



# HEALTH CAREER COLLEGE

115 Crescent Dr. Pleasant Hill, CA 94523 Office: 925-687-9668 Fax: 925-687-9664  
 Email: [info@healthcareercollege.com](mailto:info@healthcareercollege.com) Website: [www.healthcareercollege.com](http://www.healthcareercollege.com)

## ENROLLMENT AGREEMENT

Last Name	First Name	MI	DOB	Student ID No.
Address	City	State	Zip Code	Soc.Sec.# XXX-XX-Last 4 Digit
				- -
Home Phone #	Cell Phone #	Email		

Program Title of Education Service:	Medical Assisting Program
Total Number of Clock Hours to be Completed:	1084 clock hours (10 months Didactic)
Type of Certification Received at the End of Program:	Medical Assisting Certificate of Completion
Program Start Date and Completion Date:	Start Date:                      Completion Date:
Period covered by the Enrollment Agreement:	Start Date:                      Expiration Date:

### NAME AND ADDRESS OF INSTRUCTION:

Health Career College, 115 Crescent Drive, Pleasant Hill, CA 94523

### STUDENT'S RIGHT TO CANCEL:

Student have the right to cancel his/her Enrollment Agreement for a program of instruction, without any penalty or obligations (*Registration Fee and STRF which is **Non-refundable***) including any equipment such as books, material and supplies or any other goods related to the instruction offer in the Agreement, through attendance at the first class session, or the seventh day after enrollment, whichever is later. After the end of the cancellation period, you also have the right to stop school any time; and you have the right to receive a pro rate refund if you have completed sixty (60) percent or less of the program. If the student has received federal student financial aid funds, the student is entitled to a refund of monies not paid from federal financial aid program funds.

**You must exercise your right to cancel or withdraw by: 00/00/0000**

Cancellation may occur when you give written notice of cancellation at the address of Health Career College shown on the top of the first page of the Enrollment Agreement. You can submit/deliver cancellation by:

- By mail:** 115 Crescent Dr. Pleasant Hill, CA 94523
- By fax:** 925-687-9664
- By e-mail:** [info@healthcareercollege.com](mailto:info@healthcareercollege.com)

*The written notice of cancellation, if sent by mail, is effective when deposited in the mail properly addressed with postage prepaid.*

If the Enrollment Agreement is cancelled, the School will refund any money he/she paid, less registration fee (\$100.00), less any deduction for equipment not returned in good condition, **within thirty (30) days** after notice of cancellation is received.

### WITHDRAWAL AND DISMISSAL FROM PROGRAM:

1. You have the right to withdraw from a program of instruction at any time, if you withdraw from the program; you must submit to the school a signed withdrawal statement form (found on our website).
2. Students may be withdrawn or dismissed from the program as follows:
  - A. Student has demonstrated poor academic progress. Students failing course work will be

evaluated on an individual basis. The Medical Director in conjunction with the Clinical and Program Directors can expel a student. Student can receive a prorated refund. See refund policy below.

- B. Student has received disciplinary incident report from faculty, staff, or externship instructor of unaccepted student conduct. See page course catalog for more details.
- C. Student fails to attend class for more than three (3) consecutive “unauthorized” class days without filing a leave of absence. Withdrawal date will be the last day of recorded attendance.

Withdrawal may be effectuated by the student’s written notice or by the student’s conduct, including, but not necessarily limited to, a student lack of attendance.

### **COURSE CANCELLATION POLICY:**

**HEALTH CAREER COLLEGE** may cancel any course, class, or program entirely for any reason; you are entitled to a full refund of all fees, including registration fees and textbook fees (if books are returned in excellent condition). If desired or requested, Health Career College will provide shipping label for you to return the textbooks. Health Career College will issue the refund within ten (10) business days. There may or may not be the adequate opportunity to notify students in advance. We will make every reasonable effort to prevent this from happening. Inconvenienced students will be provided automatic admission to the next equivalent course. Refund of all course costs will be granted unconditionally.

### **REFUND POLICY AND MISCELLANEOUS. FEES:**

Note fee and refund schedule is as follows:

1. You are obligated to pay only for educational services rendered and for unreturned equipment
2. Registration Fee (\$100.00) and Student Tuition Recovery Fund (STRF, varies per program) is not refundable.
3. Program tuition fee **balance is due** at the beginning of the last term of didactic instruction. Financial obligations must be accomplished to avoid delay on clinical externship rotation.
4. A student has the right to withdraw from this program of instruction up to the 60 percent point of the course and receive a prorated refund of tuition and amounts paid for equipment. If the student withdraws from the program of instruction after the expiration date of the time for canceling this agreement, the student is obligated to pay only for educational services rendered and any equipment not returned. For example, if a student enrolls in a 140 hour program and withdraws after receiving 50 hours of instruction, and if the student paid a \$100.00 registration fee \$0.00 STRF and \$3,000 tuition, the school would deduct the \$100.00 registration fee and \$0.00 STRF from the amount received, divide the remaining \$2,395 by the number of hours in the program ( $2395 / 140 = 21.43$ ) and multiply that hourly amount times the number of hours received by the student ( $50 \times 21.43 = \$1071.50$ ) The amount paid, in excess of that amount would be the amount of the refund. ( $\$3000.00 - \$1071.50 = \$1,928.50$  Refund Amount)
5. In addition, the refund would include any amount paid for equipment, which is subsequently returned in good condition. For determining the amount, you owe for the time you attended, you shall be deemed to have withdrawn from the course when any of the following occurs:
  - A. You notify the school of your withdrawal or the date of withdrawal
  - B. The school terminates your enrollment
  - C. You fail to attend class for more than three (3) consecutive “unauthorized” class days without applying for leave of absence. Withdrawal will be deemed the last date of recorded attendance.
6. If any of your tuition was paid from the proceeds of a loan, then the refund will be sent to the lender or the agency that guaranteed the loan if any. Any remaining amount of refund will first be used to repay any student financial aid programs from which you received benefits in proportion to the amount of the benefits received. Any remaining amount will be paid to you. If there is a balance due,

- you will be responsible to pay that amount.
7. If you cannot complete externship within four weeks prior to the end of didactic you will have to sign a leave of absence form.
  8. During clinical rotation there is absolutely no refund.
  9. Students failing course work or not able to perform venipunctures will be evaluated on an individual basis. The Medical Director in conjunction with the Clinical and Program Directors can expel a student. Once expelled the institute will prorate days attend (only if attendance is less than 60 percent, for refund).
  10. Health Career College/Lifesavers Education Inc. will not cover the cost of the NHA exam. Students failing exam has the option to repeat the entire didactic portion of the program at no extra cost.
  11. *There is a \$25.00 charge for returned checks.*

### **NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION:**

The transferability of credits you earn at Health Career College is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the certificate you earn from Health Career College are at the complete discretion of the institution to which you may seek to transfer. If the certificate that you earn at this institution are not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your courses work at the institution. For this reason, you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending Health Career College, to determine if your certificate will transfer.

### **TUTORING:**

Students can avail our appointment only tutoring service for all of our programs at no cost.

### **JOB PLACEMENT DISCLOSURE:**

**THIS INSTITUTION DOES NOT GUARANTEE EMPLOYMENT.**

### **FINANCIAL AID and LOANS:**

Although Health Career College does not offer financial aid, student may be eligible for financial aid through other sources. If student is eligible for CalWorks/WIA, Private Vocational Rehabilitation or Veteran or Military benefits should have their counselors call the school directly. If the student obtains a loan to pay for an educational program, the student will have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund.

*\*If you are eligible for a loan guaranteed by the federal or state government and you default on the loan, both of the following may occur: The federal or state government or a loan guarantee agency may take action against you, including applying any income tax refund to which the person is entitled to reduce the balance owed on the loan. Or you may not be eligible for any other federal student financial aid at another institution or other government assistance until the loan is repaid.*

### **COMPLAINTS:**

A student or any member of the public may file a complaint about this institution with the Bureau of Private Postsecondary Education by calling Toll Free Number (888) 370-7589 or by completing a complaint form, which can be obtained on the bureau's Internet Web Site: [www.bppe.ca.gov](http://www.bppe.ca.gov)

Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution by be directed to the Bureau for Private Postsecondary Education at: 1747 N. Market Blvd. Ste. 225, Sacramento, CA 95834, P.O Box 980818, West Sacramento, CA 95798-0818. Web site address: [www.bppe.ca.gov](http://www.bppe.ca.gov). Telephone and Fax #s (888)370-7589, (916)574-8900 or by fax (916)263-1897

**ITEMIZATION & TOTAL PROGRAM COST: (All tuition fee balance is due by the beginning of the last term of didactic instruction.)**

Registration	\$ 100.00	<b><u>Non-refundable</u></b> Registration Fee and Seat Reservation.
Tuition:	\$ 9,700.00	Includes cost of didactic instruction, externship and powerpoint handout. Prorated upon course withdrawal. Refer to Refund Policy on this Agreement.
Equipment & Lab Supplies	\$ 500.00	Laboratory needles, alcohol cotton swabs, lancets, tourniquets, test tubes, orthopedic supplies, first aid supplies etc., used in the didactic school laboratory practical. May only be refunded and prorated to the portion of the didactic instruction not attended.
STRF*	\$ 4.50	<b><u>Non-Refundable.</u></b> Computation as follows: for every \$1000 tuition fee, a \$0.50 assessment fee is charged.

**TUITION is not transferable to other programs.**

**TUITION FEE PAYMENT OPTIONS:**

<input type="checkbox"/> Full Payment	Full Payment Due by: <b>00/0/2021</b> After this date, a Payment Plan Fee will be assessed.		
<input type="checkbox"/> Payment Plan A 50% Down	Initial Deposit Payment <b><u>Amount: \$5152.25 down payment</u></b> <b><u>\$ 100.00 processing fee</u></b>	Term: 20 bi-weekly installmnts of <b><u>\$263.61</u></b>	Terms: 10 monthly installments of <b><u>\$527.22</u></b>
<input type="checkbox"/> Payment Plan B 25% Down	Initial Deposit Payment Amount: <b><u>\$2,576.12 down payment</u></b> <b><u>\$ 100.00 processing fee</u></b>	Term: 20 bi-weekly installments of <b><u>\$386.42</u></b>	Terms: 10 monthly installments of <b><u>\$772.84.</u></b>

<b><u>TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE:</u></b>	<b><u>\$10304.50</u></b>
<b><u>ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM:</u></b>	<b><u>\$10,946.50</u></b>
<b><u>THE TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT:</u></b>	<b><u>\$ 100.00</u></b>

**MISCELLANEOUS EXPENSE (Below are fees not included in tuition)**

Payment Plan	\$100.00	One-time occurrence for any Installment Payment Plan that approved by Health Career College, student must sign payment plan agreement to avail this service.
Textbook	\$ 2 0 0 .00	Medical Assisting by Kinn's Medical Assisitong 11 <sup>th</sup> Edition, Phlebotomy by Warkois, EKG Fast & Easy by Shade, 2 <sup>nd</sup> Edition
Uniform	\$ 50.00	Medical Scrubs Suit
Background Check	\$ 42.00	A background check is required and is available through <a href="http://www.certifiedbackground.com">www.certifiedbackground.com</a> (Order Code <b>HB98</b> ). You may use previous background from recent employer. <b><i>(Please note: If you have any legal conviction in your record, this will be subject for review by the State of California Department of Health.)</i></b>
CPR Card	\$ 90.00	<b><u>American Heart Association Healthcare Provider Card.</u></b> CPR certification is required prior to Clinical Externship.
NHA Exam	\$ 224.00	Health Career College is an approved testing site for National Healthcareer Association (NHA). The exam fee is \$105.00 and a Proctor Fee of \$55.

**TOTAL            \$642.00**

**I understand this Enrollment Agreement is legally binding contract when signed by myself and accepted by Health Career College. By my signature, I acknowledge that I have read, understand, and agree to the terms and conditions contained herein, my rights and responsibilities, and the institution's cancellation and refund policies have been clearly explained to me. I understand I am obligated to the Student Tuition Recovery Fund (STRF) which is included in the tuition fee.**

Prior to signing this enrollment agreement, you must be given a **Catalog or Brochure** and a **School Performance Fact Sheet**, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rates, placement rates, license examination passage rates, and salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement.

**Initial here**

I certify that I have received the **Catalog**, the **School Performance Fact Sheet**, and information regarding completion rates, placement rates, license examination passage rates, salary or wages, and the most recent three-year cohort default rate, if applicable, included in the School Performance Fact Sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet

**\*STUDENT TUITION RECOVERY FUND ( §76215(a) of BPPE Referenced Law )**

- A. You must pay the state-imposed assessment for the Student Tuition Recovery Fund (STRF) if all of the following applies to you:
  - 1. You are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all of part of your tuition either by cash, guaranteed student loans, or personal loans, and
  - 2. Your total charges are not paid by any third-party payer such as an employer, government program or other payer unless you have a separate agreement to repay the third party.
  - 3. You are not eligible for protection from the STRF and you are not required to pay the STRF assessment if either of the following applies:
    - a. You are not a California resident, or are not enrolled in a residency program, or
    - b. Your total charges are paid by a third party, such as an employer, government program or other payer, and you have no separate agreement to repay the third party.
  
- B. You may be eligible for STRF, if you are a California resident or are enrolled in a residency program, prepaid the STRF assessment, and suffered an economic loss as a result of any of the following:
  - 1. The school closed before the course of instruction was completed
  - 2. The school's failure to pay refunds or charges on behalf of a student to a third party for license fees or any other purpose, or to provide equipment or materials for which a charge was collected within 180 days before the closure of the school.
  - 3. The school's failure to pay or reimburse loan proceeds under a federally guaranteed student loan program as required by law or to pay or reimburse proceeds received by the school prior to closure in excess of tuition and other costs.
  - 4. There was a material failure to comply with the Act or this Division within 30 days prior to closure, the period determined by the Bureau.
  - 5. An inability after diligent efforts to prosecute, prove, and collect on a judgment against the institution for a violation of the Act." However, no claim can be paid to any student without a social security number or a taxpayer identification number. Note: Authority cited: Sections 94803,94877

and 94923, Education Code. Reference: Section94923, Education Code.



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**NOTICE:**

YOU MAY ASSERT AGAINST THE HOLDER OF THE PROMISSORY NOTE YOU SIGNED IN ORDER TO FINANCE THE COST OF THE EDUCATIONAL PROGRAM, ALL OF THE CLAIMS AND DEFENSES THAT YOU COULD ASSERT AGAINST THIS INSTITUTION, UP TO THE AMOUNT YOU HAVE ALREADY PAID UNDER THE PROMISSORY NOTE.

**I UNDERSTAND THAT THIS IS A LEGALLY BINDING CONTRACT. MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ, UNDERSTAND, AND AGREED TO MY RIGHTS AND RESPONSIBILITIES, AND THAT THE INSTITUTION'S CANCELLATION AND REFUND POLICIES HAVE BEEN CLEARLY EXPLAINED TO ME.**

*To the best of my knowledge, I declare that the information submitted is true and correct.*

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
\_\_\_\_\_

School Director's Signature: \_\_\_\_\_

Date: \_\_\_\_\_