

STUDENT ENROLLMENT AGREEMENT

*The Phlebotomy Institute of Middle Georgia, LLC
1544 Rocky Creek Rd Macon, Ga
31206 (478)227-8998*

Student Information:

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Social Security # _____ / _____ / _____ (required for Certifications & State Guidelines)

Telephone: Primary: _____ Alternate: _____

Email Address: _____ Date of Birth: _____ / _____ / _____

Are you over the age of 17? Yes No

**If no, a parental signature must accompany each area below a student's signature.*

One of the following is **MANDATORY** for your student file:

Please select: Official High School Transcripts
 GED (Official Certificate with scores)

Have you ever been diagnosed with a learning disability or while in school have you ever been assigned an IEP or 504 plan? Yes No

**This does not determine acceptance but allows us to provide as much help to every student as possible.*

Program Information

Program Title: *Clinical Medical Assistant* Clock Hours: 200

Class Schedule: Evening Class Day Class Weekend Class

Starting Date: _____

Anticipated Ending Date: _____

Gender: F M

Height: _____ ft _____ in

Eye

Color: _____

Race:

White/Caucasian

Black/African American

Hispanic

Pacifica Islander

Asian

American Indian/Alaskan

Other _____

Tuition and Financial Arrangements

Tuition Cost: \$ 1500.00 **Total Course Fee** Application Fee (non-refundable): \$ 25.00, Lab Fee: \$75.00

Total Cost \$1500.00

Minimum deposit of \$ 500.00 is due at registration in order to reserve your place in the class. This includes \$25.00 non-refundable application fee. Tuition and/or deposit may be paid by **CASH, CHECK** or **CREDIT CARD**.

- Paid in Full \$ 500.00 at the time of registration
- Payment Plan Custom payment plan options are available upon request

In addition to Tuition Costs, each student is responsible for the following **BEFORE** Clinical Training and may incur additional costs:

- Textbook (est. \$ 60.00)
- Medical Scrubs (est. \$ 25.00)
- White Shoes (est. \$ 30.00)

Refunds/Cancellations

1. It is best practice to submit your withdrawal request in writing on our official withdrawal form in order to expedite the processing of your pro-rated refund in accordance with the refund policy.
2. All monies will be refunded if the school does not accept the applicant or if the student cancels within (3) three business days after signing the Enrollment Agreement and making initial payment. However, refunds are not instant and will need processing time. A check will be mailed at a later date, within 30 days, according to the policy outlined in our catalog.
3. Refunds are pro-rated based on the portion of class attended, up to 50%.
4. Those wishing to cancel for illness or personal reasons may resume their course of study in the next class series with no penalty and may repeat the already completed sessions, if desired, at no additional charge. Physician's documentation is required. This is effective for extreme situations only.
5. If a student's enrollment is terminated by the institution for any reason said student is still entitled to a pro-rated refund in accordance with the institution's refund policy.
6. For any program or course that is canceled by the institution, the institution will refund the tuition in full or apply the tuition to a future course, depending on the wishes of the student.

Course Requirements/Materials

Student is responsible for the following before the 1st day of class:

- † **PPD / TB SKIN TEST RESULTS** – must have negative documentation within the past 12 months
- † **HEALTH EVALUATION** – form available through TPI’s office
- † **IMMUNIZATION RECORDS** – MMR (measles, mumps rubella & chicken pox)
- † **HEPATITIS B VACCINE** – have completed or started the series of Hepatitis B vaccines and/or signed the Hepatitis B Vaccine Advisory
- † **OFFICIAL HIGH SCHOOL TRANSCRIPTS** or **OFFICIAL COPY OF A GED SCORE** (Copies of diplomas, equivalency certificates, and unofficial copies cannot be accepted. An official copy must be mailed to our facility or delivered in person. Faxed copies do not constitute as “official”.)

Current Employment

**We will not contact your employer for references or verification.
This information is kept confidential and for state reporting purposes only!*

Are you currently employed: Yes No

If so, where? _____

Address: _____

CELL PHONE POLICY

Cell phone interruptions during class will not be tolerated. You must come to class prepared – meaning your cell phone is on silent or vibrate.

NO CELL PHONES ARE PERMITTED INSIDE FACILITIES HOSTING CLINICALS.
NO EXCEPTIONS!

Substance Abuse Policy

Upon enrollment to this facility, all students will be required to submit a urine sample for a rapid result drug screening. This policy statement is also to inform you that, as a student of this facility, you may be subject to a random drug screening at the discretion of the Facility Director at any given time during the course. If tested positive under any substance, an additional drug test by blood sample must be completed and proved negative before the student would be allowed to return to The Phlebotomy Institute. The blood test will be at the expense of the student, if needed. If the blood sample drug screening results in a positive for prescription medications, the student would have to have physician documentation of the prescribed drug in their system and a statement from the physician that he/she does not believe the medication would prevent the student from reasonably being able to complete their duties for the job they are training for. Any absences related to these circumstances would be considered unexcused and, if excessive, could result in dismissal from the program due to insufficient attendance.

In addition, firearms, knives, or any other items that could be used as a weapon are not permitted inside this facility. Under no circumstances will it be acceptable to be in possession of anything that would make another student feel unsafe or threatened. Refusal to comply with these policies may result in your immediate termination from the program. Upon dismissal, all money paid toward course costs will be subject to a pro-rated refund in accordance with the refund policy of the institution with the exception of the non-refundable application fee.

By signing below, I acknowledge that I have read, understand, and agree to abide by this policy.

Student Signature

Date

Parent or Guardian Signature, if under 18

Date

BACKGROUND HISTORY QUESTIONNAIRE

1. Have you ever been convicted of a criminal offense, whether a misdemeanor or felony (other than minor traffic violations)?

If yes, please explain – using additional paper if necessary.

2. Have you ever been convicted of abuse or neglect of another person in your care? If yes, please explain – using additional paper if necessary.

3. Please list any states, other than your current residence, that you have lived in within the past 7 years.

By signing this questionnaire, I understand that I must answer these questions as honestly and completely as possible. **Any** criminal history could prevent the ability of becoming a healthcare professional and, if even able to be certified, could result in difficulty locating employment because of such a background.

I also understand that I am subject to a criminal background check at any given time while a student with The Phlebotomy Institute, LLC.

If convictions are found to be on a student's record, in which the student neglected to inform, the student is subject to immediate dismissal and inability to complete the course on the basis of dishonesty and/or ineligibility of the career choice. If termination is necessary, any refund due to the student will be prorated in accordance with the refund policy of the institution.

Student Signature

Date

Parent/Guardian signature, if student is under 18

Date

WAIVER OF LIABILITY AND ASSUMPTION OF RISK AND CONSENT

General Information – During this course you will be participating in activities in which learning by students requires the use of human subjects as part of the training. As a part of these learning activities, you will be asked to perform specific skills, as well as be the subject of the specific skills practiced by other students. These learning activities will be conducted under the supervision of the course instructor.

Benefits – The activities listed have been selected because they are skills essential to the learning process and realistic practice is essential for optimum learning.

Blood-borne Pathogen Exposure – It is important that you be aware that blood and other body fluids have been implicated in the transmission of certain pathogens, particularly the Hepatitis B virus (HBV) and Human Immunodeficiency Virus (HIV), the virus for Acquired Immune Deficiency Syndrome (AIDS). In order to minimize risk of exposure to bloodborne pathogens, the student must agree to follow all Standard Precautions guidelines, as well as comply with regulations outlined in the OSHA Pathogen Standard.

Risks/Discomforts – Participation may create some anxiety or embarrassment for you. Some procedures may create minor physical or psychological discomfort.

Your Rights – You have the right to withhold consent and to withdraw consent after it has been given. You may ask questions and expect an explanation of any point that is unclear.

LEARNING ACTIVITY	SPECIFIC BENEFIT	RISK/DISCOMFORT
<i>Venipuncture using both evacuated tube system and syringe system</i>	<i>Student gains experience needed prior to performing procedures on actual patients</i>	<i>Possibility of hematoma or bruising; slight temporary discomfort with procedure; slight risk of temporary nerve inflammation</i>
<i>Skin puncture of the fingertip</i>	<i>Student gains experience needed prior to performing procedures on actual patients</i>	<i>Slight, temporary pain upon puncture; minimal possibility of infection (provided area is kept clean)</i>

I have read the above information and I acknowledge my understanding of the risks and benefits described. My questions have been answered and I agree to participate as a subject in the learning activities listed above. I further understand and hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE, The Phlebotomy Training Institute, LLC, their officers, agents, instructors, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in the above listed learning activities, or while in, on or upon the premises where such learning is occurring.

Student Signature

Date

Parent/Guardian Signature (if student is under 18)

Date

HEPATITIS B VACCINATION ADVISORY

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B Virus (HBV) infection. I have been highly encouraged to receive the Hepatitis B Vaccination at my own expense, if not previously vaccinated. I understand that if I decline the Hepatitis B

Vaccination at this time, I continue to be *at risk* of acquiring Hepatitis B, a serious chronic disease that has no cure.

If previous vaccination has not taken place, I understand it is preferable to start the round of the three-injection series to maintain optimal health.

Student Signature

Date

Parent or Guardian Signature, if under 18

Date

TRANSFERABILITY OF CREDITS DISCLOSURE

***The Phlebotomy Institute offers CERTIFICATE programs that DOES NOT award “credits” for individual subject matters taught within the course.**

Credit for course work earned at *The Phlebotomy Institute* does not transfer to another educational institution. Credits earned at another educational institution are not accepted by *The Phlebotomy Institute*. You should obtain confirmation that *The Phlebotomy Institute* will accept any credits you have earned at another educational institution before you execute an enrollment contract or agreement. You should also contact any educational institutions that you may want to transfer credits earned at *The Phlebotomy Institute* to determine if such institutions will accept credits earned at *The Phlebotomy Institute* prior to executing an enrollment contract or agreement. The ability to transfer credits from *The Phlebotomy Institute* to another educational institutions is not guaranteed. Your credits may not transfer, and you may have to repeat courses previously taken at *The Phlebotomy Institute* if you enroll in another educational institution. You should never assume that credits will transfer to or from any educational institution. It is highly recommended, and you are advised to make certain that you know the transfer of credit policy of *The Phlebotomy Institute* and of any other educational institutions you may in the future want to transfer the credits earned at *The Phlebotomy Institute* before you execute an enrollment contract or agreement.

Student Signature

Date

Parent/Guardian signature, if student is under 18

Emergency Contact Information

Student Name: _____,
Last First Middle

Insurance Information:

Company:

Preferred area hospital:

Emergency Contact Name:

Last First

Relationship: _____

Cell Phone: (____) _____ Hom Phone: (____) _____

Work Phone: (____) _____

(2nd) Contact Name:

Last First

Relationship: _____

Cell Phone: (____) _____ Hom Phone: (____) _____

Work Phone: (____) _____

Comments: *include any special medical or personal information (i.e. – medical conditions, allergies, etc.) you would want an emergency care provider to know.*

Student Signature: _____ Date: _____

***** PRE-ENROLLMENT AGREEMENT *****

PLEASE READ THIS ENROLLMENT PACKAGE COMPLETELY.

BY SIGNING BELOW YOU ARE ACKNOWLEDGING THE FOLLOWING:

1. I have toured the school and received a copy of the facility’s catalog before signing this enrollment agreement.
2. I have been made aware of the need to review all facility policies prior to enrollment. I was given the opportunity to review the catalog and ask any questions regarding the catalog or enrollment agreement.
3. I agree to abide by the school’s policies as stated in my enrollment agreement and school catalog.
4. I understand completion of this course makes me eligible to take the national certification examination with the National Health Career Association and that the tuition cost DOES NOT include the exam fee. I will be responsible, upon course completion, for scheduling and paying for the exam if I choose to take it.
5. I understand that the career service departments assist students with various aspect of their career from reviewing resumes to helping students decide what jobs they will pursue after graduation. However, The Phlebotomy Institute does not guarantee employment to graduates.
6. I have read and understand this enrollment agreement and know the total tuition and fees, including cost of books and any additional equipment.
7. I know the length of my chosen program and the expected times/dates that I am to be in class.
8. I understand that class attendance is mandatory and that should I fail to meet the minimum required attendance I will not be allowed to complete this class and I will be required to re-enroll, including full cost for the class if I wish to complete. EXCUSED ABSENCES ONLY will be allowed to make up work and tests. I further understand that any make up work/tests will be completed during a 30-minute time slot before class begins. (Excused absences must be accompanied by physician’s note or other documentation verifying a legitimate reason for absence. Acceptance as “Excused” will be determined by school administration.)
9. I understand the school cancellation and refund policy and know that if I wish to cancel this agreement, I should do so in writing to expedite the processing of my pro-rated refund that I am entitled to.
10. I understand what ‘transferability of credits’ means and the specific limitations. I further understand The Phlebotomy Institute programs are *not* designed to prepare students for further college study. Transfer of credits is solely up to the receiving institution. No credit is granted by PIMG for previous education, training or experience. I have a received a copy of and understand the Transferability of Credit Disclosure Form.
11. I realize that any grievances not resolved on the institutional level may be forwarded to the Georgia Nonpublic postsecondary commission for the program entitled Phlebotomy Technician.

Student Signature

Date

Parent/Guardian signature, if under 18

Date

School Official Signature

Date

Bloodborne Pathogen and Post-Exposure Management

Student Waiver

This waiver ensures that students understand that they, as part of their academic program, are at risk for exposure to human blood or other potentially infectious bodily material and acknowledge that the inherent risk of injury and illness is assumed by the student when they enroll for the academic program.

As part of your training program, you will learn about the OSHA Bloodborne Pathogens Standard, Standard Precautions and what it means to protect yourself from potentially infectious materials. These guidelines will help you to understand the transmission of bloodborne infections and the hazards this profession poses.

As a student at The Phlebotomy Institute LLC, I voluntarily assume all risks associated with my participation in this academic program. I agree to hold harmless, indemnify, and irrevocably and unconditionally release The Phlebotomy Institute, LLC, its officers, employees and agents, as well as the clinical rotation facility, its trustees, officers, employees and agents, from any and all liability and medical expenses, as well as any and all claims, causes of action or demands of any kind or nature, which may arise by or in connection with my participation in activities related to bloodborne pathogen exposure.

I understand that I may be asked to perform tasks that may pose a risk of exposure to bloodborne pathogens, causing such diseases such as HIV and hepatitis, which can lead to serious illness and death. Accidental exposure to blood or other potentially infectious material (OPIM) must be reported immediately to the appropriate personnel, which would be a facility instructor or a supervisor at the clinical location. I understand the post-exposure follow-up recommendations from the Centers for Disease Control and Prevention (CDC). Under these guidelines, I am advised to seek treatment and obtain a risk evaluation, which may include laboratory analysis, and if deemed necessary, initiate post-exposure prophylaxis (PEP). The CDC specifically recommends that PEP be initiated with two hours of exposure to prevent HIV transmission.

I understand that I am personally responsible for all of the costs associated with the post-exposure medical management/treatment and that The Phlebotomy Institute, LLC nor the affiliated clinical rotation facility is responsible for these expenses or for any injuries or illness that occur as a result of my participation.

Student's Name: _____

Parent/Guardian's Name (if under 18): _____

Student's Signature: _____

Parent/Guardian's Signature (if under 18): _____

Date of acknowledgement: _____

**Guardian's name and signature of acknowledgement is only required for students under the age of 18.*