

Revived Medical Training Academy

Enrollment Agreement

Revived Medical Training Academy

2724 W. Palmetto Street Suite 5

Florence, SC 29501

843-799-2649 info@revivedmta.com

**Nursing Assistant 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: 100 Hours.*
* *Program Length: 7 Weeks for Daytime students on Tuesday and Thursday from 8am-3pmand 8 weeks for Evening students on Tuesday and Thursday from 4pm-10pm.*

Please Select Day or Evening Options Below:

* Day Classes from 8am-3pm for 8 weeks on Tuesdays and Thursdays
* Night Classes from 4pm-10pm for 8 weeks on Tuesdays and Thursdays

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

**Total Cost of Program**

Registration Fee: $15

Tuition (Background Check, and PPD testing Included) $600

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

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State Certification (Not Included Additional $140.00)

* 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: $375 deposit upon enrollment and final payment of $375 due two weeks prior to course completion. Initials:\_\_\_\_\_\_\_\_
* Option 3: Deposit of $150 with Weekly Payments of $150 for 4 additional weeks Initials:\_\_\_\_\_\_
* Prices for textbooks, supplies, and materials are subject to change without notice.
* 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.

School Refund Policy

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

Three- Day Cancellation: An applicant may cancel this agreement without penalty by notifying the institution within three business days after signing this agreement, excluding weekends and holidays. After the third day, but before classes begin, the institution may retain up to $100registration/administrative fee.

Other Cancellations: The minimum number of students in program/class is two. If the course is rescheduled due to low enrollment, students will be notified by phone and email. Students will have the choice of a refund or attend the next scheduled class. If the class start date is changed for a second time, the student will be eligible for a full refund of all monies paid.

Withdrawal: Student(s) who wish to withdraw from this institution after classes begin will be subject to the below refund policy. The institution may retain up to $100 registration/administrative fee after the three-day cancellation or after classes begin. Refunds are computed in ten-percent increments, rounded downward to the nearest ten percent of that period. After sixty percent of attendance, the institution may charge for the entire course. Refunds are issued within 40 days after the effective date of cancellation or last date attended.

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

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| --- | --- |
|  **Hours Attended** |  **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 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 accrues 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 are 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:\_\_\_\_\_\_\_\_\_\_\_\_\_