MIZPAH CENTER FOR ALLIED HEALTH EDUCATION, LLC



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Consumer Disclosure Form for Mizpah CNA School

Mizpah Certified Nursing Assistant (CNA) School 2720 S River Road Suite 2, Des Plaines, Illinois, 60016

mizpahchicago@gmail.com www.mizpahchicago.com

Consumer Disclosure Statement

Effective Date: 4/1/2025

1. Program Overview:

 Mizpah CNA School offers a Certified Nursing Assistant program designed to equip students with the skills and knowledge necessary to provide direct care for patients in various healthcare settings.

2. Program Length and Schedule:

- Total Program Duration: 6 weeks
- Class Schedule:
 - o Monday, Wednesday, Friday 5 pm-8.30 pm
 - o Saturday 8 am-12.30 pm
- Total Hours: 120 hrs

3. Admission Requirements:

- Minimum age of 18 years.
- High school diploma or GED (or proof of enrollment).

- Background check may be required.
- Health requirements (like immunizations) may apply.

4. Tuition and Fees:

- Tuition: \$1200.00
- Additional fees:
 - Finger print
 - o uniform
 - o CPR certification
- Payment plans: Students can make payment in 2 installments

5. Refund Policy:

Cancellation after Start of Program:

- If a student cancels their enrollment after the program has commenced:
- Within the first two weeks of classes, 50% of the tuition will be refunded, minus any applicable fees.
- After the first two weeks, No refunds will be issued.

6. Accreditation and Approval:

- Mizpah CNA School is approved by the Illinois Board of Higher Education (IBHE).
- Not approved by the US Department of Education

7. Employment Opportunities:

- Graduates will be qualified for employment in various settings, including:
 - Hospitals
 - o Long-term care facilities
 - Home healthcare agencies

8. Program Effectiveness:

- Completion Rate: 97%
- Certification Exam Pass Rate: 82.07%

9. Complaint Process:

• If a student has a complaint, they are encouraged to first address the issue directly with the school.

	solved, complaints may be submitted to the Illinois Board of Higher Education
	at: Email: complaints@ibhe.org Mail: Illinois Board of Higher Education 431 East Adams Street, 2nd Floor
———Acknowledgn	Springfield, IL 62701 nent: I acknowledge that I have received and read the Consumer Disclosure Form
•	IA School and understand the contents herein.
	ture:
_	sentative Signature: