



Surpassion Health Care Services Incorporate
4820 Southpoint Drive Suite 203
Fredericksburg, Va. 22407
Tel: 540-412-5529 Fax: 540-412-5563

Personal Care Attendant Course
Enrollment Agreement

Please fill out this form and call us at 540-412-5529 to set up an appointment to drop off a deposit.

First Name: _____ Last Name: _____

Social Security #: _____ D.O.B.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Work #: _____ Cell #: _____

Email Address: _____

This agreement covers the enrollment in 40-hour course to become a certified/credentialed Personal Care Attendant (PCA). Full payment of tuition and fees are required before starting date of class.

The student certifies he/she.....

- Is at least 18 years of age
- Can read, write, speak and comprehend English
- Has earned a high school diploma or G.E.D.
- Is free of work, family, or other conflicts that would interfere with class attendance
- Is either a citizen or legal resident of the United States



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- Has passed a Tuberculosis Mantoux test (TB) (if you have not taken a TB test the agency offers them for \$20.00)
- Will adhere to the rules and policies of the school.

Course Fee: \$300.00 (Half of the fee \$150.00 must be received at signing of agreement). The remaining balance is due before the start date of class.

Attendance Policy: NO REFUNDS ALLOWED

Potential Employment: Although you are welcome to apply for employment with Surpassion Health Care Services. Completing this course does not guarantee a job with Surpassion Health Care Services.

Acknowledgement: The student acknowledges receiving a copy of this agreement. The student by signing this contract acknowledges that he/she has read this contract and understands and agrees to the terms and conditions outlined in this contract. Signing of this contract by the agency is written confirmation by the agency that the above-named student has been approved to enter the PCA Course. This agreement is binding after signing of both parties. The student and the agency will retain a copy of this agreement.

Surpassion Health Care Services Inc. staff: _____

Date: _____

Applicant's
Signature: _____

Date: _____