

ENROLLMENT AGREEMENT

The Medical Education Center

20609 Gordon Park Sq Ste 130 Ashburn Virginia 20147

703-444-7232 (Ofc) 703-444-2029 (fax)

www.medicaleducationcenter.net

info@medicaleducationcenter.net

STUDENT INFORMATION

STUDENT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: HOME _____ CELL _____ WORK _____

E-MAIL: _____

SOCIAL SECURITY # _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ TELEPHONE # _____

PROGRAM INFORMATION

DATE OF ADMISSION: ____/____/____ PROGRAM : _____

PROGRAM STRT DATE: _____ ANTICIPATED END DATE: _____

FULL-TIME: _____ PART-TIME _____ DAY _____ EVENING _____

DAYS/EVENING CLASS MEETS: (CIRCLE) M T W TH F SAT SUN

TIME CLASS BEGINS _____ TIME CLASS ENDS _____

NUMBER OF WEEKS: _____ TOTAL CREDIT/CLOCK HOURS (CIRCLE ONE) _____

TUITION

THE TOTAL COST OF THE _____ PROGRAM

TUITION \$ _____

NON-REFUNDABLE REGISTRATION FEE \$ _____

BOOKS/SUPPLIES \$ _____

UNIFORM \$ _____

MISC. EXPENSES \$ _____

TOTAL COST \$ _____

CANCELLATION REFUND POLICY

Rejection: An applicant rejected by the school is entitled to a refund of all monies paid.

Three-Day Cancellation: An applicant who provides written notice of cancellation within three (3) business day, excluding weekends and holidays of executing the enrollment agreement is entitled to a refund of all monies paid, excluding the \$100 non-refundable registration fee.

Other Cancellations: An application requesting cancellation more than three (3) days after executing the enrollment agreement and making an initial payment, but prior to the first day of class is entitled to a refund of all monies paid, less a maximum tuition fee of 15% of the stated cost of the course or \$100, whichever is less.

Withdrawal procedure:

A. A student choosing to withdraw from the school after the commencement of classes is to provide a written notice to the Director of the school. The notice must include the expected last date of attendance and be signed and dated by the student.

B. If special circumstances arise, a student may request, in writing, a leave of absence, which should include the date the student anticipates the leave beginning and ending. The withdrawal date will be the date the student is scheduled to return to from the leave of absence but fails to do so.

Tuition refunds will be determined as follows:

Proportion of Total Program Taught by Withdrawal Date	Tuition Refund
1-25%	75% refund
26%-50%	50% refund
51%-75%	25% refund
76% and above	No Refund

NOTICE TO BUYER:

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. Both sides of the contract is binding only 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 both sides before signing.
3. You are entitled to an exact copy of this agreement and any disclosure pages you sign.
4. This agreement and the school catalog constitutes the entire agreement between the student and the school.
5. Although the school will provide placement assistance, the school does not guarantee job placement to graduates upon program completion or upon graduation.
6. The school reserves the right to reschedule the program start date with the number of students scheduled is to small.
7. The school reserves the right to terminate the student’s training for unsatisfactory progress, nonpayment of tuition or failure to abide established standards of conduct.

8. The school does not guarantee the transferability of credits to a college, university or institution. Any decision on the comparability, appropriateness and applicability of credit and whether they should be accepted is the decision of the receiving institution.

STUDENT ACKNOWLEDGMENTS:

1. I hereby acknowledge receipt of the schools catalog dated _____, which contains information describing programs offered and equipment/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 the 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 certificate may be awarded. _____ Student initials

4. I understand that the school does not guarantee job placement to graduates upon program completion or upon graduation. _____ Student initials

5. 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 State Council of Higher Education for Virginia, 101 N. 14th Street, 9th Floor James Monroe Building, Richmond, VA 23219 804-225-2600 www.schev.edu. SCHEV is the place of last resort in having the complaint reviewed. The student will not be retaliated against by the school staff for submitting a complaint to SCHEV. _____ Student initials

CONTRACT ACCEPTANCE

I, the undersigned, have read and understand this agreement and acknowledge receipt of a copy. It is further understood an agreed 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 official. I also understand that if I default upon this agreement I will be responsible for payment of any collection fees or attorney fees incurred by The Medical Education Center.

My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract.

Signed this _____ day of _____, 20_____

Signature of student

Date

Signature of School official

Date

REPRESENTATIVE'S CERTIFICATION:

I hereby certify that _____ has been interviewed by me and in my judgment, meets all requirements for acceptance as a student in the _____ (program name) at The Medical Education Center, as described in the school catalog. I further certify that there have been no verbal or written agreements or promises other than those appearing on this agreement.

Signature of School Official

Date

ENROLLMENT CHECKLIST

- _____ Picture ID (bring to orientation)
- _____ Enrollment agreement (bring to orientation)
- _____ Catalog given to student (done at orientation)
- _____ Truth in lending statement (done at orientation)
- _____ TB screening proof (bring to orientation)
- _____ Hepatitis B proof (bring to orientation)
- _____ High School GED/diploma (bring to orientation)
- _____ Medical clearance letter (bring to orientation)
- _____ Entrance exam (done at orientation)
- _____ Supply list (done at orientation)
- _____ Student acknowledgment form (bring to orientation)
- _____ HPSO insurance certificate (done at orientation)
- _____ Release form (bring to orientation)
- _____ Background check authorization form (bring to orientation)
- _____ CPR-health care provider level (bring to orientation if available)

THE MEDICAL EDUCATION CENTER RELEASE

I _____ hereby release Not Furlong Temps, Inc and The Medical Education Center of all liabilities associated with any Medical Education Center/Not Furlong Temps Inc class. This release includes injury of physical, psychological or otherwise nature. Pauline Furlong and /or instructors are in no way responsible for the incidents that may occur during this class and I accept full responsibility for my participation in this class to include blood drawing or handling any live needles of any kind.

Signature _____

Witness _____

Date _____

CONFIDENTIAL

Organization Name
Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ **Date of Birth:** _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **(Organization Name)** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **(Organization Name)** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release **(Organization Name)**, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: _____ **Date:** _____