



Student Enrollment Agreement

Student Information

Student Name: (First) _____ (Last) _____

Address: _____

Phone: _____ Email: _____

Gender: Male Female Birth Date: _____

How did you hear about our School?
Google _____ Craigslist _____ Referral _____ Other _____

Person to contact in case of emergency _____

Phone Number _____

Insurance Carrier Information (if any) _____

In case of emergency, I authorize Montes HealthCare College to contact emergency medical staff on my behalf in order to obtain emergency medical care.

Signature _____ Date _____

Term and Program Information

Today's Date: _____ Term Start Date: _____ Term End Date: _____

Program: Medical Assisting
Total credit hours required: 748 total hours (588 hours classroom & 160 hours externship)

Class Hours
Monday through Thursday 9:00 am – 4:00 pm

The first date listed above is the start date for that module, the last day of class is the last day listed above for the corresponding module. This is the schedule for the didactic portion of class. At this point we will work closely with you to coordinate the externship portion for your required 160 clinical medical assisting hours.

This enrollment agreement covers you as a student until you complete the mandatory 748 total hours (588 hours classroom & 160 hours externship).

Expenses Associated with the Clinical Medical Assisting Program

1. Tuition - \$2,500.00
2. Registration Fee - \$500.00 (included in tuition)(Non-Refundable)
3. Equipment – Included in Tuition
4. Lab Supplies / Kits – Included in Tuition
5. Textbooks – Student may purchase new textbook; or used textbooks may be borrowed
6. Tutoring – Included in the Tuition
7. Job placement Assistance – including resume building, job search assistance and interview skills workshops – Included in the Tuition
8. Lifetime clinical skills practice at school – Included in Tuition
9. Student Tuition Recovery Fund Fee – Included in Tuition (Non-Refundable)
10. Uniforms / Protective Clothing – Included in Tuition
11. Individual Professional Medical Liability Insurance - Not Included in tuition (approx. \$25.00/yr)

Student Tuition Recovery Fund (STRF)

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.

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:

1. You are not a California resident, or are not enrolled in a residency program, or
2. 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.

Student Right to Cancel

You are entitled to receive this refund of tuition paid through attendance at the third day of class, or the seventh calendar day after enrollment, whichever is later. You as the student have the right to cancel attendance at Montes HealthCare College and obtain a refund of your tuition, minus the \$500 deposit fee. You can obtain a full refund of charges other than those listed above by notifying the corporate office of Montes HealthCare College in writing by any of the following methods. This refund will occur within 45 days of the notification of cancellation.

Fax - 310-436-7711

Email – info@MontesHCC.com

Mail – 555 W. Redondo Beach Blvd., #108, Gardena, CA 90248

If the student has received federal student financial aid funds, the student is entitled to a refund of moneys not paid from federal student financial aid program funds.

If you obtain a loan to pay for and the educational program, you will have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund.

If you default on a federal or state loan, both the following may occur:

1. The federal or state government or a loan guarantee agency may take action against you, including garnishing an income tax refund; and
2. You may not be eligible for any other government financial assistance at another institution until the loan is repaid.

Montes HealthCare College does not offer any distance education in Medical Assisting.

Notice Concerning Transferability of Credits and Credentials Earned at our Institution

The transferability of credits you earn at Montes HealthCare College is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the certificate you earn in Medical Assisting is also at the complete discretion of the institution to which you may seek to transfer. If the certificate that you earn at this institution is not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your coursework at that 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 Montes HealthCare College to determine if your certificate will transfer.

Additional Disclosures

I understand the risks associated with drawing blood, contracting diseases and am aware that injections and blood draw practice in class will be on fellow students, volunteers and staff at Montes HealthCare College. I also understand that any injury sustained to me or the person I am performing an invasive procedure on is solely my responsibility and hold Montes HealthCare College and staff free from responsibility. This includes injections, blood draws and invasive procedures in class and while I am completing my externship. I also understand that I will be required to purchase personal Professional Liability insurance to cover me while I am a student.

Student Initial _____

I also understand and have read and agree to abide by all the provisions set forth in the foregoing enrollment agreement. The enrollment agreement is legally binding when signed by the student and accepted by the institution.

Student Initial _____

I understand that upon completion of this course, students will receive a certificate of completion. This program does not provide eligibility for National Certification.

Student Initial _____

A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling (888) 370-7589 toll-free or by completing a complaint form, which can be obtained on the bureau's internet web site www.bppe.ca.gov.

Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833, www.bppe.ca.gov, toll-free telephone number (888) 370-7589 or by fax (916) 263-1897.

I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me.

Student Signature

Date

Authorized Staff Member Signature

Date

Payment Information

Total charges for the entire educational program - \$2,495.00

Total charges due from the student at time of enrollment - \$500.00 (non-refundable)

Total charges for each module of instruction - \$285.00

If you are choosing to make payments towards your \$2,495.00 tuition, a minimum \$500.00 deposit is due at the time of registration. The balance of the tuition will need to be paid in equal payments and paid in full by the last day of class of each module before you will be enrolled in the following module. Payment for the Externship session will be required 1 week prior to the completion of the program.

Your payment schedule will be as follows:

Registration & Down Payment	\$ _____ Payment amount	_____ Due Date
Module 1	\$ _____ Payment amount	_____ Due Date
Module 2	\$ _____ Payment amount	_____ Due Date
Module 3	\$ _____ Payment amount	_____ Due Date
Module 4	\$ _____ Payment amount	_____ Due Date
Module 5	\$ _____ Payment amount	_____ Due Date
Module 6	\$ _____ Payment amount	_____ Due Date
Externship Module	\$ _____ Payment amount	_____ Due Date

By initialing here, _____ you understand that this payment plan is legally binding when signed by the student and accepted by the institution.

