

		(870) 816	5.67	'38 - info@beyo	nd4ward.com			
			En	rollment Fo	rm			
Select you Programs or study: Nursing Assistan Customer Service				:S		Pharmacy Technician EKG Technician (coming soon)		
Pre-re	gistratio	on is required for	r al	l courses, at l	least, 7 days	before start of a c	lass.	
Training, LLC., (P O I without payment of t	Box 3158, V the applicat t, or progra	West Helena, AR 723 tion fee of \$50.00. Bo ms based on sex, disa	90) eyor abili	633 Oakland Avend Career Trainirity, age, race, nati	enue, Helena, A ng, LLC does no onal origin, colo	on your training of choods 72342. Applications of discriminate in admor or religion as specific egulations.	cannot be processed ission, treatment of	
Student Inform	nation							
Full Name								
Mailing Address								
Phone:				SS#		DOB		
Email	County							
Emergency Contact	Name Phone Relationship							
Education (please chec Employment status:	· —	gh School Diploma/G l-time		☐Two-Year (☐ Retraining	College g for new career	☐ Current in school F☐ Job hunting	T/PT	
		I	Pro	gram Informa	ition			
Title of Program		Total #of hours		Registration Fee Non-refundable	Tuition	Books supplies	Total cost of program	
Certified Nursing Ass	sistant	98		\$50	\$450	\$85	\$585	
Basic Pharmacy Technician		60	- (\$50	\$380	\$125	\$555	
Customer Services & Sales		4 weeks or less	- 5	\$50	300	-	\$350	
EKG - coming soon		Hybrid		\$50	\$360	\$360 65 475		
Not included in tot Knowledge Exams)	- 0					License exams: \$125 (

By Signing below I certify that, I have none of the Criminal Offenses listed on page 2								
Student Signature:		Date:						

AHH National Certification - Pharmacy Tech \$110 - EKG \$110 (at graduation)



Enrollment Form I am a: US Citizen Permanent Resident: Alien Registration #_ Please be advised: The Certified Nursing Assistant Training Program cannot accept non-immigrant applicants and is not an approved program of the Unites States Citizenship and Immigration Services (USCIS). Have you been convicted of a crime other than a traffic offense? Yes Yes 🗌 I have been convicted of a felony. No I have been convicted of a misdemeanor. Yes If you would like to submit an explanation please attach separate page. (Optional) Criminal Background Check Information is REQUIRED - failure to complete by checking either yes or no to the above options could constitute ineligibility into the program. By signing below I am acknowledging that this criminal background check information is true. It is my understanding that acceptance to the Beyond Career Training, LLC Certified Nursing Assistants Training Program is dependent on successfully passing a criminal background check. I hereby certify that all of the above information is true and accurate, and that withholding information requested or giving false information could make me ineligible for admissions. I understand that my admission will not be completed until I submitted all documentation as outlined on the Program Bulletin and have read and agreed to the terms of the Program Bulletin for the class I am registering for. If I am receiving tuition assistance, I give consent to release information regarding my academic process to such sponsors. Office Use only School Official Signature/Title

By Signing below I certify that, I have none of the Criminal Offenses listed on page 2								
Student Signature:		Date:						

Date



Enrollment Form

Training Location: All Classroom and Lab training will be held at Beyond's location. Training materials and equipment needed for course study will be provided. Classes that require clinical or externship time will be conducted at approved sites that have a Clinical Site Agreement with Beyond Career Training.

Class Schedules: Class schedules are posted and available at our facility, on facebook and online at www.beyond4ward.com. Beyond will not hold classes on the following days: Easter Monday, Independence Day, Memorial Day, Labor Day, Thanksgiving Day, Black Friday (Day After Thanksgiving), and December 25th – January 1st. Equal Opportunity Institution: At Beyond Career Training educational opportunities and performance decisions are made on the basis of merit and without discrimination to race, color, religion, sex, national origin, age, disability or genetics. Prospective learners should be aware that each program offered by Beyond leads to employment in fields where certain physical abilities are essential.

School Policies and Procedures Learner Withdrawal/Refund Policy: Learners must contact the admissions office and fill out an Official Withdraw Form in order to withdraw from a class. Learners who withdraw from a class will receive an "Incomplete" on their transcript for that class. In accordance with the Beyond Career Training Refund Policy, in the event of a withdrawal by the learner or dismissal by Beyond Career Training:

- All refunds will be made to the learner no later than thirty (30) calendar days after the learner withdraws from the class. The effective withdrawal date is considered the last day the learner attended class.
- Tuition and lab fees will be subject to the Refund Policy. Books and uniforms will be non-refundable. Exam fees will be fully refunded, unless the learner has already scheduled to take the exam.
- At completion of less than 25% of the program, the refund on tuition will be made on a pro rata basis
- At completion of 25% but less than 50% of the program, the learner will be refunded 50% of the tuition
- At completion of 50% but less than 75% of the program, the learner will be refunded 25% of the tuition
- At completion of 75% or more of the program no refund is due to the learner.

Attendance: Learners are required to attend a minimum of 90% of their class time and 100% of their clinical or externship time (CNA learners must attend 100% of the class and clinical time). In the event of a missed class session, learners are responsible for contacting their instructor in order to make up work they missed. Learners who have unsatisfactory academic progress due to excessive absences or tardiness will be subject to academic probation and/or dismissal from the class. A Leave of Absence will not be permitted if more than 10% of the class work will be missed; learners will need to withdraw from the class and re-enroll in a future class.

Class Cancellation/Inclement Weather Policy: Beyond Career Training, will not be held liable for failure to provide a class if the failure is the result of any cause beyond the control of the school (i.e. civil disruption, natural disaster, etc.). The school reserves the right to postpone classes that do not have enough learners registered to be economically feasible; learners will be notified before the first scheduled class period if the class is postponed. In the event of inclement weather, follow us on Facebook (Beyond Career Training) to get the most up to date information on whether or not classes are cancelled.

Credit for Previous Training/Work Experience: If a CNA learner withdraws from a class they must re-enroll within 30 days to receive previous training credit. If a Beyond Career Training learner withdraws from a class they must re-enroll within six months to receive previous training credit. Credit will not be given for previous work experience or prior training that does not follow the guidelines above.

Evaluation of Academic Progress: Learner's will be given a final grade on a pass, fail, or incomplete basis. In order to pass a class, the learner must demonstrate proficiency in required skills and have a 75% average on written tests. A learner will be placed on academic probation when his/her cumulative grade is below 75% at Mid-Term, has been absent for more than 10% of the program duration, or performance is considered unsatisfactory. The learner will be expected to progress academically or they will be dismissed from the class.

Learner Conduct: Any learner whose conduct is unbecoming of professional standards will be subject to academic probation or dismissal. Under no condition will firearms, weapons, alcoholic beverages, illegal drugs, or persons under the influence of alcohol or drugs be permitted on school premises; any violation of this policy will result in dismissal from the class on the first offense. Learners engaged in academic dishonesty, stealing, interrupting classes or disturbing normal

By Signing below I certify that, I have none of the Criminal Offenses listed on page 2								
Student Signature:		Date:						



Enrollment Form

school operations are also subject to dismissal from class. Learners should refer to the Learner Externship and Clinical Agreement for behavioral expectations in clinical areas. Learners may dress "casually nice" (but non-revealing/decent) for class, but must wear the learner uniform during Lab, Clinical or Externship times.

Learner Grievance Procedure: A learner wishing to file a complaint may do so by contacting the School Administrator or by emailing info@beyond4ward.com. Beyond Career Training is licensed by the Arkansas Division of Higher Education (ADHE 423 Main Street, Suite 400, Little Rock, AR 72201, email: DHE.Private.Career@adhe.edu). If a learner does not believe Beyond took the appropriate action in resolving a grievance, the learner will have the right to file an appeal with the ADHE.

Learner Insurance, T.B. Testing: Learners who attend clinical/externship may be required to have a current Tuberculosis (TB) test, showing negative results. In the case that a TB test is required for clinical, TB test results will have to be provided to the class instructor prior to attending clinical.

Financial Assistance: Beyond partners with many different government and private organizations that assist learners in funding their education. A list of available assistance, scholarships, payment plans, and loans can be found on www.beyond4ward.com or at our facility.

Employment Information Assistance: Beyond Career Training is glad to communicate known employment opportunities to learners, as well as speak with potential employers that may have questions regarding programs. However, Beyond does not guarantee learner job placement upon graduation.

Visitors: Visitors are welcome to come by the admissions office to obtain information or they can make an appointment to tour the school. To maintain safety, visitors have limited access to only the admissions office. Only actively enrolled learners will be allowed to stay in the building during class hours. <u>Children are not allowed to remain at the school.</u>

By Signing below I certify that, I have none of the Criminal Offenses listed on page 2								
Student Signature:		Date:						

ARKANSAS DEPARTMENT OF HUMAN SERVICES DIVISION OF MEDICAL SERVICES OFFICE OF LONG TERM CARE

REQUEST FOR CRIMINAL RECORD CHECK AR920160Z

Please check one:	X State Check	<u>c Only</u>		State and Natio	onal Check						
Items Needed:	2. \$25 ched	nal check is als One completed	made pa o require I fingerpr	de payable to "Arkansas State Police" quired:				Please see the back of this form for instructions on routing and completion of the fingerprint card.			
Facility ID Code (701)		y Type:	NF	ADC/ADHC	ALF1/ALI	F2	HDC	ICF/MR	PAHI	RCF	OTHER
Beyond Career Training, L Name of Facility Submitting For		d Nursing Assi	. ,			<u> </u>	-	Vida F	Fielder ontact Person		
633 Oakland Avenue Facility Address	Helena AR 7234 City			2 State Zip Code				8708166738 Telephone Number (include area code)			
	(NO	TE: Do not us	e this fo	rm for licensed nu	rses or other	Non-man	dated po	sitions)			
Applicant/Employee to be checked:		Last Name				First Nam	ne			Middle Name	
Maiden Name)		,	Aliases		Date o	f Birth (m	no/day/yr)	Ra	ice	Sex (M/F)
Applicant/Employee's address				City		Sta	ate	Zip	Code		
Social Sec	urity Number			Driver's License Number				5	State of Issuar	nce	
Current or last employer and ad	Idress				City	,		St	ate		
used if not the person's driver's The person listed above must lis <u>Date of Charge</u>			arge(s) fo	or which he/she was <u>Description o</u>		f or plead	guilty or I		re to: entence/Disposi	<u>tion</u>	
Notice: Your current or potential employer may choose to deny a State Identification Bureau (501	an employee unsuper	eive copies of the	e crimina a perso	al records report or on to whom the emp	determination	of employr	nent eligi	bility. Prior to	completion of a		
I, the undersigned, hereby give Services and my current/potent eligibility to my current or potent	ial employer. I furthe	er authorize a n	ational re	ecords check. I furt	ther authorize	the Depar					
Providing false information on the	nis form is a violation	of Arkansas lav	v and is p	ounishable as set fo	orth in Arkansa	s Code 5-5	53-103.				
Statement on Oath:	state on oath that the	representation	s made h	erein are true and o	correct.						
Signature of Applicant/Employe	e							Date			
State of Arkansas, County of											
Subscribed and sworn to before	e a Notary Public in a	nd for the count	y and sta	ate aforesaid, this th	ne	_		day of		;	, (yr)
Notary Public								(No	tary Seal)		
My commission expires on	+++++	· * * * * * * * * * * * * * * * * * * *	****	, (yr)	++++++++++++++++++++++++++++++++++++++		****	++++ +++++++	 	. 	****
		001 Civil Records	FOR	ARKANSAS STATE I	POLICE USE O	NLY		Check @ \$14.75			