Third Party Commitment to Pay

Note to payer: complete both pages

Student Name _____ **Class Start Date** _____

CNA FastTrack Registration Fee: $1,795

This fee does NOT include:

- Expenses incurred to complete entry requirements (background checks, vaccinations, tests, etc.)
- WA DOH Nursing Assistant Credential application fee (completed at beginning of class, required for skills exam)
- Additional attempts (if needed) to pass skills exam
- Written exam
- Scrubs and shoes (with the exception of a WVC scrub top checked out to students for use during clinicals)
- Wristwatch, notebook
- WVC parking

Exams and credentialing

- The NAC Skills Exam is embedded within the course. **A passing NAC Skills Exam score is required to pass the class.** The NAC Skills Exam is the last scheduled class day.
- The first NAC Skills Exam attempt is included in the cost of the class. Attempts 2-4, if needed, are $100 each and scheduled separately.
- The class fee does not include the written exam administered by Credentia. The fee is $55 per attempt (up to 4), paid directly to Credentia after successful completion of the course.

Refund policy

A full refund will be issued with at least 48 hours notice before class begins.

If a student does not fulfill mandatory attendance requirements or does not pass the theory/lab portion of the class, they will not advance to clinicals, will not complete the class, and no refund will be issued.

If a student has an **excusable** absence (illness, emergency), we will work with them to transfer to a future session or complete with another course. A doctor's note or other documentation may be required. Please note that an extended completion timeline may require a student to order a new background check, reorder a TB test, or update a vaccination. A renewed notice of intent to pay may be required.

Payer Signature _____ Date _____

Continue to PAYMENT INFORMATION on page 2

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Student Name _____ **Class Start Date** _____

Wenatchee Valley College Continuing Education will invoice at time of registration. Invoices can be paid by credit card or check. PAYMENT IS DUE UPON RECEIPT.

PAYMENT INFORMATION

FACILITY/AGENCY _____

Mailing Address _____
Street/PO Box *City, State, Zip*

Contact Person _____
Name *Title*

_____
E-mail address *Phone*

Completed by (print) _____

Title _____

Signature _____ Date _____