Revived Medical Training Academy

Exhibit 4

Enrollment Agreement

Revived Medical Training Academy

2724 W. Palmetto Street Suite 5

Florence, SC 29501

843-799-2649 info@revivedmta.com

**Phlebotomy Program Enrollment Agreement**

**STUDENT INFORMATION**

Student Name:

Address:

City/State/Zip:

Home Number: Mobile Number: Other:

E-mail:

Emergency Contact: Number:

**PROGRAM INFORMATION**

* *Total Clock hours of Instruction and Clinical: 80 Hours.*
* *Program Length: 8 weeks on Monday and Wednesday.*

Please Select Day or Evening Options Below:

* Day Classes from 8am-1pm for 8 weeks on Mondays and Wednesdays
* Night Classes from 5pm-10pm for 8 weeks on Mondays and Wednesdays

**Scheduled Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completion Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Cost of Program**

Registration Fee: $20

Tuition (Background Check, and PPD testing Included) $630

Textbook and Supplies: $70.00 Includes all books, supplies, material, implements, handouts, insurance, computers, electronic devices, or any other goods related to the instruction offered in this agreement.

CPR $65.00 Includes Healthcare Provider CPR certification, good for 2 years

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total Cost $900.00

State Certification (Additional $115.00 included in cost of program)

* Payment method can be cash, credit card, or money orders.
* Students may pay the full tuition upon enrollment; opt for a two-payment option, or a weekly payment option. Those opting for the two-payment option must pay 50% of the fee at the time of enrollment. The other payment which is the balance due or 50% of total payment is due two weeks prior to course completion. Those opting for the weekly payments will pay $150 which is due at the time of enrollment and weekly payments of $150 for 4 additional weeks due on Friday of that week. No interest is charged by the school.
* Option 1: Total due upon enrollment Initials:\_\_\_\_\_\_\_\_
* Option 2: $450 deposit upon enrollment and final payment of $450 due two weeks prior to course completion. Initials:\_\_\_\_\_\_\_\_
* Option 3: Deposit of $100 with Bi-Weekly Payments of $200 for 4 additional weeks Initials:\_\_\_\_\_\_
* Prices for textbooks, supplies, and materials are subject to change without notice.

School Refund Policy

* All monies paid by the learner will be fully refunded if the student chooses not to enroll in or withdraw from the school within seventy-two hours (until midnight of the third day excluding Saturdays, Sundays, and legal holidays) after the enrollment contract is signed by the prospective student;
* The institutional refund policy shall provide for a pro rata refund calculation, except for any student whose date of withdrawal is after the sixty percent point (in time) in the period of enrollment for which the student has been charged.

(1) Pro rata refund is a refund for a student attending the institution for the first time of not less than that portion of the tuition, fees, and other charges assessed the student equal to the portion of the period of enrollment for which the student has been charged that remains on the last day of attendance by the student, rounded downward to the nearest ten percent of that period, less any unpaid charges owed for the period of enrollment for which the student has been charged, and less an administrative fee not to exceed one hundred dollars.

* If after the seventy-two hour cancellation period expires, a student withdraws after instruction begins, refunds shall be based on the total contract price of the course program and shall include all fees, except the application, registration or enrollment fee and any charges for materials, supplies, or books which have been purchased by and are the property of the student. The minimum refund that a school shall pay to a student who withdraws or is terminated after the seventy-two hour cancellation period has expired and after the instruction has begun, is a follows:

|  |  |
| --- | --- |
|  **Proportion of total course or programTaught by date of withdrawal\*** |  **TuitionRefund** |
| 1-10 Clock Hours | 90% refund |
| 10-19 Clock Hours | 80% refund |
| 20-29 Clock Hours | 70% refund |
| 30-39 Clock Hours | 60% refund |
| 40-49 Clock Hours | 50% refund |
| 50-60 Clock Hours | 40% refund |
| 61-100 Clock Hours | No Refund |

\*\*Please Note: Stop payment on a check, failure to pay bill that is due or failure to attend classes does not constitute withdrawal.\*\*

Note:

* If the school closes, cancels, or discontinues a course or program, the school will refund to each currently enrolled student all monies paid by the student for tuition and fees.
* Students are requested to notify the Program Director or Administrator, if they are withdrawing from the course, program, or school. The school requests written notification of cancellation or withdrawal.
* Refunds are based on the last date of attendance. The last date of attendance is the last date the student attended scheduled instructions.
* Any student whose date of withdrawal exceeds 60 percent or more of the clock hours will not be entitled to any refund.
* If tuition is collected before lessons have been completed, and if, after expirations of the seventy-two hour cancellation privilege, the student fails to begin the program, no more than one hundred dollars shall be retained by the institution.
* All efforts will be made to refund prepaid amounts for books, supplies and other charges unless the student has consumed or used those items and they can no longer be used or sold to new students, or returned by the institution to the supplier as "new" merchandise.
* All refunds due will be paid within 40 days after the student’s last day of attendance.
* In the case of an official leave of absence, if a student fails to return to training by the end of the leave of absence, a refund due a student shall be based on the date of withdrawal or termination and paid within 40 days of the scheduled last day of the leave of absence.

**Please read each statement carefully. Mark each to your understanding and sign at the bottom.**

* I have received a copy of the catalog and enrollment agreement.
* I understand the tuition charges, payment options, and refund policy.
* I understand tuition must be paid in full before graduation.
* I understand completion of the program does not guarantee employment.
* I acknowledge that this agreement becomes a legally binding contract once completed and signed by both parties.
* I understand Revived Medical Training Academy makes no claim or guarantee that credit earned will transfer to another institution.
* I understand a certificate of completion is awarded at graduation.
* I understand that Third-party loans must be repaid according to the terms of the note even if the borrower does not complete his or her education, cannot get a job after completion of the program, or is dissatisfied with the education.

Student Name Print: Date: \_\_\_\_\_\_\_\_\_\_\_

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

School Administrator/Official Name Signature: Date:

**Hold Harmless Agreement**

Revived Medical Training Academy and the student acknowledge that there is some risk of accident or injury associated with use of equipment and other aspects of the course of study, including but not limited to direct care and contact of other students, clients, patients, or residents at the clinical or training facility site. Student does hereby waive, release, and discharge RMTA of any and all liability and all claims for damages for death, personal injury, or property damage which I may have or which hereafter accrue to me as a result of participation in the program whether or not caused by negligence or fault of RMTA.

This release is intended to discharge the school, and its officers, employees, representatives, students, volunteers, and agents from and against any and all liability arising out of or connected in any way with my participation in the training, internship/externship, hands-on activities, practice, or other activities.

Knowing risks exist, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all persons or agencies mentioned above that might otherwise be liable to me or my heirs or assigns for damages. I further understand and agree that this waiver, release, and assumption of risk is to be binding on my heirs and assigns.

In addition, I give permission to receive, if necessary, emergency medical services by authorized personnel, and that any cost incurred as a result of such medical treatment will be my responsibility.

**Student signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I have read and agreed with the provided course outline. I am able to ask any questions or voice any concerns to the Program Director or Course Instructor on a scheduled meeting basis. I will adhere to all rules and regulations as a member of Revived Medical Training Academy and promise to maintain professionalism at all times.

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

Course Instructor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_