



Providence Training Institute - Enrollment Agreement

Student Name: _____
PRESENT ADDRESS:
Street: _____ **Apt#:** _____
City: _____ **State:** _____ **Zip:** _____
(Cell):() _____ **(Emergency contact):**() _____
Emergency Contact Relationship: _____
SS#: _____ **Email address** _____
Who referred you to PTI? _____

PROGRAM INFORMATION

Program Name: _____ Start Date: _____
 Program Length: _____
 Program Dates: From: _____ To: _____

Program Titles and Tuition Cost

Total cost for the Program: (Each course has a nonrefundable \$200.00 registration fee).

Tuition Cost:

Tuition Cost:

	Patient Care Technician	Nursing Assistant	Clinical Medical Assistant	Phlebotomy Technician	CNA-Caregiver Bridge (Currently not offered)	Caregiver (Currently not offered)
Tuition	\$1950	\$1200	\$2850	\$1850		
Laboratory fees	N/A	Inc.	Lab fee only Inc.	Lab fee only Inc.		
Books/Supplies	Not Inc	Not Inc.	Not Inc.	Not Inc.		
-Blood Pressue Cuff with Stethoscope CPR Gaitbelt Scrub top	N/A	\$ 20- Blood Pressure Cuff \$ 65-CPR \$ 10-Gaitbelt \$ 10 – Scrub top	\$ 65-CPR	\$65-CPR		

30% Tuition is due upon completion of the Enrollment Agreement.

PAYMENT METHOD AND TUITION PAYMENT SCHEDULE:

**** Payment can be made via Credit Card, Debit Card, Cashier Check, Money Order or Personal Check****

30% of the tuition cost needs to be paid at the time of enrollment.

50% of the tuition needs to be paid by the mid term exam.

100% of the tuition needs to be paid before taking the final exam.

Student Initials.....

CANCELLATION AND REFUND POLICY:

Denial: An application denied by the school is entitled to a refund of all monies paid.

Three-Day Cancellation: Every student has the right to withdraw from the course within three (3) business days (excluding Saturday, Sunday, State/Federal Holidays), of registration deposit, signing an enrollment agreement or online acknowledging the enrollment agreement (whichever comes earlier) and receive a 100% refund of tuition/fees paid.

Other Cancellations: An applicant requesting cancellation more than three days after the cancellation clause above, but prior to entering the school, is entitled to a refund of all monies paid minus registration fee of \$200.00.

Program Hours:

	<u>Didactic/Lab Hours</u>	<u>Extern/Clinical Hours</u>	<u>TOTAL:</u>
Nursing Assistant	80	40	120
Clinical Medical Assistant	220	220	440
Phlebotomy Technician	80	160	240
Patient Care Technician	80	160	240
CAN-Caregiver Bridge (Currently not offered)			
Caregiver (Currently not offered)			

Refund after the commencement of classes:

1. Procedure for withdrawal/withdrawal date:

- a. A student choosing to withdraw from the school after the commencement of classes is to provide written notice to the Program Director or Allied Health Coordinator of the school. The notice is to indicate the expected last date of attendance and be signed and dated by the student.
- b. For a student who is on authorized Leave of Absence, the withdraw date is the date the student was scheduled to return from the Leave, and failed to do so.
- c. A student will be determined to be withdrawn from the institution if the student has not attended any class for 3 consecutive class days, or failure to report to their extern site for 3 consecutive days
- d. All refunds will be issued within 30 days of the determination of the withdrawal date.

2. Tuition charged:

Tuition charged is the total tuition for the program. Tuition eligible for refund will be determined based upon the percentage of clock hours attempted. The percentage of the clock hours attempted is determined by dividing the total number of clock hours elapsed from the student's start date to the student's last day of attendance, by the total number of clock hours in the program (less the \$200 registration fee.)Tuition refunds will be issued within 30 days of the date of student notification, or date of school determination (withdrawn due to absences or other criteria as specified in the school catalog), or in the case of a student not returning from an authorized Leave of Absence (LOA), within 30 days of the date the student was scheduled to return from the LOA, and did not return.

Student Initials.....

Tuition refunds are determined as follows:

1. Before the beginning of classes, the student is entitled to a refund of 100% of the tuition paid, **less registration charge.**
2. after the commencement of classes, the tuition refund, **subject to tuition paid,** shall be determined as follows:

% of the clock hours attempted:	Tuition Refund amount:
10% or less	At least a 90% refund
More than 10% and less than or equal to 20%	At least a 75% refund
More than 20% and less than or equal to 30%	At least a 70% refund
More than 30% and less than or equal to 40%	At least a 60% refund
More than 40% and less than or equal to 50%	At least a 50% refund
More than 50%	No Refund is required

3. **Special Cases:** In case of prolonged illness or accident, death in the family, or other circumstances that make it impractical for the student to complete the program, the school may make a settlement which is reasonable and fair.

BALANCE DUE AFTER WITHDRAWAL:

Balances owed by a student after withdrawal calculation, are due and payable within 7 days to Providence Training Institute. After 7 days, unpaid balances will be subject to interest charges at the rate of 1.5% per month on the unpaid balance and late payment fee of \$25.00 per month until paid in full. Unpaid balances after 60 days will be handled by a third-party collection agency until satisfied. *The student is responsible for all fees and charges associated with the collection of their account.*

Holder in Due Course Statement:

Any holder of this consumer credit contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds, hereof Recovery hereunder by the debtor shall not exceed amounts paid by the debtor (FTC Rule effective 5-14-76).

THE STUDENT UNDERSTANDS:

1. The School does not accept credit for previous, training, or work/life experience. Previous education is used only in the event to satisfy the prerequisite requirements. It must be verifiable.
2. The School does not guarantee job placement to graduates upon program/course completion or upon graduation.
3. The School reserves the right to reschedule the program start date when the number of students scheduled is too small.
4. The School will not be responsible for any statement of policy or procedure that does not appear in the School catalog.
5. The School reserves the right to discontinue any students' training for unsatisfactory progress, nonpayment of tuition, or failure to abide by School rules.
6. This document and all its subsections constitute a binding agreement upon acceptance in writing by all parties, or payment of registration deposit if registering online.

Student Initials.....

STUDENT ACKNOWLEDGEMENTS:

1. I hereby acknowledge receipt of the School's catalog. Individual School policies and procedures will be included in student orientation packet.
_____ Student Initials
2. Also, 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 disrupt the normal activities of the School, while enrolled in the School. I understand that I must maintain Satisfactory Academic Progress as described in the School Catalog.
4. and Satisfactory Academic Progress policy, and that my financial obligation to the School must be paid in full before a certificate may be awarded.
_____ Student Initials
5. I also understand that this institution does not guarantee job placement to graduates upon program/course completion or upon graduation.

CONTRACT ACCEPTANCE:

I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THIS AGREEMENT AND ACKNOWLEDGE RECEIPT OF A COPY. It is further understood and 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 Providence Training Institute.

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.

Signature of Student

Date Signed

Signature of School Official

Date Signed

PROVIDENCE TRAINING INSTITUTE ENROLLMENT AGREEMENT ACKNOWLEDGEMENT

SIGNATURE FORM

This Enrollment Agreement prescribes standards of conduct for students enrolled in Providence Training Institute's Programs. These standards are in addition to those standards described in separate program policies and procedures. Violation of any standard is grounds for program dismissal. Every student is expected to know and comply with all current policies, rules, and regulations, as printed in the Student Catalog.

The following must be agreed to and signed:

I have received a copy of the Student Catalog to review. I understand that the Student Catalog contains information about the guidelines, policies, and requirements for my successful completion of Programs offered by Providence Training Institute and in which I have been admitted. I also understand my responsibilities in regard to these requirements.

SIGNATURE: _____ DATE: _____