

## CERTIFIED NURSING ASSISTANT (CNA) CLASS TUITION AGREEMENT

I, \_\_\_\_\_, agree to be a recipient of the Oakview Medical Care Facility CNA training class tuition. As a recipient of the CNA training class tuition, I will agree to be present for 75 hours of the CNA course work and pass the course that begins on (date) \_\_\_\_\_ (“Effective Date”). In addition, I agree to remain an employee Oakview MCF for at least one (1) year.

I agree to schedule my exam within two (2) weeks following my hire date of \_\_\_\_\_.

I agree to regular full time, part time, or a pool position upon successful completion of the CNA training. I agreed to a minimum of 32 hours per pay period through the Introductory Period for orientation purposes.

I agree to continue employment for at least one (1) year. Should I elect to terminate employment prior to one (1) year, (date) \_\_\_\_\_, I will repay the facility the sum of \$850.00 pro-rated on a monthly basis. I agree to a deduction from my final paycheck in the amount due if I terminate my employment prior to one (1) year.

I agree that if the facility terminates employment for just cause, I will be responsible to repay the facility the sum of \$850.00 pro-rated on a monthly basis. I agree to a deduction from my final paycheck in the amount due if I am terminated from employment prior to the (1) year.

In witness whereof, the parties have executed this Agreement on the dates set forth by their respective names to be effective as of the Effective date.

**Oakview Medical Care Facility**

**Student**

By: \_\_\_\_\_  
Jannice Lamm, CTRS, LNHA  
Administrator

By: \_\_\_\_\_

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

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