

**Ashland**  
 1247 E. Main St.  
 Ashland, OH 44805  
 PH: 419-281-2273  
 FAX: 419-207-1737

**Ontario**  
 68 Briggs Drive  
 Mansfield, OH 44906  
 PH: 567-247-2273  
 FAX: 419-529-0903



**Companions**  
 Nurse Aide Training Centers

**Wooster**  
 4164 Burbank Rd.  
 Wooster, OH 44691  
 PH: 330-601-1033  
 FAX: 330-601-1035

**Orrville**  
 516 W. High St.  
 Orrville, OH 44667  
 PH: 330-930-0136  
 FAX: 330-930-0137

## FINANCIAL AGREEMENT FOR NURSE AIDE TRAINING CLASSES

I, \_\_\_\_\_ understand that the cost for the nurse aide class is as follows:

\$600 for class, books, testing (one time written/skills) CPR/First Aid. This includes a \$100.00 **non-refundable deposit.**

I understand that I am responsible for payment in full before receiving my certification. If for some reason I must withdraw from the class after it has started, I will be able to apply the full balance to another class of my choice at a later date. I also understand that if I am unable to start back into classes after 60 days, I may have to restart the classes from day 1. Refunds will only be given if the class has not started minus a \$100.00 deposit. This will allow another student to take the class in your place. All questions have been answered and I understand my financial obligations.

Sincerely,  
 Tiffany Behrendsen, RN, Owner

\_\_\_\_\_  
 Student Signature Date

\_\_\_\_\_  
 Office Staff Witness Date

**For Office Use Only:**

**Online Payment Option:**

Copy of State ID: Y/N      Copy of SS Card: Y/N      Copy of Payment: Y/N      Financial Agreement Signed: Y/N

Today's Date	Class Start Date	Deposit	Amount of	Balance Due	Initials