



**Return Registration Form to:**  
 14225 University Ave. Suite 130  
 Waukee, IA 50263  
 Fax: 515-276-5506  
 Phone: 515-252-0000

**75-Hour Nurse Aide Training Registration Form**

**Section A: Personal Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

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

City State Zip

E-mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

**Section B Secondary Education (High School or GED):**

Are you currently attending high school? Yes  No  If yes, graduation date: \_\_\_\_\_

Do you have a high school diploma? Yes  \_\_\_\_\_ No  \_\_\_\_\_  
 Graduation Date GED Completion Date

**Section C Admission Information:**

I would like to enroll in the class which begins: \_\_\_\_\_

Payment Method:  Personal Check  Cash  Money Order  Facility (name): \_\_\_\_\_

**Tuition and Other Expenses:**

A registration fee of \$25.00 must be submitted with the application and is non-refundable.

Tuition for the program is \$465.00 which includes books and tuition for the course. Documentation of a TB skin test (within 12 months) is required by the 3<sup>rd</sup> day of class. Students who fail to provide documentation will not be allowed to attend clinical days. Full tuition is due within 7 days prior to the start of class. Seats are reserved by full payment. Failure to pay the full tuition within 7 days prior to the start of the course results in an additional \$50.00, pending availability.

NOTE: Tuition paid by the applicant will be refunded up to 72 hours prior to the start of the course with an exception of a \$30.00 administration fee. No refunds will be made after 72 hours prior to the start of the course.

If you are unable to finish the course, you must provide a documented legitimate reason, and will be charged an additional fee to retake any missed portion of the course.

*Note: Any nurse aide who is employed by or who has received an offer of employment by a facility on the date on which the aide begins a nurse aide training and competency evaluation program may not be charged for any portion of the program. This includes any textbook fees, other required evaluations or course materials.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_