

INSTITUTE OF HEALTH CAREERS

5624 8th Street West, # 114

Lehigh Acres, Florida 33971

239-303-4388

STUDENT ENROLLMENT CONTRACT

*****PLEASE PRINT CLEARLY*****

1300 CLOCK HOUR MEDICAL ASSISTANT PROGRAM (52 - 78 weeks)

DATE: _____ EMAIL: _____

APPLICANT'S NAME: _____

ADDRESS: _____

SSN: _____ GENDER: MALE _____ FEMALE _____

DATE OF BIRTH: _____ PHONE: _____

EMERGENCY CONTACT: _____

DO YOU HAVE A HIGH SCHOOL DIPLOMA, GED, OR EQUIVALENT? YES _____ NO _____. IF "NO," LAST GRADE COMPLETED _____

HAVE YOU EVER BEEN CONVICTED OF, OR ENTERED A PLEA OF GUILTY, NO CONTEST, NOLO CONTENDRE, A CRIME OTHER THAN A MINOR TRAFFIC OFFENCE? YOU MUST INCLUDE ALL MISDEMEANORS, FELONIES, AND JUVINILE OFFENSES, EVEN IF THERE WERE ADJUDICATION WAS WITHHELD. DRIVING UNDER INFLUENCE (DUI) OR DRIVING WHILE IMPAIRED (DWI) IS NOT CONSIDERED A MINOR TRAFFICE VIOLATION FOR PURPOSES OF THIS QUESTION. YES ____ NO ____

IMPORTANT NOTE: ** If you are enrolling in any health occupation program, any misdemeanor or felony conviction that you have may negatively impact your chances of completing the program, being placed at an externship site and employment in the healthcare industry. In addition, people with criminal backgrounds may not be eligible for licensure or employment******

MEDICAL ASSISTANT PROGRAM INFORMATION

Start Date: _____ Anticipated End Date: _____ Delivery Method: Residential

TOTAL PROGRAM COSTS **\$14,000**

FEES BREAKDOWN: Registration Fee (NON-REFUNDABLE)	\$100
Tuition & Lab Fees (REFUNDABLE)	\$1350
Enrollment Fee (NON-REFUNDABLE)	\$50
Textbook & Uniform (NON-REFUNDABLE)	\$500

*****ALL OTHER COSTS FOR GOODS OR SERVICES, WHETHER OR NOT PURCHASED FROM THE SCHOOL, IS AT THE EXPENSE OF THE STUDENT AND ARE NON-REFUNDABLE*****

NOT INCLUDED IN PROGRAM COST, NOT LIMITED TO:

1. Level 2 Background check (*estimated cost \$85/NON-REFUNDABLE*)
2. Health physical, PPD & immunization (*estimated cost \$100/NON-REFUNDABLE*)
3. National Certification Exam Fee (*estimated cost \$130/NON-REFUNDABLE*)
4. CPR (*estimated cost \$100/NON-REFUNDABLE*)

CONTRACT PAYMENT OPTIONS

{ } Full payment is due upon signing contract, OR

{ } \$2,000 due upon signing contract with remaining balance due **PRIOR** to program start date, OR

{ } \$2,000 due upon signing contract with remaining balance due **PRIOR** to program completion.

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	FINANCED AMOUNT The dollar amount (the credit) provided to you or on your behalf.	PAYMENT TOTAL The amount you will have paid after you have made all payments as scheduled.	TOTAL PRICE The cost of your CREDIT purchase including your deposit
ZERO %	\$ NONE	\$	\$	\$
YOUR PAYMENT SCHEDULE WILL BE:				
NUMBER OF PAYMENTS	PAYMENT AMOUNT	PAYMENT DUE DATE		
	\$	Starting on _____ / _____ and on the same date MONTHLY, until paid in full.		

All program prices are printed herein and there are no carrying charges, interest charges, or service charges associated / charged. Contracts are not sold to a third party at any time. Lastly, class costs are included in the cost for goods and services.

LATE PAYMENT FEE OF \$50 ASSESSED IF NOT PAID ON DUE DATE or IF MINIMUM PAYMENT DUE IS NOT PAID IN FULL. Failure to make scheduled payments will result in students being IMMEDIATELY withdrawn from the class and forfeiting all monies paid.

PAYMENT OPTIONS

We accept payments as follows: cashier's check, money order, and cash.

CREDENTIAL AWARDED

Upon successful completion of the MEDICAL ASSISTANT program, a Diploma will be awarded. In addition, students must meet **ALL** financial / monetary obligations, or otherwise, before a Diploma can be issued.

GRADUATION REQUIREMENTS

I understand that to graduate from the program and receive a Diploma, I must successfully complete the required number of scheduled clock hours as specified in Catalog and Student Enrollment Contract, pass all written and practical examinations with 70% or higher and satisfy all financial obligations, or otherwise.

CAREER SERVICES

This institution **DOES NOT** guarantee employment post-graduation. Additionally, I understand that the institution has not made and will not make any guarantees of employment or salary upon my graduation.

REASONS FOR TERMINATION

At the discretion of the institution, a student's enrollment can be terminated. Therefore, I agree to comply with the rules and policies and understand that the institution shall have the right to terminate this Contract and my enrollment at any time for, but not limited to violation of rules and policies, misconduct, insufficient academic progress, and non-payment of academic costs, as outlined in the Catalog. I understand that the institution reserves the right to modify the rules and regulations and that I will be advised of all modifications.

CANCELLATION & REFUND POLICY

The refund policy shall provide for cancellation of any obligation, excluding books(s) and supplies which are not returnable, within 3 working days (72 HOURS) from the students signing an enrollment agreement or contract.

Should a student's enrollment be terminated or cancelled for any reason, all refunds will be made according to the following refund schedule:

1. Cancellations must be made in person or by email.
2. No refund if a student has completed more than 40% of course.

3. A full refund will be given to any student who cancels a signed enrollment agreement within 72 hours (until midnight of the third (3rd) day excluding Saturdays, Sundays, and legal holidays).
4. If the cancellation is received after 72 hours, but prior to the first class, the student is entitled to a refund of all funds paid, excluding the registration and enrollment fees (not exceeding \$100).
5. Cancellation through 40% of class completion will result in a Pro Rata refund calculated based on the number of clock hours completed to the total program hours.
6. Refund checks will be made within 30 days of receipt of termination of student's enrollment.
7. A complete refund of all fees will be paid to the students for classes cancelled due to no fault of their own, regardless of length.
8. Any fees paid to the school for any program (s) will not be transferable or refunded to another student other than the original applicant.
9. Any cancellation of classes / programs done by the institution before attendance has begun, the student will (a) have the option to receive a full refund within 30 days, or (b) apply the monies towards another class after providing the school with a written notice stating the course she/he would like to be transferred into.
10. **TERMINATION DATE:** In calculating the refund due to a student, the last date of actual attendance by the student is used in the calculation, unless earlier written notice is received.

ACKNOWLEDGEMENT

This contract contains the entire agreement between the Institute of Health Careers, Inc., and the student and no further modifications/representations except as herein expressed in writing by both parties will be recognized.

PLEASE CAREFULLY READ & SIGN CONTRACT. YOUR SIGNATURE(S) INDICATES THAT YOU AGREE TO AND HAVE RECEIVED A COPY OF THE BINDING CONTRACT AND CATALOG.

This agreement constitutes a binding contract between the students and the Institute of Health Careers, Inc. I understand that final admission is at the discretion of the Director of Education. Likewise, I affirm that the information provided within my application is the truth to the best of my knowledge, and that any misrepresentation will be cause for immediate dismissal.

APPLICANT'S SIGNATURE: _____ DATE: _____

PARENT/LEGAL GUARDIAN (IF MINOR): _____ DATE: _____

SCHOOL OFFICIAL: _____ DATE: _____

SCHOOL ADMINISTRATOR: _____ DATE: _____