

Walker

Medical Instructional Services, Inc.
1035 4 Mile Rd NW Grand Rapids. MI 49544

616-784-3001

Date: _____

Legal Name/s:

First: _____ Middle Initial: _____ Last: _____

Maiden Name: _____ Other Names: _____
(Please use back to list all former legal names)

Address: _____

City: _____ State: _____ Zip: _____

Preferred contact phone: _____ Other phone: _____

Email: _____ Do you: Facebook? _____ Twitter? _____

Legal Documentation:

Driver's License: _____ Issuing State: _____ Expiration: _____

Date of Birth: _____ SSN#: _____

Education:

High School: _____ Graduated: _____ Diploma: _____ (or) GED: _____

College/University Name: _____ Years Completed: _____

Course of Study: _____ Degrees earned: _____

Have you been licensed as a C.N.A. before? _____

Have you held any medical licenses or certifications before? _____

Employment:

Current place of employment: _____ Job Held: _____

Medical Career Goal: _____

APPLICATION FOR ADMISSION

Walker Medical Instructional Services (WMIS) reserves the right to reject any individual applying for enrollment in a WMIS health care worker certification program due to a negative history or other factors which in the opinion of WMIS renders an applicant unsuitable for enrollment.

Please initial your understanding and agreement. _____

You must meet the minimal health criteria for attending the program. The minimal health criteria are:

You must:

- Be able to lift a minimum of 50 pounds to a height of 3 feet (approximately the height of a desk/table) 5 or more times per day. **Initial _____**
- Be able to push, pull or carry a minimum of 50 pounds for 10 – 15 feet, 5 or more times per day. **Initial _____**
- Be able to bend at the waist to reach the floor repeatedly. **Initial _____**
- Be able to repeatedly stoop, kneel, crouch and crawl. **Initial _____**
- Your visual and hearing capacities must be functioning at a level sufficient enough to provide for the supervisory and physical care needs of residents/clients. **Initial _____**
- Be able to stand and walk without rest for more than 4 hours per day. **Initial _____**
- Be free of communicable and mental illnesses. **Initial _____**
- Be able to read, write and comprehend English at a 6th grade level. **Initial _____**
- Walker Medical I. S., Inc. reserves the right to verify the above with a doctor. This verification would be at your own expense. **Initial _____**
- Are you pregnant or attempting to become pregnant? Yes _____ No _____ **Initial _____**
- Students who require special conditions due to Doctors orders must present the Doctors orders prior to orientation. Walker Medical I.S., Inc. reserves the right to evaluate the request and approve it prior to the student completing class. **Initial _____**
- If you are not honest in your medical and mental disclosures while completing health forms during admission to Walker Medical Instructional Services, you will be immediately and permanently dismissed from class with no refund. **Initial _____**

**Clinical Student Disclosure Statement
To be Retained by the Educational Institution**

Student Name: _____ Date of Birth: _____

Educational Institution Name: **Walker Medical I.S.**

Training Program: **Certified Nurse Aide Program**

1. I certify that I have not been convicted of a crime or offense that prohibits me from being granted clinical privileges in a long-term care setting as required by P.A. 27, 28 and 29 of 2006 within the applicable time period prescribed by each crime.

Signature of Student

Date

2. I certify that I have not been the subject of an order or disposition under the Code of Criminal Procedure dealing with findings of "not guilty by reason of insanity" for any crime.

Signature of Student

Date

3. I certify that I have not been the subject of a state or federal agency substantiated finding of patient or resident neglect, abuse or misappropriation of property or any activity that caused my nurse aide certification to be "flagged".

Signature of Student

Date

4. I have listed below all offenses for which I have been convicted, including all terms and conditions of sentencing, parole and probation and any substantiated finding of patient or resident neglect, abuse or misappropriation of property.

Signature of Student

Date

Conviction/Offense	Date of Conviction/Finding	City	State	Sentence	Date of Discharge

5. I certify that I have reviewed the list of prohibited offenses as defined in P.A. 27, 28 and 29, and that the above list of my convictions and/or substantiated findings of patient or resident neglect, abuse or misappropriation of property (if any) is true, correct and complete to the best of my knowledge. I also understand that if the information is not accurate or complete, my clinical privileges will be withdrawn immediately. I understand that the facility or educational program denying my privileges based on information retained through a background check is provided immunity from any action brought by a Student due to the decision to remove clinical privileges.

Signature of Student

Date

Pursuant to Public Acts 27, 28 & 29 of the Public Acts of 2006, individuals applying for medical career education, in which clinical privileges are granted, are required to submit to a criminal background check by the Department of the State Police and/or FBI. In order to perform this check, the following information must be completed. **Initial** _____

1. Name: _____
Last First Middle

2. Maiden or other name(s) ever used before:

3. Current Address: _____
Street address

City State Zip County

4. Previous Address: _____
Street address

City State Zip County

5. Birth date: ____/____/____

6. Race: _____ **Black** _____ **White**
_____ **Asian or Pacific Islander** _____ **American Indian or Alaska Native**
_____ **Unknown or Other**

7. Sex: _____ **Male** _____ **Female**

8. Have you lived outside the state of Michigan in the last 7 years? _____

9. Have you recently been ticketed and/or arrested but not attended court yet? Please explain:

I understand that the above information is required by the Central Justice Information Center at the MI State Police to complete a criminal history check and I authorize Walker Medical Instructional Services, Inc. to utilize the above information for the sole purpose of obtaining criminal history. I understand that application approval is pending the outcome of the Criminal Background.

Signature

Date

Your application will not be accepted until your criminal background has been approved by WMIS. Any issues with your background must be cleaned up prior to application acceptance by WMIS.

Walker

Medical Instructional Services, Inc.
1035 4 Mile Rd NW Grand Rapids, MI 49544

616-784-3001

Walker Medical Instructional Services, Inc.

Certification Training for Medical Careers

2014 – 2015

FINANCIAL POLICIES

Edition 1415R1
Revised: 2/26/2015

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Important Financial Contact Numbers:

Walker Medical: 1-616-784-3001

Extend Credit: 1-888-671-0480

If your account is already in collections: **Accounts Receivable Solutions, Inc:** 1-877-385-5729

RIGHT of REFUSAL

Walker Medical Instructional Services, Inc. (WMIS) reserves the right to reject any individual applying for enrollment in a WMIS health care worker certification program due to a negative history or other factors which in the opinion of WMIS renders an applicant unsuitable for enrollment.

STUDENT PAYMENT TYPE CATEGORIES

- 1. MI Works!, JET or All Other Agency Sponsored Students:** Students whose education costs are paid either in full or in part by an outside party. Policy is defined and set by ACSET in Kent County or mutually agreed upon by both WMIS and sponsoring agency prior to start date.
- 2. Self Paid in Full Students:** Students who pay in full upon application to waive the \$300.00 Registration fee.
- 3. Self Paid Deposit + Tuition Students:** Students may put only the \$300.00 Registration fee down to hold their spot in a class. The drawback to paying this way is that two weeks prior to the class start date the full tuition fee is due. We do not waive the registration fee if payment is done this way.
- 4. In House Payment Plan Students:** Students that participate in the (IHPP) put down the \$300.00, registration fee. The tuition, books*, equipment*, state test and fingerprinting* may be put on the payment plan and the payments spread out over 2 years.

*Optional items to be put on the payment plan if the student chooses to do so. Tuition and State Test are not optional if the student chooses to do the IHPP for tuition we do require the state test be put on there as well.

PRELIMINARY & MISC. APPLICATION CHARGES

ALL PROGRAMS REGISTRATION FEES:

- Certified Nurse Aide: \$300.00 non-refundable, non-transferable registration fee.
- Patient Care Technician: \$275.00 non-refundable, non-transferable registration fee.

SCHEDULE CHANGE FEE:

- \$25.00 Administrative fee will be charged for student requested, vendor approved class schedule changes. For self paying students this fee must be paid at the time of the student's request. Calls made after the start time of the first day of class will not be eligible for schedule changes at \$25.00.
-

CERTIFIED NURSE AIDE TUITION FEES & CHARGES

CERTIFIED NURSE AIDE TUITION:

- \$1,100.00 2 wk tuition paid at application. Tuition is non-transferable.
- \$1,200.00 3 wk tuition paid at application. Tuition is non-transferable.
- \$1,400.00 6 wk tuition paid at application. Tuition is non-transferable.

ADDITIONAL COSTS FOR CERTIFIED NURSE AIDE PROGRAM:

Fee's paid to other companies: Items listed below are a variable purchase and/or variable price.

Criminal Background Check	\$ 15.00 - \$60.00 Either MSP ICHAT or Livescan Fingerprint
Book	\$ 59.00
Student Uniform	\$ 42.50
Gait Belt	\$ 12.00
Blood Pressure Kit	\$ 45.00
State Test Fee	\$125.00

Criminal Background Check, ICHAT: Students who have lived in the State of Michigan for the past 7 years are welcome to run their own CBC called an ICHAT on the Michigan State Police website for \$10.00. It cannot be older than 30 days when turned in with the students application. WMIS is required by law to do it if the student doesn't turn their own in at application. WMIS charges \$15.00.

Criminal Background Check, Livescan Fingerprint: Students who have lived outside the State of Michigan in the past 7 years are required to be fingerprinted. Students must obtain the Livescan order form from WMIS and will take it to DK Security to have the fingerprinting done. Students will pay \$60.00 to DK Security.

Book, Uniform & Equipment: Prices listed above are for Brian's Books who carries these items as a convenience to our students. Students may borrow them from a friend, sibling, coworker or purchase them where they choose, as long as they have the WMIS required items.

The Certification State Test: Is a mandatory purchase for students to obtain their state certification. Prices are set by the State of Michigan, testing facilities and Prometric.

PATIENT CARE TECHNICIAN TUITION FEES & CHARGES

PATIENT CARE TECHNICIAN TUITION:

- \$3,725.00 All 3 Patient Care Technician Modules tuition paid at application. Tuition is non-transferable.

ADDITIONAL COSTS FOR THE FULL PATIENT CARE TECHNICIAN PROGRAM:

Fee's paid to other companies: Items listed below are a variable purchase and/or variable price.

Criminal Background Check	\$ 15.00 - \$60.00 Either MSP ICHAT or Livescan Fingerprint
C.N.A. Review Class	\$120.00
HEP B Series of Shots	\$150.00
Student Uniform	\$ 42.50
Books	\$187.00
Gait Belt	\$ 12.00
Blood Pressure Cuff Kit	\$ 45.00
National Testing Fees	\$360.00

C.N.A. Review Class: Students that didn't graduate from WMIS for their Certified Nurse Aide or graduated many years ago and aren't actively working are required to take our C.N.A. Review Class. This insures that their skills are up to date and at a performance level WMIS requires.

HEP B Series of Shots: Student who didn't receive these vaccines as a child are required to get the series of shots for the program. Students can pay WMIS who will provide them with vouchers for the Kent County Health Dept., or they can obtain them on their own and provide proof to WMIS.

Criminal Background Check, ICHAT: Students who have lived in the State of Michigan for the past 7 years are welcome to run their own CBC called an ICHAT on the Michigan State Police website for \$10.00. It cannot be older than 30 days when turned in with the students application. WMIS is required by law to do it if the student doesn't turn their own in at application. WMIS charges \$15.00.

Criminal Background Check, Livescan Fingerprint: Students who have lived outside the State of Michigan in the past 7 years are required to be fingerprinted. Students must obtain the Livescan order form from WMIS and will take it to DK Security to have the fingerprinting done. Students will pay \$60.00 to DK Security.

Books, Uniform & Equipment: Prices listed above are for Brian's Books who carries these items as a convenience to our students. Students may borrow them from a friend, sibling, coworker or purchase them where they choose, as long as they have the WMIS required items.

The National Certification Tests: Is a mandatory purchase for students to obtain their national certification in each module. Prices are set by the testing company.

REFUND OR CONTINUANCE OF CHARGES POLICIES

FOR ALL PAYMENT TYPE CATEGORIES:

- The tuition and fees paid by the applicant shall be refunded *if the applicant is rejected by the school ***before*** enrollment*. An application fee of not more than \$25.00 may be retained by the school if the application is denied.
- All tuition and fees paid by the applicant shall be refunded if requested within **3 business days**** after signing a contract with the school. All refunds shall be returned within 30 days.

****Once the 3 business days have elapsed the following policies will apply:**
(Please see the category of payment customer you are for the correct policy)

REFUND POLICY FOR SELF PAYMENT (SP) STUDENTS: (IHPP Students see below) Includes Both SP Paid Full & SP Deposit + Tuition Students.

- A student who does not show for their class start date will be dropped from the class roster and the school will retain the \$300.00 registration fee. If the student reapplies to the school they must pay a new \$300.00 registration fee
- A self pay student who withdraws or fails during days 1 - 3 of class will receive a refund of 75% of their tuition after any fees (see (a) below) are applied. The school will retain the \$300.00 registration fee, plus 25% of the tuition. Refunds will be received in 30 days.
- A self pay student who withdraws during days 4–10 of class will receive a refund of 50% of their tuition after any fees (see (a) below) are applied. The school will retain the \$300.00 registration fee plus 50% of the tuition. Refunds will be received in 30 days.
- A student who withdraws during days 11 -14 of class will receive a refund of 25% of their tuition after any fees (see (a) below) are applied. The school will retain the \$300.00 registration fee plus 75% of the tuition. Refunds will be received in 30 days.
 - (a) Students that pay their tuition in full at application to save the \$300.00 registration fee, who subsequently no show, drop or fail during class, WMIS will reapply and withdraw the \$300.00 registration fee before refunding any tuition to the student.

2. IN HOUSE PAYMENT PLAN (IHPP) POLICIES: (self pay students see above)

These policy addendums are in addition to the policies set forth on the Promissory Note.

MONEY OWED AFTER DROP OR FAILURE & CONTINUANCE OF PAYMENTS POLICIES:

- **A student who does not show up for their class start date;** will be dropped from the class roster and the school will retain the \$300.00 registration fee. If the student reapplies they must pay a new \$300.00 registration fee
- **A student who withdraws or fails the class during; days 1 - 3 of class;** will still owe WMIS 25% of the tuition plus any payment plan fees and charges. The payment plan will continue to collect funds from the student's account until the percentage of tuition owed is fully collected. Students may choose to bring the percentage of tuition owed into the office if they don't want the amount due collected through the payment plan. Arrangements must be made in advance of the next payment date to confirm the amount still owed.
- **A student who withdraws or fails the class during; days 4 – start of clinical;** will still owe WMIS 50% of the tuition plus any payment plan fees and charges. The payment plan will continue to collect funds from the student's account until the percentage of tuition owed is fully collected. Students may choose to bring the percentage of tuition owed into the office if they don't want the amount due collected through the payment plan. Arrangements must be made in advance of the next payment date to confirm the amount still owed.
- **A student who withdraws or fails the class during; clinical - until the end of class;** will still owe 75% of the tuition plus any payment plan fees and charges. The payment plan will continue to collect funds from the student's account until the percentage of tuition owed is fully collected. Students may choose to bring the percentage of tuition owed into the office if they don't want the amount due collected through the payment plan. Arrangements must be made in advance of the next payment date to confirm the amount still owed.

ADDITIONAL IHPP POLICIES:

- **WMIS will run a test on the student provided bank account information within the first 7 business days after the student signs the in-house payment plan promissory note.** The amount of the test payment will be \$20 or less and is applied to the principal of the loan. The test must clear prior to graduation.
- **The Walker Medical IHPP is administered through Extend Credit.** The ACH or credit card withdraw line item identification will say Extend Credit and or Extend Credit for Walker Medical depending on your banking institution.
- **Once your IHPP is completed in our computer system, Extend Credit will send out a welcome email to you.** Inside that email will be a link you can follow back to your account at Extend Credit. You can view your account, request payoff information and print statements from your account page. Your username is everything before the @ sign in the email you provided us. If you don't receive this email check your spam folder.
- **It is your responsibility to keep your address, email, phone and banking information up to date with Walker Medical and or Extend Credit during the term of your loan.**
- **The process for extracting the payment from your account begins a few days in advance of your payment.** In case of an emergency in which you need to delay or skip your payment you must call Extend Credit and/or Walker Medical a few days prior to your scheduled payment date to make arrangements.
- **You may make a principal payment as long as your account is up to date.** This can be done by bringing it into our office or calling in a credit card. The principal payments do not reduce your monthly payment amount but it does reduce the final number of payment/s, fee/s owed and/or final payment date depending on account performance over the life of the loan.
- **If you miss a payment contact Extend Credit immediately to make payment arrangements.** Communication is critical, we know life happens and we are seeking a win-win in helping you achieve your goals. We are willing to work with you as long as you communicate with Extend Credit or Walker Medical to reach a mutual payment agreement. If you do not contact Extend Credit within 30 days of the missed payment, WMIS will send out a letter certified mail requesting a payment resolution and communication from you.

DEFAULTING ON YOUR FINANCIAL OBLIGATION POLICY

- If a student for any reason does not successfully complete their financial obligation to Walker Medical we will send out a letter asking for a resolution within 30 days. It is your responsibility to make sure WMIS has the proper contact information for you at all times during a financial agreement. Communication is critical, life happens and we are seeking a win-win in helping you achieve your goals. We are willing to work with you as long as you communicate with us to reach a mutual payment agreement.
- If there is no resolution agreement between us in 30 days from the date of the letter, your account will be placed with a collection agency.
- At this point you are in default of your financial obligation to Walker Medical Instructional Services, Inc. You will not be extended any further testing monies if applicable, nor will you be able take any additional classes.
- If you stop your payment/s, report the charges as fraud to your financial institution, close your bank account and don't provide a new financial source for your payments, we have a legal and binding financial agreement with you and you are now committing fraud. If no resolution is reached then this matter will be turned over to our attorney and charges pursued against you with the prosecutor.
- In addition to other remedies as provided in this agreement, the promissory note or any WMIS financial addendums, **your academic records will be withheld from you and no academic information will be provided about you to third parties until the payment default is corrected. This includes, but isn't limited to job references.**

FINANCIAL POLICY SIGNATURE PAGE

Edition 1415R1
Revised: 2/26/2015

I _____ understand the financial policies outlined in this booklet.
Student Name

I understand that what is listed in this financial policy booklet may be in addition to the policies set forth in other addendum/s or a promissory note.

I have received copies of all financial policies, agreements or addendums that apply to my type of payment obligation with Walker Medical Instructional Services, Inc.

I was given an opportunity to ask questions and I either declined or I received answers to my satisfaction about the items listed in this financial policy.

_____ **I decline to ask any questions, I understand the above policies.**
Initial here

or

_____ **My questions have been answered to my satisfaction.**
Initial here

Student

Date

Witnessed by WMIS representative

Date

Walker Medical Staff Make a File Copy of this Financial Signature Page