

2459 Roosevelt Highway, Suite C-9  
College Park, GA 30337

**Enrollment Agreement**

**Student Information**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you at least 18 years of age? \_\_\_Yes \_\_\_No Are you a U.S. Citizen? \_\_\_Yes \_\_\_ No

Attestation of High School Graduation or GED\*: I understand that a high school diploma or its equivalency is required for admission to Clinical Skills Training Center, Inc. I hereby certify that I have (select one of the following): \_\_\_\_\_ A high school diploma \_\_\_\_ A GED

High School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Date: \_\_\_\_\_\_\_\_\_\_

GED Testing Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Date: \_\_\_\_\_\_\_\_\_\_

**Program Information**

Program Name: Phlebotomy/EKG Technician Program Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Objective: This course is designed to provide the students with an overall understanding and introduction to the field of healthcare, particularly as it relates to the multi-skilled Phlebotomy/EKG Technician.

Program State Date: \_\_\_\_\_\_\_\_\_\_\_\_ Scheduled End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full/Part Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Morning/Evening: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days (M, T, Th. – 9 am -12 pm) Evenings ((M, T, Th. – 5:30 pm – 8:30 pm)

Number of Weeks: 10 Total Clock/Credit Hours: 112 Clock Hours

**Tuition & Fee Information**

Application Fee: $50 Tuition: $1950.00 Fees: $65 Other Costs: $155

Total Costs: $2170.00

I agree that the payment of program costs and fees will be satisfied by (select all that apply):

\_\_\_\_\_\_ Cash \_\_\_\_\_Credit Card \_\_\_\_\_\_\_Check \_\_\_\_\_\_\_Other

If other source, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The tuition above is for the entire program and includes necessary materials and equipment and supplies; there is no separate charge for books and supplies. The application fee is a non- refundable one-time fee paid at the time of application.*

**Refund Policy**

If a student cancels their enrollment within 3 days before the class starts, they may receive a full refund. If a student cancels their enrollment agreement 3 days after the class start they may receive a refund minus the application fee. If a student attends class then withdraws at any point in the class (up to 50% of the class) they will receive a refund at a prorated amount, based on the percentage of the class completed. Students who complete more than 50% of the class are not entitled to a refund.

Any student who would like to withdraw from the program must complete a withdrawal form or submit a letter to the Director of Education requesting to be withdrawn from the institution and request a refund if applicable. If a student is administratively withdrawn from the program, they will be notified in writing, with an explanation for the withdrawal, within 3 -5 business days. All refunds will be made within 30 days of the request or date of determination,

**Attendance Policy**

Students are expected to attend all scheduled classes, labs, and practicum learning experiences. Excessive absences is defined as in excess of ten percent (10%) of total class hours, ten percent (10%) of total lab hours, or ten percent (10%) of total practicum hours. Excessive absences in one course or across multiple medical assisting courses may result in disenrollment from the program. These medical assisting requirements will be strictly enforced.

**Externship**

Externship Students will work under the direct supervision of the physician designee in the medical practice. The medical practice or institution will be in constant contact with the school while the student is on their 160 hour externship. All students will be evaluated at the half-way point and again at the conclusion of the externship assignment. The students must complete hours in both the administrative and clinical setting/environmental while on externship in order to fulfill their requirements for graduation. Prior to graduation, students MUST participate in the National Credentialing Exam in order to graduate.

*By signing below, I certify that I have received a complete copy of this agreement, and that I have, understand and agree to comply with all of its terms. I also acknowledge that I have received and had an ample opportunity to review a copy of the school’s catalog and I agree to comply with all school disclosures, policies, and rules contained therein. I also understand and agree that this agreement supersedes all prior or contemporaneous verbal or written statements and agreements made by the school or any employee of the school, and that no binding promises, representations or statements have been made to me by the school or any employee of the school regarding any aspect of the education and training I will receive from the school or the prospects for employment or salary upon graduation that are not set forth in writing in this agreement. I further understand and agree that this agreement may not be modified without the written agreement of the school. I hereby certify that all information I provided in my application for admission to the school is complete, accurate and up to date. Once this signed agreement is accepted by the school, I understand that a legally-binding contract is created. My signature indicates that I agree to all of the above terms.*

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_