



Thryve.Today  
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Phone: 979-484-7982  
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## **Nursing Assistant Student Enrollment Agreement**

### **STUDENT INFORMATION**

STUDENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBERS: H) \_\_\_\_\_ C) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

STUDENT STATE ID #: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

## **PROGRAM INFORMATION**

### **DATE OF ADMISSION:**

### **PROGRAM / COURSE NAME:**

Nursing Assistant

### **DESCRIPTION OF PROGRAM / COURSE:**

The nurse assistant training program is an entry-level healthcare career for students who prefer direct patient care. The course teaches students how to communicate effectively with patients, recognize medical emergencies, and provide hands-on care for daily needs while respecting patients' rights. This course is taught in English only. The course comprises theory, laboratory, and clinical experiences. Prerequisites for this course are satisfied during the enrollment process. Students will learn to perform vital signs, observe/report, provide ADL care, and follow infection prevention measures. Upon successfully completing this program, students will receive a certificate of completion and be eligible to take the Certified Nursing Assistant exam.

Graduates of this program may find entry-level employment as a nurse aide or certified nursing assistant working in hospitals, home health, hospice, and long-term care facilities, just to name a few.

### **PREREQUISITE COURSES & OTHER REQUIREMENTS FOR ADMISSION TO PROGRAM / COURSE:**

16 years of age  
Negative PPD or chest X-ray  
Two forms of government-issued identification  
Background check  
Drug Screening  
Immunization up to date

### **PROGRAM / COURSE OBJECTIVES:**

To provide high-quality, comprehensive healthcare training programs that prepare students for successful careers in the medical field, fostering excellence, integrity, and compassion as healthcare professionals."

## **COURSE HOURS:**

138 Clock hours with the following breakdown. 84 hours of classroom theory, 30 hours of lab, and 24 hours in clinical.

## **Office Use Only**

PROGRAM START DATE: _____		SCHEDULED END DATE: _____						
FULL-TIME <input type="checkbox"/>	PART-TIME <input type="checkbox"/>	DAY <input type="checkbox"/>	EVENING <input type="checkbox"/>					
DAYS/EVENINGS CLASS MEETS: (circle)		M	T	W	Th	F	Sa	Su
TIME CLASS BEGINS: _____		TIME CLASS ENDS: _____						
NUMBER OF WEEKS: _____								
TOTAL CLOCK HOURS: _____								

## **TUITION & FEES**

The application fee is a separate charge and is not included in tuition: \$75.

Lab: \$75

Uniform tops: \$30

Book: \$54

Certifying exam: \$140

Tuition: \$913

Total: \$1212

Replacement cost

Lost book \$50

Uniform top: \$30

## **CANCELLATION AND REFUND POLICIES**

Any applicant who chooses to terminate their agreement with Thryve.Today, on 3<sup>rd</sup> day of class will be given a full refund of total minus a \$75 administrative fee; Thryve.Today, you must receive notice of withdrawal from class in writing via email to [info@thryve.today](mailto:info@thryve.today) or submit it to the administrative office personnel by the close of business on the first day of class. Thryve.Today reserves the right to withhold an administrative fee of \$75 deposit and the listed fee for textbooks, workbooks, and scrubs. In an emergency (such as death or hospitalization), permission will be given to transfer classes for a fee of \$75. Official documentation of said emergency must be submitted to the school immediately. No refund will be given if a student decides to withdraw after the first week of class.

## **STUDENT ACKNOWLEDGMENTS**

The student acknowledges receipt of a copy of this complete agreement and the school's course catalog prior to signing this agreement. By signing this agreement, the student acknowledges that they have read, understand, and agree to the terms and conditions outlined in this agreement. The student and the school will retain a copy of this agreement.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director/Director Signature

\_\_\_\_\_  
Date