**Contract of Understanding for *Eligibility* in the ACP-Healthcare Program**

Please initial after each statement to verify that you understand and agree.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand the following:

1. The orientation today was about the Healthcare Adult Career Pathway Program. \_\_\_\_\_
2. I have to achieve a 9.4 or higher on the TABE test in reading to be eligible for the program. \_\_\_\_\_\_
3. If I pass through the orientation process, then I will be called for an interview. \_\_\_\_\_
4. I cannot have anything criminal in my background that would prevent me from working in the healthcare field. \_\_\_\_\_
5. I will have all paperwork for SCCR, if accepted into the program. \_\_\_\_\_
6. The final step for eligibility is to participate in the “two week academy”. \_\_\_\_\_\_
7. The “two week academy” is Monday-Thursday for two weeks beginning at 9:00 a.m. until 3:00. I must be ***on time*** and ***attend all days*** of the “academy”. \_\_\_\_\_
8. I will participate in ***all*** activities of the “academy”. \_\_\_\_\_
9. Disruptive behavior will not be tolerated.\_\_\_\_\_
10. Cell phones may not be used in the classroom. \_\_\_\_\_
11. No food is allowed in the classroom. \_\_\_\_\_
12. If I successfully complete the “academy”, I may go on into the ACP Healthcare program, if there are sufficient spots. \_\_\_\_\_\_
13. I understand that the Pre-Healthcare/CNA program is 16 weeks long. \_\_\_\_\_
14. I understand that if I am accepted into this program that I will be required to attend an informational meeting. \_\_\_\_\_
15. I understand that if I fail to do any of the above, then I will lose eligibility for the ACP Pre-Healthcare/CNA program. \_\_\_\_\_

Name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_

**Contract of Understanding for the ACP-Healthcare Program**

Please initial after each statement to verify that you understand and agree.

1. I will be on time for all classes. \_\_\_\_\_
2. I will attend all classes.\_\_\_\_\_
3. I have back-up plans for childcare and transportation.\_\_\_\_\_

My back up plans are:

1. I will get a physical.\_\_\_­\_\_
2. I understand that I am to attend support classes throughout the 16 weeks of classes. \_\_\_\_\_
3. I will be respectful of classmates, instructors, and others. \_\_\_\_\_
4. I will participate in classroom activities.\_\_\_\_\_\_
5. I will dress appropriately for class. \_\_\_\_\_
6. No disruptive behavior. \_\_\_\_\_
7. Cell phone use is prohibited in the classroom. \_\_\_\_\_
8. No food or drink in the classrooms. \_\_\_\_\_
9. I understand that if I have a job or take a job during the 16 weeks that I am still under the obligation to attend all classes, including the support class.