Greenwood Medical Academy

115-L Hampton Place

Greenwood SC 29646

(864) 538-0825

**CLINICAL MEDICAL ASSISTANT ENROLLMENT AGREEMENT**

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

H.S. Diploma: \_\_\_\_\_\_\_\_\_\_\_ GED: \_\_\_\_\_\_\_\_\_\_\_

Day Class: 10:00 am-2 pm Tue/Thurs \_\_\_\_\_ Evening Class: 5:00pm-9:00pm Tues/Thurs\_\_\_\_

Have you previously attended/enrolled in Greenwood Medical Academy: Yes: \_\_\_\_ No: \_\_\_\_ Date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Clinical Medical Assistant Program**

**160 clock hours $2200** including$50 Administrative Fee

**Total Cost: 2200**

Program Start Date: End Date:

**Total Cost: Includes**

Tuition: $1800.00 (Administrative Fee: $50)

\*Book: $120.00

\*Supplies/Equipment: $100.00

\*Nation Exam Fee: $130.00

Program Length:13 weeks (Full-time)

$400 Deposit due at time of enrollment

$150.00 tuition due weekly starting the first week of each term.

\*These costs are subject to change and are included in total cost

Tuition deposits must be paid in full at time of enrollment. Weekly payment must be paid by Friday at the end of each week. By signing this contract, the student agrees with the tuition, fees, and cost associated with Greenwood Medical Academy.

**Cancellation & Refund Policy**

**Three-Day Cancelation:** Applicant may cancel this agreement without penalty by notifying Greenwood Medical Academy within three business days after signing this agreement, excluding weekends and holidays. After the third day, but before classes begin, the institution may retain up to $50 registration/application fee.

**Other Cancellations:** The minimum number of students in the program is 3. If the course is rescheduled due to low enrollment students will be notified by phone and email. Students will have the choice of a refund or schedule to attend the next upcoming class. Deposit is transferable to the next scheduled class. If the class start, is changed for a second time the student will be eligible for full refund of all monies paid.

**Withdrawal**: Students who wish to withdraw from Greenwood Medical Academy after classes begin will be subject to the refund policy below. Greenwood Medical Academy may retain up to $50 registration/application fee after the three-day cancellation or after classes begin. Refunds are computed in ten-percent increments, rounded downward to the nearest ten percent of that period. Refunds will be issued within 30 days after the effective date of cancellation or last date attended.

If a student is rejected or withdraw from the program the same refund policy applies for hours attended:

Hours Attended Tuition Refund Amount Institution Retains Amount of Refund

1-15 90% $160 + $50 = $210 $1990.00

16-31 80% $320 + $50 = $370 $1830.00

32-46 70% $480 + $50 = $530 $1670.00

47-62 60% $640 + $50 = $690 $1510.00

63-77 50% $800 + $50 = $850 $1350.00

78-93 40% $960 + $50 = $1010 $1190.00

94-160 0%

**Please read each statement carefully for your understanding. Include your initials next to each statement and include your signature and date at the end of the agreement.**

I have received a copy of the Greenwood Medical Academy catalog and student enrollment agreement. \_\_\_\_\_\_\_

I have received a copy of Greenwood Medical Academy Hold Harmless Agreement\_\_\_\_\_\_\_\_

Enrollment or completion in Greenwood Medical Academy does not guarantee employment. \_\_\_\_\_\_\_\_

Greenwood Medical Academy does not guarantee that credit earned will transfer to another institution**. \_\_\_\_\_\_\_\_\_**

Tuition must be paid in full as outlined in the agreement. \_\_\_\_\_\_\_\_\_

I understand that once signed by both parties this contract becomes legally binding. \_\_\_\_\_\_\_\_\_

All third-party loans must be repaid according to the terms of the note even if the borrower does not complete his or her education, cannot get a job after completion of the program or I am dissatisfied with the education. \_\_\_\_\_\_\_\_

By signing this contract, I agree with the tuition, fees, and cost associated with Greenwood Medical Academy.

Student Name Print: Date:

Student Name Signature: Date:

School Administrator Signature: \_\_\_\_\_\_\_\_\_\_\_\_ Date:

**Hold Harmless Agreement**

Greenwood Medical Academy and students acknowledge that there is some risk of accident or injury associated with use of equipment and other aspectsof the study, including but not limited to direct care and contact of other students, clients, patients, or residents at the clinical or training facility site. Students does hereby waive, release, and discharge Greenwood Medical Academy of any and all liability, as well as all claims for damages fordeath, personal injury, or property damage, which I may have or which hereafter accrue tome as aresult of participation in the program whether or not caused by negligence or fault of Greenwood Medical Academy.

This release is intended to discharge Greenwood Medical Academy and its officers, employees, representatives, students, volunteers, and agents from and against any and all liability arising out of or connected in any way with my participation in the training, handson activities, practice or other activities.

Knowing risks exist, nevertheless, I hereby agree to assume those risks and to release andto hold harmless all persons or agencies mentioned above that might otherwise be liable to me or my heirs or assigns for damages. I further understand and agree that this waiver, release, and assumption of risk is to be binding on my heirs and assigns.

In addition, I give permission to receive, if necessary, emergency medical services by authorized personnel, and that any cost incurred as a result of such medical treatment will be my responsibility.

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

 School Official Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_