

ENROLLMENT INFORMATION

Mid-America Nursing & Allied Health Institute admits students to each program of study regardless of race, color, gender, religion, national origin, sexual orientation or disability. Applicants must be 16 years or older to be enrolled in any of the programs. Applicants who are 16 or 17 years of age must have parental/guardian approval to be considered for admission into the Nurse Aide (NA) program. This application form must be completed and submitted to the Mid-America Nursing & Allied-Health Institute Admission Office upon enrollment. Applicants will be given access to the Student Handbook, or content specific to intended course of study upon registration and will be allowed ample time to review and understand its contents before signing the student acknowledge session on this application form.

Program Information

Enrollment Date _____	Program Name _____
Program Start Date _____	Program End Date _____
Number of weeks _____	Total Course Hours _____

Student Acknowledgement

I _____ hereby acknowledge receipt of the Student Handbook on this day _____ of _____ 2020 which contains information describing programs offered. The Student Handbook is included as part of this enrollment agreement and I acknowledge. I understand that Mid-America Nursing & Allied-Health Institute may terminate my admission if I fail to comply with the Academic Policies as stated in the Student Handbook.

 Signature of Student/Representative

 Date

Demographics

The following information is being requested to align with Kansas Board of Regents' demographic data collection requirement for students enrolled in each program.

Name: _____

Telephone: _____ Email: _____

Date of Birth: _____ Social Security Number: _____

Address: _____

City: _____ State _____ Zip _____

Emergency Contact Name: _____ Contact Number _____

How did you hear about us? _____

Please check appropriate box:

Race/Ethnicity	Gender
<input type="checkbox"/> African American / Black origin <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian. <input type="checkbox"/> Hispanic/Latino. <input type="checkbox"/> Other Specify: _____	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Special Accommodation? Specify: _____

Guarantee of Employment Disclaimer

Mid-America Nursing & Allied-Health Institute is in the business of providing quality healthcare education to individuals ages 16 and above who wish to pursue careers in healthcare professions starting out as Medical Assistant (MA), Nurse Aide, Medication Aide, Phlebotomy Technician, EKG Technician, and other nursing and allied-health support programs. Mid-America Nursing & Allied-Health Institute is not an employment agency and provides no guarantee of employment upon completion of the programs offered. Students may be provided resources and addresses of employers within the communities where students may visit and seek employment. Such resource information may be available on the institution's website, and/or flyers available onsite. Additionally, arrangements may be made with employers in the community to visit the campus for recruiting purposes.

I have read the above statement and fully understand the guarantee of employment disclaimer.

Student Initial_____

Employability and Misconduct

The Kansas Department for Aging and Disability Services (KDADS) requires that individuals enrolling in a nurse aide training program are checked for employability and misconduct. An individual who has a finding of abuse, neglect, or misappropriation of residents' property entered on the nurse aide registry must be prohibited from taking the competency examination and being issued a new certificate of nurse aide competency. Mid-America Nursing & Allied-Health Institute does not require background checks for admission to any of its programs. Employers and clinical extern sites will conduct background and drug screening prior to employment or clinical rotation as applicable.

I have read the above statement and fully understand the employability and misconduct policy.

Student Initial _____

Attendance Affidavit

I hereby state that I have been informed of the attendance policy for the _____ training class. Due to the volume of the content of the courses and the time frame of these class and clinical rotations, there shall be no absences, tardiness, or early departure from class or clinical rotations. If absence becomes unavoidable due to unforeseen circumstances, make up class will only be held on an individual basis and the student(s) will be charged an additional \$40 per hour, order to make-up for missed contents missed. This time is subject to Instructor's availability and is not guaranteed.

I have read and fully understand the program policies listed and as outlined in the Student Handbook/Catalogue.

Student Initial _____

Waiver and Indemnity Agreement

I, _____ hereby waive any claim for personal injury and/or property damage which I otherwise might have or claim against Mid-America Nursing & Allied-Health Institute, its officers, agents and employees of each resulting from or arising out of participation of the undersigned student in such class.

I hereby, release Mid-America Nursing & Allied -Health Institute, its officers, agents, and employees of such, in both their public and private capacities, from any liability, claims, law suits, demands or cause of action which may arise, or which maybe alleged to arise from participation of the undersigned student in such class. I certify that I am in all ways competent to execute this agreement, that I have done so voluntarily and that I have read and fully understand it. I hereto agree to abide by all local, state and federal laws governing the class described herein, as well as applicable regulations as upheld by the clinical facilities I will be assigned.

Student/Representative Signature

Date

Medical Condition Disclosure

The student must ensure that Faculty and staff members are informed of medical condition(s) such as pregnancy, diabetes, severe anxiety/depression, or other conditions that may impact learning. This disclosure is for the student's safety and ensure appropriate assignment by Faculty during laboratory sessions, clinical rotations and externships

I have read and fully understand the Medical Condition Disclosure policy as outlined above and in the Student Handbook/Catalogue.

Student Initial_____

Photo Disclaimer

During the any of the programs, it may become necessary to be a part of group photos, video, etc. some of which will be posted on the Institution's web pages. To the extent permissible by applicable law, I agree to waive, and hereby do irrevocably waive, any legal or equitable rights or remedies against the use of group photos, and videos with other students and faculty.

Mid-America Nursing & Allied-Health Institute expressly disclaims any and all liability in connection with the use of group photos, videos, etc. Mid-America Nursing posts photos/videos of students on our website and our social media sites (such as Facebook/Instagram, LinkedIn, Twitter), brochures, and TV advertisements. Please check your selection below.

_____ Yes, I agree to be included in photos/videos for school sites, social media, TV ads, etc.

_____ No, I do not agree included in photos/videos for school sites/social media, TV ads, etc

Signatures

 Signature of Student/Representative

 Date

 Student's/Representative's Printed Name and Title

 Susan N. Omare, MBA/HCM, MSc-HCQ, RN-BSN, BSc-IT
 School Representative

 Date