might not need to attend a BLS course, you must show your card office. It must be verified that the card meets the above certification requirements and adheres to the current AHA Guidelines. If this is so, a copy will be placed in your Student File. **This must happen before Clinical.**

First Aid certification is required for most caregiving positions. Contact Amy Daneen (Above) or an outside source to obtain certification.

I have read and understand the above:

\_\_\_\_\_

*Student Name printed*

\_\_\_\_\_

*Student Signature*

*Date Signed*

### Rules of Conduct

1. **Cell phones are not allowed in class. Period.** If your cell phone is out during class time at all (lecture, clinical & lab CPR, etc) you will be asked to either surrender your cell phone to the instructor or to leave for the day. You will be docked for the hours that you subsequently miss. You can use your cell phones during lunch or on breaks, NOT in class.
2. **You must come to class ON TIME.** If you will be late due to traffic, please call ahead and let us know. You can have **TWO** tardies – beyond that is considered chronic tardiness which may be cause for dismissal.
3. **You are required to attend all classes:** lecture, clinical and lab sessions. ONE excused absence from lectures will be allowed. (i.e. sickness, death in the family, etc. – NOT babysitting problems, weddings, guests, kid’s functions, season tickets, etc.) NO excused absences for clinicals
4. **Students need to be respectful of others and not be disruptive by whispering, talking or in other ways distracting fellow students.** While serious questions and discussion in class is encouraged, students found in violation of this rule will be warned once; after that you will be sent home and docked for the missed time.
5. **Lessons and/or assignments missed due to absence or tardiness must be made-**  
All grades will be final after taking the Final Exam. If student’s grades are below **75%** they will not be allowed to go to clinicals and finish the course. Refunds will be given according to the Refund Schedule as outlined in the Enrollment Agreement. **Please see the addendum at end of agreement for more grading details.**
6. **Conditions for Dismissal.** Students may be dismissed from school for the following reasons:
  - Not adhering to the school’s rules, regulations, policies and code of conduct
  - Missing more than 10% of instruction time
  - Not maintaining the minimum grade point average
  - Not meeting financial responsibilities to the school

**Any refunds given to students will be according to the Refund Schedule as outlined in the Enrollment Agreement.**

I have read, understand and agree to abide by the above rules of conduct, as indicated by my signature:

Name \_\_\_\_\_ Date \_\_\_\_\_

Clinical Facility Equipment:

Any equipment borrowed from facility staff during student clinical practice must be returned to the person who it was borrowed from. Any equipment that has not been returned and staff cannot find will be considered lost. Northwest NAC Training is not responsible for replacing the equipment. It is the student's responsibility to replace the lost equipment. If not recovered, the lost equipment will be added into the tuition by the Training Center.

I have read and understand the above:

\_\_\_\_\_ Student  
Name Printed

\_\_\_\_\_ Date Signed  
Student Signature

## ATTENDANCE POLICY AND GRADE

**ATTENDANCE** IS OF THE UTMOST IMPORTANCE IN ORDER TO GRADUATE FROM NORTHWEST NAC TRAINING. MISSING TWO DAYS OR NO CALL NO SHOW 2 TIMES FOR ZOOM LECTURE, LAB OR CLINICALS IS AN AUTOMATIC DROP FROM CLASS DUE TO REQUIRED PROGRAM HOURS\*\*.

TESTS, QUIZZES, LAB MOCK TESTING/SIMULATION ARE SCHEDULED ON SPECIFIC DATES. ALL ARE NOTED ON THE CLASS SYLLABUS (SCHEDULE). MISSING TESTS, QUIZZES AND/OR LAB SIMULATION/MOCK TESTING WILL EARN THE STUDENT AN AUTOMATIC ZERO '0', FAILURE GRADE FOR THAT EVENT. IF YOU KNOW OF A PREPLANNED ABSENCE AND A TEST/QUIZ/MOCK TEST IS DUE, STUDENT CAN SCHEDULE TO TAKE THAT EVENT EARLY. COMMUNICATE WITH THE OFFICE PRIOR TO ABSENCE.

**\*\*ILLNESS** WITH A DOCTORS NOTE AND CALL TO PROGRAM DIRECTOR/OFFICE OR **FAMILY EMERGENCY** WITH A CALL TO THE OFFICE AND SPEAKING TO THE PROGRAM DIRECTOR – JENNY GRIFFIS 360-609-8109 OR THE OFFICE (360) 882-0101. MAY BE EXCUSED. **\*\*MISSED CLINICAL TIME AND/OR LAB TIME WILL NEED TO BE MADEUP. THE MISSED ZOOM LECTURE CANNOT BE MADEUP, HOWEVER YOU WILL BE RESPONSIBLE FOR THE INFORMATION MISSED.**

**CLASS GRADE:** A PASSING GRADE IN CLASS IS A 75% AVERAGE OF ALL GRADED MATERIAL, A SATISFACTORILY PASSING PERFORMANCE IN CLINICALS AND PASSING THE MOCK TEST/SIMULATION. STUDENT IS ABLE TO RETAKE ONE QUIZ FOR A BETTER GRADE. THE FINAL EXAM CAN NOT BE RETAKEN. THE FINAL EXAM WILL TAKE A BIG AFFECT ON YOUR GRADE IF YOU FAIL. ONCE THE FINAL EXAM IS COMPLETED AND YOU HAVE A GRADE AVERAGE OF 75% OR ABOVE YOU HAVE PASSED THE COURSE.

**COMMUNICATION** WITH THE OFFICE COORDINATOR AND/OR PROGRAM DIRECTOR WILL ELIMINATE MUCH CONFUSION WITH ANY OF THE ABOVE. WE CANNOT READ YOUR MIND. TAKE OWNERSHIP OF YOUR EDUCATION. **READ THE CLASS SYLLABUS/SCHEDULE FREQUENTLY** TO STAY UP ON DUE DATES AND WHERE YOU SHOULD BE: ZOOM ONLINE, LAB AT THE SCHOOL, CLINICALS AT A HEALTHCARE FACILITY.

\_\_\_\_\_  
Student Name Printed

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date Signed

## HOW DID YOU HEAR ABOUT US?

- Newspaper Ad
- Website
- Word of Mouth
- Other educational institution
- Poster
- Street sign
- Career fair
- Employer
- Former Student
- Other \_\_\_\_\_

## Getting to Know You

Name \_\_\_\_\_

1. Have you had any medical experience? If so, what kind?

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2. Are you planning to attend Nursing School? If so, which one?

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3. Are you currently working? Where?

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4. Are you planning to make a career as a Nursing Assistant Certified?

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5. Why are you choosing Health Care as your field of endeavor?

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## Admissions Application Certified Nursing Assistant Program

**Return application to:**

Northwest Nursing Assistant Training  
13504 NE 84th Street, Suite #119  
Vancouver, Washington 98682  
360-882-0101 Fax: 882-0303

\_\_\_\_\_ Desired Class Start Date

Name \_\_\_\_\_  
Last
First
Middle Initial

Mailing Address \_\_\_\_\_  
Street or P.O Box
City
State
Zip

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_ Soc. Sec. Number \_\_\_\_\_

### Requirements for Admission to the Program

Initial each area below validating that you understand the requirements. If you already have documentation of such requirements, submit all completed information with your application to NWNACT.

Initial	Requirement
	<b>Age 17 or Older</b> – I certify that I am currently or will be 17 years of age or older prior to the start date of the program for which I am applying. My birth date is _____. I understand that I may be required to show proof of age prior to beginning the program. I understand that I am ineligible for employment as a CNA until I reach the age of 18.
	<b>English Proficiency</b> – I understand that NWNACT will require me to take an English proficiency test if English is my second language. This test will ensure the parties involved of my ability to read, write, speak and understand the English language. I understand that there is no cost for this test.
	<b>Washington State Background Check Report</b> – I understand that I must have this report run on me and allow the school (NWNACT) to run it. This is Included in the tuition. You may contact Washington State Patrol at 360-705-5100 or access the WSP website at <a href="http://www.wsp.wa.gov">http://www.wsp.wa.gov</a> and click at the site "WATCH." There are certain convictions that will cause you to be denied admittance to the program. See admissions personnel for a list of these offenses. <b>The report is valid for 6 months. Call the school (NWNACT) for the report results. Please provide the school with your ID or driver's license.</b>
	<b>Tuberculosis Negative Test</b> – If you do not have a negative TB test that is current within 6 months from class start date. The TB skin test will be provided and is included in the tuition. (If you have one already, we need a copy on file). <b>Students will be responsible for any follow-up chest-x-rays that may arise.</b>
	<b>\$100 Application Fee</b> – This is a registration fee which must be submitted with your application. <b>PLEASE INCLUDE A CHECK OR MONEY ORDER PAYABLE TO NWNACT. We also take VISA, MasterCard and Discover. This is non-refundable past 5 days after payment has been made.</b>

I have read and understand the requirements and conditions outlined above. Please consider my application for entrance to your Nursing Assistants Certification Program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature