



## *College of Nursing and Technology*

### Statement of High School Diploma Equivalency

I, \_\_\_\_\_, certify that I have an

education equivalent to, or higher than, a high school diploma in my native country of

\_\_\_\_\_.

I understand and agree that it is my responsibility to provide the high school equivalency according with the rules and regulations of the BVNPT. Failure to do so may result in denial in taking the NCLEX state exam by the Board of Vocational Nursing and Psychiatric Technicians. I will not hold the College of Nursing and Technology liable for any unapproved documents.

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



## *College of Nursing and Technology*

### Notice of Student Rights

1. You may cancel this contract for school, without any penalty or obligation, by the date stated on your cancellation form. If you cancel, any payment you have made and any negotiable instrument signed by you will be returned to you within 30 days following the school's receipt of your cancellation notice. Cancellation period: for programs less than 50 class days, 1 business for each ten class days; over 50 class days, the fifth business day, following the first class.

**Read the Notice of Cancellation form for an explanation of your cancellation rights and responsibilities. If you have lost your Notice of Cancellation form, ask the school for a sample copy.**

2. After the end of the cancellation period, you also have the right to stop school at any time, and you have the right to receive a refund for the part of course not taken. If you have lost your copy of the contract, ask the school for a description of the refund policy.
3. If the school is closed before you graduate, you may be entitled to a refund. Also, if you have any complaints, questions, or problems which you cannot work out with the school, call or write the Bureau for Private Postsecondary Education, 2535 Capital Oaks Drive Suite 400 Sacramento, CA 95833 (888) 370-7589.

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Student Name (print)

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Student Signature

Date

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School Official

Date



## *College of Nursing and Technology*

### Statement of General Health

In accordance with our institution's policy, we request a statement of your general health within 20 days of admission to College of Nursing & Technology Inc. In addition, you must provide proof of all vaccinations, flu shot and evidence of physical (no older than 2 months) and submitted within 20 days of the first day of school. Failure to do so may result in disciplinary action up to and including termination.

Please complete this form and submit it to the institution within 20 days of your schedules start date. This statement will become part of your permanent school record. Thank you for your immediate attention to fulfilling these requirements.

Student Name: \_\_\_\_\_

School Official \_\_\_\_\_

School Name: College of Nursing & Technology Inc.  
Address: 18700 Sherman Way Ste 203  
Reseda, CA 91335  
Phone Number: 818-343-1022

**Are there any known physical or emotional problems that may affect progress in the educational program or participation in the clinical activities, both as a student and upon graduation?**

- Yes (If yes, please explain below)
- No

\_\_\_\_\_  
\_\_\_\_\_

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



## *College of Nursing and Technology*

### Statement of Prior Felony Convictions

This is to inform you that if you have had a felony conviction in the last five years, the state of California will reserve the right to issue any license. I understand that it is my responsibility to check with the BVNPT to be sure that you will be eligible to take the NCLEX Exam.

The school has no responsibility or authority to inform you on your rights in this regards to the BVNPT policies and procedures. It is solely your responsibility to be sure you comply with their guidelines.

I, \_\_\_\_\_, acknowledge and understand the above statement and am aware of the consequences.

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



## *College of Nursing and Technology*

### Admissions Disclosure Form

**Student's Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

We are required by Federal Law to advise you that, except in the case of a loan made or originated by the institution, your dissatisfaction with or non-receipt of the educational services being offered by this institution does not excuse you (the borrower) from repayment of any Stafford/GSL or SLS loan made to you (the borrower) for enrollment at this institution.

I certify that I have been advised of my obligations to repay any Stafford/GSL or SLS loan(s) I may obtain at this institution.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School's Official's Signature

\_\_\_\_\_  
Date



## *College of Nursing and Technology*

### Statement of Responsibility

I understand that I am responsible for following all policies and procedures according to each clinical facility, convalescent home, hospital or any other training facility. Any safety issues should be brought to the instructors' attention. I hold the College of Nursing and Technology harmless of any difficulty in training due to lack of experience based on number of patients available. I am aware that I may be dropped from the program should my presence at any facility create a nuisance, threat to patients, or any unprofessional behavior, especially if it jeopardizes the ability for future College of Nursing and Technology students to continue training at that facility. I am aware that I must attend any orientation for any facility that requires my attendance prior to participating in medical training at that facility.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_



## *College of Nursing and Technology* Institutional Certification of Admission

Student's Name: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Enrolled in (Course Name): \_\_\_\_\_

This student has been admitted as a regular student based on the following documented procedures:

**Prior education:**

- Student has completed his/her U.S. High School Degree or its equivalent.

**Admissions test:**

Test administrated Wonderlic Scholastic Exam \_\_\_\_\_  
Name of test Score Results

Test administrator: \_\_\_\_\_  
Name of Proctor administrating the test Title Date administrated

**ATB student:**

- Student is above the state compulsory age. The student has taken and passed an independently administrated Ability to Benefit Test approved by the United Department of Education and the Institution's Accrediting Agency.

Test administrated: \_\_\_\_\_  
Name of Test Name of independent proctor Date administrated  
Score Total score Publisher's determination (Passed or Failed)

- Student did not pass the ATB test. Student is simultaneously enrolled in the GED program recommended by this institution and on the regular classes of his/her course of study.

**GED Data:** Student took and passed the GED test on \_\_\_\_\_(date)

As of that above date, the student has completed \_\_\_\_\_hours of the regular course of study  
(The number of hours do not include hours in school attended to prepare for the GED test)

**Enrollment:**  New  Re-enrollment

Status:  Full Time  Part time  Half time  Less than Half

Accepted for Admission (Provide positive factors)  Denied Admission (Provide negative factors)

\_\_\_\_\_  
Institutional Representative

\_\_\_\_\_  
Date



## *College of Nursing and Technology*

### Consent to Release Information

NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS \_\_\_\_\_

PROGRAM \_\_\_\_\_

STARTING DATE \_\_\_\_\_

I hereby give my consent to the release of information from my records, as specified below:

- To prospective employers
- To parents or spouse / Name: \_\_\_\_\_
- Other: Specify \_\_\_\_\_
- I do not give my consent to the release of any information from my records without my prior consent.

Types of Records To Be Released: You may release the following information:

- Information regarding my attendance
- Information regarding my grades
- Grade Transcripts
- Instructor Evaluation
- Any information in my educational records

I hereby expressly grant to COLLEGE OF NURSING & TECH the right to publish or reproduce any photograph of myself in connection with advertising promotions and any other purpose.

I hereby represent and certify that I have read the foregoing and fully understand the meaning and effect thereof and, intending to be legally bound.

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_  
(If student is under 18 years of age)

Student's Signature \_\_\_\_\_





## *College of Nursing and Technology*

### EMERGENCY LIST

**STUDENT NAME:** \_\_\_\_\_

**PROGRAM:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PHONE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PHONE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PHONE:** \_\_\_\_\_



## *College of Nursing and Technology*

### Drug & Alcohol Policy Statement

In accordance with the Drug-Free Workplace Act of 1988 (P.L. 100-690), the Drug-Free Schools and Communities Act of 1989 (P.L. 1010-226) and 34 Code of Federal Regulation, Part 85, Sub-part F, this institution is committed to maintaining a drug-free workplace and a drug-free school. Drug and alcohol abuse can lead to liver, heart, and other chronic diseases, low birth weight, birth defects, and infant mortality in expectant mothers, and death. The unlawful manufacture, distribution, dispensing, possession or use of drugs, alcohol or other controlled substances at this institution is strictly prohibited. Students and employees are required, as a condition of enrollment and/or employment, to abide by this policy.

To the extent allowed by local state and federal laws, this institution will impose disciplinary action against students and employees for violating these standards of conduct. These actions may include suspension, expulsion, termination of employment, referral for prosecution and/or required completion of a drug or alcohol rehabilitation or similar program.

This institution, as required by federal regulation (34 CFR 85.635 and Appendix C), will report all employees convicted of a criminal drug offense occurring in the workplace to the U.S. Department of Education. Consistent with these same regulations, employees, as a condition of employment, are required to provide written notice to this institution of their conviction for a criminal drug offense occurring at the workplace within five (5) days after that conviction. In addition, students receiving Pell Grants who are convicted of a criminal drug offense during the period of enrollment for which the Pell Grant was awarded, are required by federal regulation to report that conviction in writing to the:

Director of Grants and Services  
United States Department of Education  
400 Maryland Avenue SW  
Room 3124, GSA Regional Office Bldg., #3  
Washington, DC 20202-1571

The report must be made within 10 days after the conviction.

In addition to institutional sanctions, students and employees convicted of the unlawful possession or distribution of illicit drugs or alcohol could face local, state and federal legal penalties which include the loss of eligibility for federal financial aid, fines, imprisonment and the seizure of drug related assets.

Drug awareness programs, counseling, treatment, rehabilitation and other related services are available on an ongoing basis to students and employees of this institution through:

<i>LA County Health Services Alcohol &amp; Drug,</i>	<i>4099 N. Mission Rd.</i>	<i>(323) 221-1746</i>
So. CA Alcohol & Drug Program		(323)780-4357
L.A. Center for Alcohol & Drug	333 So. Central Ave.	(213) 626-6411
Nat'l Council on Alcoholism & Drug	LA County	(800) 622-2255

Students and employees seeking assistance in overcoming a drug or alcohol related problem are encouraged to contact this organization.

This institution continues to make a good faith effort to provide a school and workplace free from the illicit use, possession, or distribution of drugs and alcohol.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_



## *College of Nursing and Technology*

### STATEMENT OF CONFIDENTIALITY

The undersigned hereby acknowledges his/her responsibility under application federal law and the agreement between College of Nursing & Technology (School) and any Medical Facility where he/she does clinical training, to keep confidential any information regarding Hospital patients and proprietary information of Hospital. The undersigned agrees, under penalty of law, not to reveal to any persons except authorized clinical staff and associated personnel any specific information of Hospital, except as required by law or as authorized by Hospital. The undersigned agrees to comply with any patient information privacy policies and procedures of the School and Hospital. The undersigned will not use patient names in any common area where discussion about said patient can be overheard. The undersigned further acknowledges that he or she has viewed two videos (**Confidentiality, Privacy & HIPAA and Department of Justice, Video of Abuse**) regarding Hospital's patient information, privacy practices and abuse in their entirety and had an opportunity to ask questions regarding the video's. Failure to comply within these responsibilities may result in termination from the program.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_



## *College of Nursing and Technology* Employment Verification Form

Dear Employer,

COLLEGE OF NURSING & TECH wishes to thank you for hiring our graduate. Like in most businesses, follow up and documentation is very important. Our accrediting agency not only reviews the method of our training, but also requires employment verification documentation as means to substantiate placement activities. We respectfully ask that you assist us in this process by completing this form and either returning it to us in the enclosed self addressed envelope or by faxing it to the number referenced above, at your earliest convenience. Thank you again for your time and cooperation.

Employee name: \_\_\_\_\_ SS# \_\_\_\_\_

Company name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City/ State/Zip: \_\_\_\_\_

Company Phone No: \_\_\_\_\_

Supervisor name/title: \_\_\_\_\_

Date hired: \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary: \$\_\_\_\_\_ (Hourly / Monthly)

Full time  Part time  **Position:** \_\_\_\_\_

### **AUTHORIZATION TO RELEASE EMPLOYMENT INFORMATION:**

I give College of Nursing & Tech authorization to contact and obtain the above referenced information from my employer. I hereby release my employer from any liability for furnishing such information.

Students Signature: \_\_\_\_\_

For School Purposes Only:

#### **VERIFIED BY:**

Name of employee: \_\_\_\_\_

Employee email: \_\_\_\_\_

Employee phone number: \_\_\_\_\_

Employee position or title: \_\_\_\_\_

*College of Nursing and Technology*

Notice of Cancellation of Registration

Date: \_\_\_\_\_

You may cancel the registration with the school at anytime in writing. The registration fee of \$250.00 is non-refundable.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

REMEMBER, YOU MUST CANCEL THE REGISTRATION IN WRITING.