



# Medical Assistant Program Student Enrollment Agreement

## Student Information

Name: First Middle Last

Address: Street 1 Street 2

City State Zip

Contact: Home # Cell # Email

Gender:  Male  Female      Date of Birth: \_\_\_\_\_

Emergency Contact: Name Relation

Medical Insurance Info: Carrier Subscriber ID  
(if any)

In case of emergency, I authorize Montes HealthCare College to contact emergency medical staff and my emergency contact listed above on my behalf to oversee my medical care.

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

## Program and Term Information

### Place of Instruction:

Montes HealthCare College  
555 W. Redondo Beach Blvd., Ste. 108  
Gardena, CA 90248

**Table A**

<b>Classroom Schedule</b> (Externship hours may vary)	Monday through Thursday 8:30 AM – 3:30 PM
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Classroom Hours	Externship Hours	Total Clock Hours	In-Class Modules	Externship Modules	Total Modules
560	160	720	4	1	5

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

Enrollment in MHCC’s MA Program is available year-round as students may begin the program at any one of the in-class modules. Once all didactic, in-class modules are completed, we will work closely with you to coordinate placement in an operating medical facility to fulfill the required 160 externship hours.

\*Completion of the 720 clock hours according to the defined schedule with no lapse in attendance will require approximately six months. However, to allow flexibility in finding and securing an externship site, the Scheduled Program Completion Date is set to approximately six weeks from the completion of the fourth and final didactic module.

## **Coverage Period of Agreement**

The Program Start Date reflects the first day of your first module; the Scheduled Program Completion Date reflects the last day of your externship, which takes place after successfully completing the in-class, didactic modules. The coverage period for this enrollment agreement begins upon execution of this agreement and ends upon completion of externship.

## **Notice Concerning Transferability of Credits and Credentials Earned at our Institution**

The transferability of credits you earn at Montes HealthCare College (MHCC) 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 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.

## **Notice Regarding IRS Form 1098-T, Tuition Statement**

Students of Montes HealthCare College are not eligible to apply tuition and fees paid towards educational coursework as a deduction for personal income tax returns. Representatives of MHCC will not complete, process, or submit this form on a student's behalf.

## **Student Tuition Discovery Fund Disclosures**

The State of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic loss suffered by a student in an educational program at a qualifying institution, who is or was a California resident while enrolled, or was enrolled in a residency program, if the student enrolled in the institution, prepaid tuition, and suffered an economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be paid on your behalf, if you are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of your tuition.

You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if you are not a California resident, or are not enrolled in a residency program.

It is important that you keep copies of your enrollment agreement, financial aid documents, receipts, or any other information that documents the amount paid to the school. Questions regarding the STRF may be directed to the Bureau for Private Postsecondary Education, 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833, (916) 431-6959 or (888) 370-7589.

To be eligible for STRF, you must be a California resident or are enrolled in a residency program, prepaid tuition, paid or deemed to have paid the STRF assessment, and suffered an economic loss as a result of any of the following:

1. The institution, a location of the institution, or an educational program offered by the institution was closed or discontinued, and you did not choose to participate in a teach-out plan approved by the Bureau or did not complete a chosen teach-out plan approved by the Bureau.
2. You were enrolled at an institution or a location of the institution within the 120-day period before the closure of the institution or location of the institution or were enrolled in an educational program within the 120-day period before the program was discontinued.
3. You were enrolled at an institution or a location of the institution more than 120 days before the closure of the institution or location of the institution, in an educational program offered by the institution as to which the Bureau determined there was a significant decline in the quality or value of the program more than 120 days before closure.
4. The institution has been ordered to pay a refund by the Bureau but has failed to do so.

5. The institution has failed to pay or reimburse loan proceeds under a federal student loan program as required by law or has failed to pay or reimburse proceeds received by the institution in excess of tuition and other costs.
6. You have been awarded restitution, a refund, or other monetary award by an arbitrator or court, based on a violation of this chapter by an institution or representative of an institution, but have been unable to collect the award from the institution.
7. You sought legal counsel that resulted in the cancellation of one or more of your student loans and have an invoice for services rendered and evidence of the cancellation of the student loan or loans.

To qualify for STRF reimbursement, the application must be received within four (4) years from the date of the action or event that made the student eligible for recovery from STRF.

A student whose loan is revived by a loan holder or debt collector after a period of non-collection may, at any time, file a written application for recovery from STRF for the debt that would have otherwise been eligible for recovery. If it has been more than four (4) years since the action or event that made the student eligible, the student must have filed a written application for recovery within the original four (4) year period, unless the period has been extended by another act of law.

However, no claim can be paid to any student without a social security number or a taxpayer identification number.

### **Filing a Complaint**

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](http://www.bppe.ca.gov).

### **Required Disclosures**

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.

\_\_\_\_\_ Student Initial  
 I certify that I have received the School Catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, and salary or wage information, 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 Initial  
 I understand that if I obtain a public or private loan to pay for this program, it is my responsibility to repay the full amount of the loan plus interest, less the amount of any refund.

\_\_\_\_\_ Student Initial  
 I understand that if I obtain, then default on a federal or a state loan, both of the following may occur:

- (1) The federal or state government or a loan guarantee agency may take action against me, including applying any income tax refund to which I am entitled to reduce the balance owed on the loan.
- (2) I may not be eligible for any other federal student financial aid at another institution or other government financial assistance until the loan is repaid.

## Financial Information

Should students be unable to Prepay the Total Cost of the Program amount indicated in the table below at the time of enrollment, the student may elect to pay the remaining tuition amount over the course of the program as outlined in the Payment Plan Agreement at 0.00% interest or may choose to enter into an Extended Payment Plan Agreement at 6.50% interest.

### Expenses Associated with the Medical Assistant Program

<b>Table B</b>	<b>Prepayment &amp; Payment Plan Agreement</b>	<b>Extended Payment Plan Agreement</b>
<b>Total Cost of Program</b>	<b>\$5,000.00</b>	<b>\$5,247.30</b>
• Registration Fee (Non-Refundable)	a. \$100.00	a. \$100.00
• Tuition	a. \$4,900.00	b. \$4,900.00
○ Textbooks	Included in tuition	Included in tuition
○ Individual professional medical liability insurance	Included in tuition	Included in tuition
○ Equipment	Included in tuition	Included in tuition
○ Lab supplies/Kits	Included in tuition	Included in tuition
○ Tutoring	Included in tuition	Included in tuition
○ Uniforms - One scrub set	Included in tuition	Included in tuition
• Other institutional charges or fees		
○ Payment Plan Interest	Not Applicable	\$247.30
<b>Other Fees</b>		
• Student Tuition Recovery Fund (Non-Refundable)	\$0.00	\$0.00

### Payment Plan Agreement

Students may elect to enter into a Payment Plan Agreement with MHCC to pay the remaining Tuition amount in its entirety prior to Scheduled Program Completion Date. The Tuition amount can be paid in equal installments over the five (5) module program. The installment for the first four modules must be paid by the last day of class of each module. The installment for the Externship Module is required one (1) week prior to the Scheduled Program Completion Date. All payments will be made directly to Montes HealthCare College.

#### **Tuition Payment Schedule**

Expected Start Date: \_\_\_\_\_

<b>Table C</b>	<b>Payment Amount</b>	<b>Due Date</b>
<b>Registration Fee</b>	\$ 100.00	
<b>Module 1</b>	\$ 980.00	
<b>Module 2</b>	\$ 980.00	

	<b>Payment Amount</b>	<b>Due Date</b>
<b>Module 3</b>	\$ 980.00	
<b>Module 4</b>	\$ 980.00	
<b>Module 5 Externship</b>	\$ 980.00	

\*Late payment of tuition and/or fees must be approved in advance and must be documented in writing. Late fees will be assessed if the obligations outlined in this Payment Plan Agreement are not followed. Students with accounts in a delinquent status will be charged a Late Payment Fee of \$20 for each instance that a scheduled payment is missed and will not be allowed to participate in class if the account is over 2 class days past due. Regular attendance expectations as outlined in the Attendance Policy of the School Catalog still apply.

## Extended Payment Plan Agreement

MHCC also offers students the option to enter into an Extended Payment Plan Agreement managed by our partner, TFC Tuition Financing. If this option is selected, the student will pay the non-refundable \$100 Registration Fee to MHCC at the time of enrollment and will pay the remaining tuition amount of \$4,900 over 16 monthly payments at 6.50% interest rate. **Students interested in selecting this option must have a participating co-signor present when completing the contract. Both student and co-signor are required to provide personal information, such as date of birth and social security, to comply with contract requirements.** All Tuition payments will be made directly to TFC Tuition Financing. Please see table below for a summary of payments.

<b>Table D</b>	Tier 1*	Tier 2**	Totals
Interest Rate (%)	6.5%	6.5%	
Number of Payments	6	10	16
Payment Amount	\$250.00	\$364.73	
Principal Paid	\$1,359.05	\$3,540.95	\$4,900.00
Interest Paid	\$140.95	\$106.35	\$247.30
Total Financed Payments	\$1,500.00	\$3,647.30	\$5,147.30
Registration Fee			\$100.00
Total Cost of Program			\$5,247.30

\* Tier 1: Payment made while enrolled at MHCC.

\*\* Tier 2: Payments made after expected completion date of educational program.

*Note: Full terms and conditions of the Extended Payment Plan Agreement are available for review and acknowledgement from the payment plan administrator, TFC Tuition Financing. It is recommended to review the contract prior to completing this Enrollment Agreement.*

### 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.

## Student Right to Cancel

Students wishing to cancel or discontinue their participation in Montes HealthCare College may be entitled to a refund of certain monies paid to their enrolled program. Students shall notify the school in writing of the cancellation of their enrollment agreement and withdrawal from their enrolled program ("Notice of Cancellation"). The letter must include the effective date of withdrawal and the reason for the withdrawal. The Notice of Cancellation may be submitted by any of the following methods:

**Fax - 310-436-7711 | Email – [Info@MontesHCC.com](mailto:Info@MontesHCC.com)  
Mail – 555 W. Redondo Beach Blvd., Ste. 108, Gardena, CA 90248**

If the Notice of Cancellation is received by mail, the postage date indicated on the envelope will serve as the effective date of Notice of Cancellation. If received by fax or email, the date indicated on the header of the fax or email will serve as the effective date of cancellation.

Students have a right to cancel and receive a full refund of tuition paid, excluding the Registration Fee, if the Notice of Cancellation is submitted through attendance at the first-class session, or the seventh (7) day after enrollment, whichever, is later. Students who have entered into an Extended Payment Plan Agreement may cancel their agreement and avoid paying any additional amounts due, aside from the Registration Fee, by submitting their Notice of Cancellation through attendance at the first-class session, or the seventh (7) day after enrollment, whichever, is later.

Considering the scheduled Program Start Date of this Enrollment Agreement, the Notice of Cancellation must be dated on or before \_\_\_\_\_ for any tuition paid, excluding the Registration Fee, to be eligible for refund.

Students paying the tuition amount upfront or paying the tuition through the Payment Plan Agreement who wish to cancel their enrollment before completing 60% of the published program term (60 class days) are entitled to a pro rata refund of tuition paid determined by the date the Notice of Cancellation is submitted. The amount of the refund will be based on the daily charge for the program (total tuition [\$4,900], divided by the number of days in the program [100 class days] = \$49.00 per day), multiplied by the number of days the student attended, or was scheduled to attend, prior to withdrawal. All amounts, excluding the Registration Fee, paid by the student in excess of what is owed based on this pro rata calculation, will be refunded.

Students who have entered into an Extended Payment Plan Agreement and wish to cancel their enrollment before completing 60% of the published program term (60 class days) will be issued an updated Payment Plan Agreement to reflect the dollar value of schooling actually attended or scheduled to attend based on the date the Notice of Cancellation is submitted. The dollar value of schooling actually attended or scheduled to attend will be based on the daily charge for the program (total tuition [\$4,900], divided by the number of days in the program [100 class days] = \$49.00 per day) multiplied by the number of days the student attended, or was scheduled to attend prior to withdrawal. The monthly payment amount and the tier schedule indicated in Table D will remain in place. The student will be billed until the updated, pro rata tuition amount is paid in full.

Should a student submit a Notice of Withdrawal after completing 60% or more of the published program term, the student will not be entitled to any paid tuition funds and will be responsible for repayment of the full amount due including interest should an Extended Payment Plan Agreement be in place.

All available refund amounts due to the student will be issued within forty-five (45) days after the school receives the student's Notice of Cancellation.

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

A student may also be asked to withdraw due to inappropriate student conduct, lack of attendance, or any other reason deemed necessary by the faculty and approved by the Campus President. The student will be notified in writing immediately following the determination of the student's non-continuation in the course and the aforementioned refund policies will apply.

## Schedule of Total Charges

<b>Table E</b>	<b>Prepayment &amp; Payment Plan Agreement</b>	<b>Extended Payment Plan Agreement</b>
<b>Total Charges:</b>	<b>\$5,000.00</b>	<b>\$5,247.30</b>
• Non-Refundable Charges:	• \$100.00	• \$100.00
○ Registration Fee (Non-Refundable):	○ \$100.00	○ \$100.00
○ Student Tuition Recovery Fund (Non-Refundable):	○ \$0.00	○ \$0.00
• Tuition:	• \$4,900.00	• \$4,900.00
• Other institutional charges or fees:	• \$0.00	• \$247.30

### Prepayment of Tuition

- TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE: \$4,900.00
- ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM: \$5,000.00
- TOTAL CHARGES STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT: \$100.00

### Payment Plan Agreement

- TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE: \$980.00
- ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM: \$5,000.00
- TOTAL CHARGES STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT: \$100.00

### Extended Payment Plan Agreement

- TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE: \$250.00
- ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM: \$5,247.30
- TOTAL CHARGES STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT: \$100.00

I elect to pay for Montes HealthCare College's Medical Assistant Program through the			_____
<input type="checkbox"/> Prepayment of Tuition	<input type="checkbox"/> Payment Plan Agreement	<input type="checkbox"/> Extended Payment Plan Agreement	Student Initial

## Student Acknowledgement

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.

This Enrollment Agreement is legally binding when signed by the student and accepted by the institution.

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 Printed Name	Student Signature	Date
_____	_____	_____
Authorized Staff Member Printed Name	Authorized Staff Member Signature	Date

## **Additional Disclosures**

- (1) I understand that my tuition and fees paid to Montes HealthCare College (MHCC) are not eligible to be used as a deduction for personal income tax returns. I will not ask or expect that a representative of MHCC will complete, process, or submit the IRS Form 1098-T on a student's behalf.
- (2) I understand the risks associated with drawing blood, contracting diseases, and I am aware that injections and blood draw practice in class will be on fellow students, volunteers and staff at MHCC. 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 MHCC and staff free from responsibility. This includes injections, blood draws and invasive procedures in class and while I am completing my externship.
- (3) I authorize MHCC to send text messages to my cell phone to convey important college related information. I understand that standard text messaging rates may apply. I also understand that I or MHCC may revoke this permission in writing at any time. I agree not to hold MHCC liable for any messaging charges or fees generated by this service. I further agree that in the event my cell phone number changes, I will inform my academic advisor.
- (4) MHCC is required to provide the opportunity for enrollment into **one** externship site. MHCC does not guarantee an externship site with any specific specialty or organization. If I refuse an externship site or are terminated from externship, I will be responsible for securing a second externship site within 14 business days. Failure to do so may result in a leave of absence or termination from the program.
- (5) The hours for externship may vary and are based on the needs and schedule of the hosting facility. I understand that externship typically occurs during regular business hours (Monday-Friday within 7am-6pm). Externship sites may be located within a 30-mile radius of the campus. I understand that I must make arrangements to comply with the externship site schedule, including transportation and/or child care. MHCC does not have jurisdiction over the externship schedule.
- (6) I understand that upon completion of this program, I will receive a certificate of completion. Should I wish to pursue National Certification, I will need to pass the NCMA exam offered through the National Center for Competency Testing (NCCT).
- (7) If not hired from externship, MHCC will provide me with job placement assistance. This includes resume building, interviewing techniques, and professional development with advance notice. I may utilize the computer lab to seek employment opportunities. MHCC cannot guarantee or otherwise ensure that employment will be available at the conclusion of the program.
- (8) I am legally able to work in the United States. I do not need to apply for or be approved for any additional permits.
- (9) I have conducted my own research and fully understand the starting wage for the Medical Assistant field as referenced by the Bureau of Labor Statistics. This information is available at [www.bls.gov/ooh/healthcare/medical-assistants.htm](http://www.bls.gov/ooh/healthcare/medical-assistants.htm).

## **Student Acknowledgement**

I have read and understand the Additional Disclosures detailed above, and I agree with the terms set forth therein.

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Student Printed Name

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Student Signature

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Date