

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 4:00 p.m. 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 17 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_____

