



Port City Phlebotomy Training Center LLC

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Student Enrollment Agreement

This Enrollment Agreement is between the above-named school and:

Student Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

DOB: _____ Social: _____

Phone Number: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Number: _____

PORT CITY PHLEBOTOMY TRAINING CENTER agrees to provide the

following training:

Course Name: **Phlebotomy Technician**

This course will:

Start on Date: _____ and End on Date: _____

Circle one: Day or Evening

Program Length: 96 Clock Hours 20-days

Program Hours:

Day: M-Th 10:00am - 3:00pm & Fri-10:00am - 2:00pm TBD

Evening: M-Th 5:00pm - 10:00pm & Fri 5:00pm - 9:00pm _____

COURSE DESCRIPTION:

This program is designed to provide students with the knowledge and skills that are required to become a Phlebotomy Technician. The Phlebotomy Technician program educates students to collect, process and properly transport laboratory specimen, correctly label specimen, identify pre-analytical error, and clinical procedures under the supervision of a Physician, Nurse Practitioner & Laboratory Management.

Phlebotomy Technician typically work in conjunction with clinical laboratory personnel and other healthcare providers in clinics or other healthcare facilities. They also may work within the hospital, private physician offices, etc. Through classroom work and skills lab training, students learn to collect blood specimens by venipuncture, finger sticks, heel sticks. Students do not need to leave the school and attend any other location for this portion of the course. This course is 96 hours of instruction. Upon successful completion, all students will be given the opportunity to sit for the Certification Exam with National Healthcareer Association (NHA).

Certification is not required for employment; however, it is highly recommended.

ADMISSION REQUIREMENTS:

Admission to Port City Phlebotomy Training Center is open to all on a first come first served basis. No person shall be discriminated on the basis of race, color, creed,

religion, age, sex, national origin, sexual preference, payment source or physical disability status, except where age or physical disabilities are found to be a bona fide occupational qualification.

All prospective applicants must complete and apply online or in the office no later than five days prior to the first day of class. Enrollment day is on or before the first day of each session.

Prospective students must be 18 years or older before graduation or completion of the program and must show proof of:

- High School Transcript, High School Equivalency GED Transcript or College Transcript
- Submit a completed admission application and enrollment agreement
- Non-refundable registration fee \$100.00
- Government issued ID with picture and signature

****Port City Phlebotomy does not grant any credit for previous education training.****

****Background check disclaimer- Prior to obtaining a job in the work force, the applicant may have to pass a background screening. Please note certain backgrounds may prohibit employment.**

OBJECTIVE/ PURPOSE OF COURSE:

- Students will be prepared to care for patients in an array of clinical atmospheres included but not limited to, clinic, urgent care, laboratories, or doctors' offices.
- Student will be able to sit for the national certification exam with NHA for the following certification: Certified Phlebotomy Technicians (CPT),
- Student will be able to identify and observe legal and ethical behavior.
- Student will be engaged in proper infection control procedures.

- Student will be able to demonstrate ability to conduct successful blood draws.
- Student will be able to identify medical emergencies and how to respond effectively.

TUITION & FEE INFORMATION:

Tuition-\$1,450

Registration Fee-\$100

Textbook & Workbook-\$60(Included in Tuition)

ID-\$5(Included in Tuition)

National Exam Study Guide-\$85(Included in Tuition)

National Exam-\$129(Included in Tuition)

Total Tuition Cost- \$1550.00

Students can pay by Zelle, Cash App, Credit card, Cash or 3rd party Certified funds from an Employer or from the NC Division of Vocational Rehabilitation Services. No Personal checks accepted.

*****Payments are due in full 5 days prior to the start of class.*****

AGREEMENT IS BINDING:

This agreement will be binding only when it has been fully completed, signed, and dated by the student and an authorized representative of the school prior to the time instruction begins.

CHANGES IN THE AGREEMENT:

Any changes in the agreement will not be binding on either the student or the school unless such changes are acknowledged in writing by an authorized representative of the school and by the student.

WITHDRAW:

Course Withdrawal

It is the student's responsibility to obtain a withdrawal form, present it to the program director for completion, and submit the completed form to the Program Director's Office. The official date of withdrawal is the date the completed withdrawal form is received by the Program Director's office. The

official date of the withdrawal will be used in determining tuition refund eligibility according to the tuition refund policy. Students who do not complete the withdrawal form, notify the school of departure, or fail to inform the school of absences after the allowed missed time, will be considered dropped from the selected program and all other rules regarding the tuition policy will apply.

REFUND POLICY:

- A 100% refund will be issued if a student withdraws in writing before the first day of class or the school cancels the class
- A 75% refund shall be made if the student withdraws in writing within the first 25% of the period of enrollment for which the student was charged, Registration fee is non-refundable
- No refund will be issued to students withdrawing from the program after 25% of the program has been completed.
- To comply with the applicable federal regulations regarding funds; federal regulations regarding refunds will supersede state refund regulations in this rule.

No refunds in any circumstance will be issued to a student who was made to drop due to misconduct or poor progress at any point during the program.

NOTICE TO BUYER:

Do not sign this agreement before you read it or if it contains any blank spaces. This is a legal document. All pages of this agreement are binding. Read both sides of all pages before signing. You are entitled to an exact copy of the agreement, school catalog, and any other papers you may sign and are required to sign a statement acknowledging receipt of those.

CANCELLATION OF CONTRACT:

If you have not started training, you may cancel this contract by submitting written notice of such cancellation to the school at its address shown on the contract, which notice shall be submitted not later than midnight of the fifth business day (excluding Sundays and holidays) following your signing this contract or the written notice may be personally or otherwise delivered to the school within that time. In event of dispute over timely notice, the burden to prove service rests on the sender.

GRIEVANCES:

Student complaints are defined as any student concern regarding the school programs, services or staff. A student who has a concern about a school-related issue is encouraged to submit a grievance form to the Program Director for resolution as soon as possible. The Program Director will schedule a meeting with all involved parties within 48 business hours of student filing. If needed an investigation will be conducted by the administrator and Program Director with final finding to be delivered to the student within 5 business days of the student initial complaint filing.

UNFAIR BUSINESS PRACTICES:

It is an unfair business practice for the school to sell, discount, or otherwise transfer this contract or promissory note without the signed written consent of the student or his/her parent or guardian if he/she is a minor and a written statement notifying all parties that the cancellation and refund policy continues to apply.

----For Office Use Only----			
Determination	<input type="checkbox"/> Accepted	<input type="checkbox"/> Deferred	<input type="checkbox"/> Denied
Program Coordinator /Administrator Name			
Program Coordinator /Administrator Signature			

EFFECTIVE DATE OF ACCEPTANCE:

I certify that I have read and understand the cancellation and refund policy and the complaint procedure; I have received a copy of the school catalog or brochure; and I am entitled to an exact copy of this Enrollment Agreement, school catalog, and any other papers I sign.

I have received and read a copy of this enrollment agreement and a copy of the course catalog. I understand that all 6 pages of this document are considered a part of this enrollment agreement. I understand this agreement, the course catalog and I agree to accept the terms.

Student's Name: _____

Student Signature: _____ Date: _____

As the authorized representative of the school, I hereby agree to the conditions set forth herein:

Authorized School Representative: _____

Representative Signature: _____ Date: _____