MEDICAL CAREER ACADEMY

8845 KENNEDY AVE., STE. B
HIGHLAND, IN 46322
219-764-1855

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

SSN: _____ - _____ - _____

DATE OF BIRTH: _____

EMAIL ADDRESS: _____

HIGHEST LEVEL OF EDUCATION: _____

HOW DID YOU HEAR ABOUT US? _____

ARE YOU CPR CERTIFIED? IF YES, WHEN DO YOU NEED A RENEWAL?

_____

WHAT OTHER MCA PROGRAMS MIGHT YOU BE INTERESTED IN?

_____

WHAT PROGRAM ARE YOU REGISTERING FOR TODAY? (PLEASE CIRCLE ONE)

EKG MEDICAL ASSISTING PHLEBOTOMY CARDIAC SONOGRAPHY

START DATE: _____

END DATE: _____

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Phlebotomy Technician Training

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

STUDENT'S NAME:_____

ADDRESS:_____

TELEPHONE:_____

This course agrees to provide the following training: PHLEBOTOMY TECHNICIAN

COURSE/PROGRAM TITLE: PHLEBOTOMY TECHNICIAN

START DATE:

COMPLETION DATE:

The above class will meet in person from the hours of: **_____ for *a duration of*: 9 weeks.**

Program consists of _____**9** weeks x_ **4** hours per week = **36** total hours.

This training will cost: $1600.00

REGISTRATION FEE: $100.00 (non-refundable deposit)

TUITION FEE: $1500.00

BOOKS: $35.00

OTHER FEES AND CHARGES $125.00 NHA Exam Fee

TERMS OF PAYMENT:
Payments in the amount of $400 must be made on the first, third, and fifth week of class and $300 on the seventh week of class according to the payment schedule when students are participating in the payment plan. Refunds are not given to students participating in the payment plan. Failure to make the required payments on the due dates will result in termination of the enrollment agreement (dismissal from the program).

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 is 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 or the student's parent or guardian if he/she is a minor.

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 other papers I sign.

CANCELLATION OF CLASSES:

The school reserves the right to cancel a starting class if the number of students enrolling is insufficient. Such a cancellation will be considered a rejection by the school and will entitle the student to a full refund of all money paid.

The student reserves the right to drop the course during the program. The student needs to inform the Pharmacy Coordinator (Chris Keenan) of withdrawal and fill out the appropriate form.

Refund Policy:

Sec. 6.

The postsecondary proprietary educational institution shall pay a refund to the student in the amount calculated under the refund policy specified in this section or as otherwise approved by the commission. The institution must make the proper refund no later than thirty-one (31) days of the student's request for cancellation or withdrawal.

If a postsecondary proprietary education utilizes a refund policy of their recognized national accrediting agency or the United States Department of Education (USDOE) Title IV refund policy, the postsecondary proprietary educational institution must provide written verification in the form of a final refund calculation, upon the request of OCTS, that its refund policy is more favorable to the student that that of OCTS.

The following refund policy applies to each resident postsecondary proprietary educational institution as follows:

1. A student is entitled to a full refund if one (1) or more of the following criteria are met:

(a) The student cancels the enrollment agreement or enrollment application within six (6) business days after signing.

(b) The student does not meet the postsecondary proprietary educational institution's minimum admission requirements.

(c) The student's enrollment was procured as a result of a misrepresentation in the written materials utilized by the postsecondary proprietary educational institution.

(d) If the student has not visited the postsecondary educational institution prior to enrollment, and, upon touring the institution or attending the regularly scheduled orientation/classes, the student withdrew from the program within three (3) days.

2. A student withdrawing from an instructional program, after starting the instructional program at a postsecondary proprietary institution and attending one (1) week or less, is entitled to a refund of ninety percent (90%) of the cost of the financial obligation, less an application/enrollment fee of ten percent (10%) of the total tuition, not to exceed one hundred dollars ($100).

3. A student withdrawing from an instructional program, after attending more than one (1) week but equal to or less than twenty-five percent (25%) of the duration of the instructional program, is entitled to a refund of seventy-five percent (75%) of the cost of the financial obligation, less an application/enrollment fee of ten percent (10%) of the total tuition, not to exceed one hundred dollars ($100).

4. A student withdrawing from an instructional program, after attending more than twenty-five percent (25%) but equal to or less than fifty percent (50%) of the duration of the instructional program, is entitled to a refund of fifty percent (50%) of the cost of the financial obligation, less an application/enrollment fee of ten percent (10%) of the total tuition, not to exceed one hundred dollars ($100).

5. A student withdrawing from an instructional program, after attending more than fifty percent (50%) but equal to or less than sixty percent (60%) of the duration of the instructional program, is entitled to a refund of forty percent (40%) of the cost of the financial obligation, less an application/enrollment fee of ten percent (10%) of the total tuition, not to exceed one hundred dollars ($100).

6. A student withdrawing from an institutional program, after attending more than sixty percent (60%) of the duration of the instructional program, is not entitled to a refund.

Student Protection Fund

IC 22-4.1-21-15 and IC 22-4.1-21-18 requires each educational institution accredited by the Office for Career and Technical Schools to submit an institutional surety bond and contribute to the Career College Student Assurance Fund which will be used to pay off debt incurred due to the closing of the school, discontinuance of a program, or loss of accreditation by an institution. To file a claim, each student must submit a completed "Student Complaint Form." This form can be found on OCTS website at http://www.in.gov/dad/2731.htm.

Code of Conduct

I have been presented a copy of the handbook and code of conduct. I agree that all rules and regulations have been explained to me. I understand what is expected of me in the program to sustain enrollment.

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 sing and are required to sign a statement acknowledging receipt of those.

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_____

Student's Name:

(Please Print)

_____

Student's Signature

_____

Date

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

.

Authorized School Representative

_____

(Please Print)

_____

Signature

This institution is regulated by:

Indiana Department of Workforce Development

Office for Career and Technical Schools

10 N Senate Ave. Suite SE 308

Indianapolis, IN 46204

317-234-8338 or 317-232-1732

MEDICAL CAREER ACADEMY

STUDENT CONSENT FOR GOOGLE CLASSROOM, E-LEARNING, AND ZOOM MEETINGS

MEDICAL CAREER ACADEMY HAS EVERY INTENTION AND WILL MAKE EVERY EFFORT TO CONDUCT LIVE CLASSES AS SCHEDULED AT THE ACADEMY. IN THE EVENT THAT CONDUCTING LIVE CLASSES IS NO LONGER SAFE FOR THE STUDENTS AND THE INSTRUCTORS, MCA WILL OFFER THE STUDENTS AN OPPORTUNITY TO COMPLETE THEIR CLASSES ONLINE.

STUDENTS THAT SIGN UP AT THIS TIME SHOULD BE AWARE THAT IT IS A DEFINITE POSSIBILITY THAT THE CLASS MIGHT HAVE TO SWITCH TO GOOGLE CLASSROOM.

IN THE EVENT THAT LIVE CLASSES CANNOT CONTINUE, I.E. THE ADMINISTRATION CLOSES THE SCHOOL FOR SAFETY REASONS, THE STUDENT MUST AGREE TO SWITCH TO ONLINE CLASSES AS NEEDED TO FINISH THEIR CLASS.

I, _____ , HAVE READ AND UNDERSTAND THE ABOVE, AND WILL COMPLY AS NEEDED TO FINISH MY CLASS.

STUDENT'S NAME (PRINT): _____

STUDENT'S SIGNATURE: _____

DATE: _____

CLASS REGISTERING FOR TODAY: _____

START DATE OF THE CLASS: _____

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Student Complaint Process:

As an MCA student, you do have a right to file a complaint at any time during the duration of the program.

All complaints should be directed to the instructor first and then filed to the Director of Adult Education (Trish Cogan).

Complaints need to be written and emailed to the following address: ventre25@yahoo.com. Once the school administrator has received your complaint, she will schedule a time for a meeting to resolve the matter.

If the student still feels the complaint has not been resolved, the student may file a formal complaint with the OCTS at:

Indiana Department of Workforce Development

Office of Career and Technical Schools

10 N. Senate Ave., Suite SE 308

Indianapolis, IN 46204

317-234-8338 or 317-232-1732

I have read and understand my student rights to file a complaint and the protocol on how to submit the paperwork.

Signature:_____ Date: _____

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ACCIDENTAL NEEDLE STICK PROTOCOL

IN THE EVENT OF AN ACCIDENTAL NEEDLE STICK DURING PRACTICE LABS FOR OUR MEDICAL ASSISTING OR PHLEBOTOMY STUDENTS AT MEDICAL CAREER ACADEMY, THE FOLLOWING PROTOCOL SHOULD ALWAYS BE OBSERVED:

1. IMMEDIATELY CLEANSE AND DRESS THE PUNCTURE.
2. REPORT THE INCIDENT TO YOUR INSTRUCTOR.
3. FILL OUT MEDICAL CAREER ACADEMY'S STUDENT INCIDENT REPORT.
4. BOTH STUDENTS INVOLVED SHOULD SEE A DOCTOR TO BE ADVISED IF FURTHER TREATMENT IS NECESSARY.
5. IF ADVISED TO DO SO BY A PHYSICIAN, BOTH STUDENTS SHOULD HAVE THEIR BLOOD DRAWN.

ALL EXPENSES INCURRED ARE THE RESPONSIBILITY OF THE STUDENTS. MEDICAL CAREER ACADEMY IS NOT LIABLE FOR MEDICAL EXPENSES RESULTING FROM INJURIES INCURRED DURING CLASSROOM OR LAB PRACTICE TIME.

I UNDERSTAND THE ABOVE POLICY REGARDING THE NEEDLE STICK PROTOCOL.

STUDENT'S NAME (PRINT): _____

STUDENT'S SIGNATURE: _____

DATE: _____

MEDICAL CAREER ACADEMY

UPON REGISTRATION STUDENT PAYS A DEPOSIT OF $100 WHICH IS NON-REFUNDABLE

THERE ARE NO REFUNDS WHEN PARTICIPATING IN THE TUITION PAYMENT PLAN

CLASS PAYMENT SCHEDULE: PHLEBOTOMY

I, _____, certify that I have read and understand the payment plan.

08/13/24	$400.00
08/27/24	$400.00
09/10/24	$400.00
09/24/24	$400.00
10/08/24	$400.00

I understand that these payments are due on the dates listed above by 9:00am and there are no exceptions. I agree that it is my responsibility to pay the cost of tuition by cash, money order, or ZELLE. If I make a payment using ZELLE, I agree to pay a $25.00 service fee for each transaction in addition to the tuition payment. I understand that if I do not pay these payments listed above, it is grounds for dismissal from the school. BY SIGNING THIS PAYMENT AGREEMENT, I UNDERSTAND ALL TERMS OF THE PAYMENT PLAN.

Student's Name: (Print) _____

Student's Signature: _____

Date: _____