



SAN DIEGO MEDICAL COLLEGE

PAYMENT PLAN for Online/eLearning Nursing Assistant PROGRAM

Class Start Date:

Online Program

Student Name:	
Address:	
Phone Number:	
Email Address:	
Special Comments:	

Registration Fee: \$100 (non-refundable) Complimentary: PPE, CNA skill Booklet, BLS training (No Card) & CA State Exam study guide materials.	
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TUITION FEE: \$1,305 (non-refundable)

PAYMENT SCHEDULE (Payments due on Mondays)

	Date:	Official Use Only
1 ST Week of Class \$435		
2 nd Week of Class \$435		
3 rd week of Class \$435		
BLS Card (optional) \$50		

*I agree to make payments on the specified amount and the stated date, on the above payment schedule. Noncompliance of the three-week payment schedule may result in my termination of the program without a refund. An unpaid balance will result in the delay of my graduation from the program, and the ability to take the State Board Examination. **There will be a \$25.00 fee on all returned checks.** I understand an additional State exam fee of \$120 is not included with the above tuition total. I am responsible for a \$25 late fee that will be applied to any late debts that may incur.*

NAME: _____ SIGNATURE: _____ DATE: _____



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Initial _____ If for some reason student is not able to start on the stated date on registration application and wishes to change/transfer to a different class, there will be a \$100 transfer fee.

Initial _____ I have read and received a copy of the I-2021 form.

Initial _____ I understand that if I need a job after completion of the CNA course, San Diego Medical College will provide information only upon request. San Diego Medical College is not responsible to accommodate /find jobs for our students.

Initial _____ Cancellation of Enrollment After Start of Program: Students who cancel, withdraw, or drop from a program after the start of the program, will not be entitled to refund and will be responsible for full tuition and costs.

Initial _____ Good attendance is a must. There will be a \$50 fee to make up each missed unexcused day, and hours will need to be made up to complete the course. *Excused absences constitute death in the immediate family, personal illness, mandated court appearance – all excused absences must be accompanied with documentation immediately upon returning to class. COVID RELATED absences require a COVID Test to be considered excused.

STUDENT RECORD CHECKLIST

REQUIREMENTS TO ENROLL:

*To be provided to school via certified mail or in person only. All documents must be copied and printed (no screenshots from phone are accepted).

DO NOT SUBMIT PERSONAL/CONFIDENTIAL DOCUMENTS VIA EMAIL.

- Copy of Driver License, Passport or any Government ID ○ Copy of social Security ○ Payment Plan Agreement ○ 283B Form (CNA Initial Application)
- Textbook Agreement (student can purchase or borrow from school). Textbook to be picked up at Eastlake location: 821 Kuhn Drive #103, Chula Vista CA 91914 if borrowing from school. ○ CNA State Exam Registration form
- Physical Exam Results, Negative PPD X-ray if necessary (official form must be signed and stamped by doctor or nurse practitioner). ○ Live Scan Fingerprint Results, can contact company directly for a discounted price of \$47.00 (AD Live scan 619-348-3125) ○ Release of Liability Form ○ Covid contract

REQUIREMENTS PRIOR TO ATTENDING CLINICAL SITE

- Covid (no later than 7 days prior to clinical start date) and every week after that. (Guidelines subject to change accordingly with CDC regulations. ○ BLS (CPR for healthcare providers), must be completed/active and provided to school before clinical start date. Must be through American Heart Association (AHA).