Enrollment Agreement

Avid CNA School
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ENROLLMENT AGREEMENT FORM

PHLEBOTOMY TECHNICIAN

STUDENT INFORMATION

STUDENT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBERS: H) _____ C) _____ W) _____

E-MAIL ADDRESS: _____

SOCIAL SECURITY #: _____ STUDENT ID #: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ TELEPHONE #: _____

PROGRAM INFORMATION

DATE OF ADMISSION: _____/_____/_____

Theory/Lab/Clinical: 80/20/20

This 120 clock hour program prepares the graduate to function as phlebotomist and as a vital member of the clinical laboratory team, whose main function is to obtain patient's blood specimens by venipuncture and micro collection along with transportation of other clinical laboratory specimens.

PREREQUISITE COURSES & OTHER REQUIREMENTS FOR ADMISSION TO PROGRAM / COURSE:

Program Objectives/Outcomes: At the end of the course,

- The student will demonstrate overall knowledge of phlebotomy practice
- The student will be able to identify the organizational healthcare structure
- The student will be able to demonstrate safety practices in the healthcare setting and when conducting phlebotomy
- The student will be able to identify infection control strategies
- The student will be able to use basic medical terminologies
- The student will be able to identify body structure and functions
- The student will be able to discuss the basic circulatory, lymphatic and immune system function and structure
- The student will be able to identify the supplies needed for the venipuncture procedure
- The student will be able to demonstrate the venipuncture procedure
- The student will be able to demonstrate the dermal venipuncture procedure
- The student will be able to articulate possible complications of venipuncture procedure
- The student will be able to demonstrate arterial blood collection procedure
- The student will be able to demonstrate quality phlebotomy procedure
- The student will be able to identify legal issues affecting the practice of phlebotomy
- Document procedures appropriately

PROGRAM START DATE: _____ SCHEDULED END DATE: _____

FULL-TIME ☐ PART-TIME ☐ DAY ☐ EVENING ☐

DAYS/EVENINGS CLASS MEETS: (circle) M T W Th F Sa Su

TIME CLASS BEGINS: _____ TIME CLASS ENDS: _____

NUMBER OF WEEKS: _____ TOTAL CREDIT or CLOCK HOURS: _____

CONSUMER INFORMATION

All schools are required to make available, at a minimum, the following disclosure information clearly and conspicuously on their 1) internet website, 2) school catalog, and 3) as an addendum to their Enrollment Agreement:

• The number of students who were admitted in the program as of July 1 of that reporting period.(0)
• The number of additional students who were admitted in the program during the next 12 months and classified in one of the following categories: new starts, re-enrollments, and transfers into the program from other programs at the school.(0)
• The total number of students admitted in the program during the 12-month reporting period.(0)
• The number of students enrolled in the program during the 12-month reporting period who: transferred out of the program and into another program at the school, completed or graduated from a program, withdrew from the school, and are still enrolled.(0)
• The number of students enrolled in the program who were: placed in their field of study, placed in a related field, placed out of the field, not available for placement due to personal reasons, and not employed.(0)
• The number of students who took a State licensing exam or professional certification exam, if any, during the reporting period, as well as the number who passed.(0)
• The number of graduates who obtained employment in the field who did not use the school's placement assistance during the reporting period (pending reasonable efforts to obtain this information from graduates).(0)
• The average starting salary for all school graduates employed during the reporting period (pending reasonable efforts to obtain this information from graduates).(0)

FINANCIAL AID

Avid CNA School does not accept grants or is eligible to receive TITLE 1V Funds.

EMPLOYER TUITION ASSISTANCE

Some employers give their employees a Tuition Reimbursement benefit based on certain criteria. Students must check with their employer if this type of benefit is available to them. Payment for educational expenses through this method may be done in two ways:

1. Direct Billing – A letter from an employer is required authorizing this arrangement. Payment will be sent directly to Avid CNA School.

2. Reimbursement – Student will submit invoice to the employer after successful completion from the program.

It is assumed that students are responsible for any portion of the educational expenses and fees that are not paid by the employers.

TUITION & FEES

Program Cost Full Assessment:

Registration Fee	50.00
Tuition Fee	$ 1395.00
Laboratory Fee/Clinical Fee/Student Liability Insurance	100.00
Books, worktext, online practice test	230.00
Materials & Equipment**	71.00
Uniforms, Handouts/Packet	

Certification Exam Fee (NHA) Student Responsibility

TOTAL AMOUNT DUE	**$ 1,821.00**

STANDARD PAYMENT POLICY

Students must pay their tuition and fees as specified. Tuition payments by cash, check, money order or credit card are accepted. Final payment in the installment plan, however, should be paid in cash or money order only. Payment for certification examination should likewise be in money order unless otherwise arranged with the administration. Tuition and fees differ among courses. Specific Program Fees are available in the school office and may be provided upon request.

REFUND / CANCELLATION POLICY

- **Tuition Refund Policy**

The following items are refundable:

Unmarked books

Unopened skills lab kit

Unused clinical uniform

Lab and clinical fees

Liability insurance

- **Not Refundable**
  Technology fee

  ID Badges

You have the right to pay in full and may obtain refund based on the refund policy.

Any student applying for a program that has been discontinued by the school shall receive a complete refund of all fees and/or tuition fees paid prorated according to schedule of refund.

Avid CNA School does not require an official withdrawal in order to be eligible for refund, however, as a courtesy, every student wishing to leave or drop from the program shall notify the office of their intent. Tuition refunds are scheduled as follows:

- **Tuition Reimbursement Schedule**

% of Hours Attended	Institution Refund Policy
0-10%	90%
11-20%	80%
21-30%	70%
31% ----	0%

- **Cancellation Policy**

  The student has the right to cancel the initial enrollment agreement until midnight of the fifth business day after the student has been admitted. If the right to cancel is not given to any prospective student at the time the agreement is signed, then the student has the right to cancel the agreement at any time and receive a refund on all monies paid to date with 10 days of cancellation. Cancellation should be submitted to the authorized official of the school in writing.

- **Withdrawal Procedure**

  If no notification of withdrawal is received, and a student has had an unexplained absence of more than ten (10) consecutive class days, **AVID CNA SCHOOL** shall consider the student to have withdrawn from the program. In all cases, the date of withdrawal shall be the last day of attendance.

  Refunds shall be made within 30 days of the last day of the attendance if written notification has been provided to the institution by the student; otherwise, refunds shall be made within 30 days from the date the institution terminates the student or determines that the student has withdrawn.

  Determination that a student has withdrawn shall be made within 30 days of the last day of attendance. **AVID CNA SCHOOL** shall provide written acknowledgment of a student's notification of withdrawal within fifteen (15) calendar days of the postmark date of the notification of withdrawal. In all instances, refunds shall be based on and computed from the last day of attendance.

NOTICE TO STUDENT

1. Do not sign this agreement before you have read it or if it contains any blank spaces.

2. This agreement is a legally binding instrument and is only binding when the agreement is accepted, signed, and dated by the authorized official of the school or the admissions officer at the school's principal place of business. Read all pages of this contract before signing.

3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.

4. This agreement and the School Catalog constitute the entire agreement between the student and the school.

5. Any changes in this agreement must be made in writing and shall not be binding on either the student or the school unless such changes have been approved in writing by the authorized official of the school and by the student or the student's parent or guardian. All terms and conditions of the agreement are not subject to amendment or modification by oral agreement.

6. The school does not guarantee the transferability of credits to another school, college, or university. Credits or coursework are not likely to transfer; any decision on the comparability, appropriateness and applicability of credit and whether credit should be accepted is the decision of the receiving institution.

STUDENT ACKNOWLEDGMENTS

1. I hereby acknowledge receipt of the School Catalog, which contains information describing programs offered, and equipment or supplies provided. The School Catalog is included as part of this enrollment agreement and I acknowledge that I have received a copy of this catalog.

   Student Initials _____

2. I have carefully read and received an exact copy of this enrollment agreement.

   Student Initials _____

3. I understand that the school may terminate my enrollment if I fail to comply with attendance, academic, and financial requirements or if I fail to abide by established standards of conduct, as outlined in the school catalog. While enrolled in the school, I understand that I must maintain satisfactory academic progress as described in the school catalog and that my financial obligation to the school must be paid in full before a certificate or credential may be awarded.

   Student Initials _____

4. I hereby acknowledge that the school has made available to me all required disclosure information listed under the Consumer Information section of this Enrollment Agreement.

   Student Initials _____

5. I understand that the school does not guarantee transferability of credit and that in most cases, credits or coursework are not likely to transfer to another institution. In cases where transferability is guaranteed, **AVID CNA SCHOOL must** provide me copies of transfer agreements that name the exact institution(s) and include agreement details and limitations.

   Student Initials _____

6. I understand that the school does not guarantee job placement to graduates upon program completion.

   Student Initials _____

7. I understand that complaints, which cannot be resolved by direct negotiation with the school in accordance to its written grievance policy, may be filed with the Illinois Board of Higher Education, 431 East Adams Street, 2nd Floor, and Springfield, IL 62701 or at www.ibhe.org.

   Student Initials _____

8. I hereby acknowledge that **AVID CNA SCHOOL** reserves the right to change the amount and applicability of tuition and fees as necessary. New or changed rates will apply to new enrollees. Written notices of planned fee changes will be posted in advance.

   Student Initial _____

9. I hereby acknowledge that payment of tuition and fees are my obligation. Application of financial assistance or loans does not negate this responsibility. **AVID CNA SCHOOL** is currently unable to participate in TITLE IV funding of the Higher Education Act of 1965.

   Student Initial _____

10. I hereby acknowledge that any payment made by check that does not clear my bank account will result in a NSF fee.

    Student Initial _____

11. I understand that tuition account balances must be on current status in order to advance to the next phase or program component and for admission to a new course and examination.
    Student Initial _____
12. I understand that if my account becomes 15-day past due, a $35 late fee will be assessed and I shall not be able to return to class and/or be able to take any exams until the account is brought current.
    Student Initial _____

13. I hereby acknowledge that upon graduation, my remaining account balance shall be paid in full or I may enroll through an automatic deduction set-up as form of payment method. A checking account and/or credit/debit card details must be provided. I also understand that there is a 2% service fee every imposed for all credit and debit card transactions.
    Student Initial _____

14. I understand that tuition and other fees must be current, if a payment plan was created, or fully paid prior to submission of application for State Licensing exam.
    Student Initial _____

15. Avid CNA School is accredited by Illinois Board of Higher Education (IBHE) and Illinois Department of Public Health (IDPH) but not by a U.S Department of Education recognized accrediting body.

Student Initial _____

16. I give Avid CNA School permission to post pictures that I may be in, along with activities that we do throughout the duration of the program, in their Facebook page listed as Avid CNA School Any student in pictures being posted will not be named or tagged. In addition picture may also be used in flyers or marketing materials.

Student Initial_____

The student acknowledges receiving a copy of this completed agreement, the School Catalog, and written confirmation of acceptance prior to signing this contract. The student by signing this contract acknowledges that he/she has read this contract, understands the terms and conditions, and agrees to the conditions outlined in this contract. It is further understood that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not

be modified without the written agreement of the student and the School Officer of **AVID CNA SCHOOL.** The student and the school will retain a copy of this agreement.

Student's Signature Date Avid CNA School Representative Signature Date