

PEGCO, INC
CNA CRASH COURSE APPLICATION

DATE: _____

NAME: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL: _____

EMAIL: _____

Are you legally eligible to work in the US? _____ YES _____ NO

Are you able to read and write in English? _____ YES _____ NO

Are you at least 18 yrs old? _____ YES _____ NO (If no, parental permission and high school diploma/GED is required)

Have you ever been convicted of a felony? _____ YES _____ NO

If yes, please state the nature of the felony and the date of the offense: _____

_____ Package 1: C.N.A crash course. This includes information for the written exam and practicum for all 22 skills. Total cost \$450 excludes testing and background

_____ Package 2: C.N.A crash course PLUS ASHI CPR, Basic First Aid, & Assistance with Self-Administration of Medication for ALF/HH (Med Tech) on Wednesday the week of your class from 8:30 am to 5:00 pm. Total cost \$620 excludes testing and background

_____ Package 3: C.N.A skills ONLY. This class will be on Fridays. Total cost \$300

POLICIES

Please initial next to each policies acknowledging that you have read and understand it.

_____ I understand that all prices include a deposit of \$150 that is NON-REFUNDABLE and will be forfeited for cancellations or if you do not show up for class.

_____ I understand that I must contact the office if I am unable to attend the assigned class 48 hrs prior to class start date.

_____ I understand that once I have contacted the office of my inability to attend the assigned class, I must reschedule at that time for a new start day.

_____I understand that I can only reschedule a total of 2 times after my original scheduled class. After the 2nd time rescheduling I understand that I will forfeit any refund. Each time after the 3rd class time I will be charged an additional \$100 for each reschedule.

_____I understand that any refund (minus the \$150 deposit) must be requested in writing and Pegco, Inc. has up to 30 days to issue the refund.

_____I understand that class size is limited and only paid in full guarantees the seat. Therefore, I may not get my first choice of class start dates. All balances **MUST** be paid in full by noon the Friday before the first day of class.

_____I understand that we will be signing up with Prometric to take the exams and appointment for background checks in class and must have the funds available on debit/credit card to complete this.

_____I understand and agree to follow the dress code consisting of any color scrub pants and top and closed toe shoes. Hair must be neat and away from the face and minimal jewelry.

_____I understand that I can schedule an appointment with the office to come in and practice my skills prior to my exam date.

_____I understand that if for any reason I do not pass part or the entire exam that I may sit in on one additional full course at no cost but I must do so within 3 months of my original test date. (You must present the paper showing what you did not pass.)

_____I understand that class can be cancelled for any reason and will not count toward my reschedules.

By signing below, you hereby agree to the terms stated on this application and that all information you provided is true.

Signature: _____ Date: _____

OFFICE USE ONLY

Total cost \$ _____ Class start date: _____ Paid by: _____

Deposit paid on _____ IN OFFICE or INVOICE by CASH VISA M/C DISCOVER AMEX

Balance due \$ _____

Balance paid on _____ IN OFFICE or INVOICE by CASH VISA M/C DISCOVER AMEX

Rescheduled on _____ to _____ class start date

Rescheduled on _____ to _____ class start date

Welcome letter given on: _____ by EMAIL IN-PERSON

Prometric app. no: _____ Test date: _____ Background appt: _____