



Nydra M. Wilson
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STUDENT INFORMATION

Student Name: _____

Address: _____

City/State/Zip: _____

Home Number: _____ Mobile Number: _____ Other: _____

E-mail: _____

Emergency Contact: _____ Number: _____

PROGRAM INFORMATION

Name of Program	Total Hours	Total Cost	Program Length	Circle Session Attending
Medical Office Administrative Assistant	42	\$1,122.00 Medical Office Administrative Assistant tuition.... \$875.00 NHA Certification (price subject to change) \$130.00 Medical Office Administrative Book (price subject to change)....\$117.00 Weekly payment plans available: Student will deposit \$350.00 at time of registration and pay weekly payments of \$128.70	7 Weeks	Full-Time
Nurse Assistant	100	\$1,519.00 Nursing Assistant Tuition..... \$975.00 Nursing Assistant Book (price subject to change) \$150.00	7 Weeks	Full-Time

		<p>Credentia CNA 365 Exam \$150.00 SLED Background check..... \$25.00 Uniform w Monogram (price subject to change)\$78.00 BLS/CPR class.... \$85.00 2 Step PPD... \$56.00 Weekly payment plan is offered; \$450.00 deposit at time of registration and \$165.20 weekly payment.</p>		
Clinical Medical Assistant	160	<p>\$4,384.00 Medical Assistant Tuition..... \$3,750.00 Medical Assistant book (price subject to change)\$120.00 Monogrammed Uniform (price subject to change) ...\$78.00 SLED Background check..... \$25.00 BLS/CPR class.... \$85.00 2 Step PPD..... \$56.00 NHA Clinical Medical Assistant Certification exam..... \$170.00 Monthly payments are offered for this course; Student pay a deposit of \$750.00 at registration and then \$168.40 weekly payment</p>	26 weeks	Full-Time
Medical Billing and Coding Specialist	105	<p>\$1,460.00</p>	18 Weeks	Full-Time

		<p>Medical Billing and Coding tuition..... \$1,200.00 NHA Exam for Certification (price subject to change) \$155.00 Billing and Coding book (price subject to change) \$105.00 Weekly payment plans available: Student deposit \$500.00 at time of registration and \$53.30 weekly payment.</p>		
Pharmacy Technician	105	<p>\$1,698.00 Pharmacy Technician Tuition..... \$1,200.00 Pharmacy Technician Book (price subject to change) \$150.00 Uniform w Monogram (price subject to change)\$78.00 NHA Pharmacy Technician Exam.... \$160.00 SLED Background check..... \$25.00 BLS/CPR class..... \$85.00 Weekly payment plan is offered; \$450.00 deposit at time of registration and \$83.20 weekly payment.</p>	15 Weeks	Full-Time
Phlebotomy	84	<p>\$1,494.00 Phlebotomy Technician Tuition..... \$975.00 Phlebotomy Technician book ((price subject to change) \$150.00</p>	12 Weeks	Full-Time

		Phlebotomy Uniform w Monogram (price subject to change)\$78.00 NHA Phlebotomy Certification Exam (price subject to change) ... \$125.00 SLED Background check..... \$25.00 BLS/CPR class.... \$85.00 2 Step PPD..... \$56.00 Weekly payment plan is offered; \$450.00 deposit at time of registration and \$95.00weekly payment.		
EKG	56	\$1,394.00 EKG Technician Tuition..... \$875.00 EKG Technician book ((price subject to change) \$150.00 EKG Uniform w Monogram (price subject to change)\$78.00 EKG NHA Certification Exam (price subject to change) ... \$125.00 SLED Background check..... \$25.00 BLS/CPR class..... \$85.00 2 Step PPD. \$56.00 Weekly payment plan is offered; \$450.00 deposit at time of registration and \$135.00 weekly payment.	8 Weeks	Full-Time
Patient Care Technician	140	\$1,744.00 Patient Care Technician Tuition..... \$1,200.00 Patient Care Technician Book	11 weeks	Full time

		(price subject to change) \$150.00 Uniform w Monogram (price subject to change)\$78.00 NHA PCT Exam..... \$150.00 SLED Background check..... \$25.00 BLS/CPR class..... \$85.00 2 Step PPD..... \$56.00 Weekly payment plan is offered; \$450.00 deposit at time of registration and \$143.80 weekly payment.		
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Program Start Date: _____ Anticipated End Date: _____

Full-Time ☐ Day ☐ Evening ☐

Days/Evenings Class Meets: *(circle)* Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Time of Day/Evening Class Begins

Time of Day/Evening Class Ends

Number of Weeks

Total Clock Hours:

Total Cost of Program:

TUITION: \$ _____

BOOKS/SUPPLIES: \$ _____

Total Fee:

MISC. EXPENSES:

- Uniform Cost \$ _____
- SLED background cost \$ _____
- BLS/CPR \$ _____
- Certification Exam cost\$ _____
- 2 step PPD \$ _____

TOTAL COST: \$ _____

Note: Third-party payors 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 is dissatisfied with the education. When students are making payments, the tuition must be paid in full before the last day of class.

CANCELLATION AND REFUND POLICY

Rejection: An application rejected by the institution is entitled to a refund of all monies paid.

Three- Day Cancellation: An applicant may cancel this agreement without penalty by notifying the institution within three business days after signing this agreement, excluding weekends and holidays. After the third day, but before classes begin, the institution will retain up to \$100 administrative fee.

Other Cancellations: The minimum number of students in program/class is five. 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 attend the next scheduled class. If the class start date is changed for a second time, the student will be eligible for a full refund of all monies paid.

Installment plans and fee: LowCounty Medical Training Center does not have a late fee charge. If payments are not paid upon class completion, student will not be able to receive a certificate of completion, nor will the training center approve the student for certification testing test.

Withdrawal: Student(s) who wish to withdraw from this institution after classes begin will be subject to the below refund policy. The institution will retain up to \$100 administrative 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. After sixty percent of attendance, the institution may charge for the entire course. Refunds are issued within 40 days after the effective date of cancellation or last date attended **Refund calculation example (Clinical Medical Assistant Program)**

Withdrawal: Student(s) who wish to withdraw from this institution after classes begin will be subject to the below refund policy. The institution will retain up to \$100 administrative 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. After sixty percent of attendance, the institution may charge for the entire course. Refunds are issued within 40 days after the effective date of cancellation or last date attended. Refunds are issued in the form of a check by the school.

Refund calculation example (Clinical Medical Assistant Program)

Hours Attended		Tuition Refund Percentage & Dollar Amount
1-16	90%	\$3,375.00
17-32	80%	\$3,000.00
33-48	70%	\$2,625.00
49-64	60%	\$2,250.00
65-80	50%	\$1,875.00
81-96	40%	\$1,500.00
97-160	0%	\$0.00

Refund Calculation example for Medical Billing and Coding

Hours Attended		Tuition Refund Percentage & Dollar Amount
1-16	90%	\$1,080.00
17-32	80%	\$960.00

33-48	70%	\$840.00
49-64	60%	\$720.00
65-80	50%	\$600.00
81-96	40%	\$480.00
97-160	0%	\$0.00

Refund calculation for Nursing Assistant

Hours Attended		Tuition Refund Percentage & Dollar Amount
0-14.30	90%	\$877.50
14.31-28.61	80%	\$780.00
28.62-42.91	70%	\$682.50
42.92-57.22	60%	\$585.00
57.23-71.53	50%	\$487.50
71.54-85.84	40%	\$390.00
85.85-100.15	0%	\$0.00

Refund Calculation for Patient Care Technician

Hours Attended		Tuition Refund Percentage & Dollar Amount
0-12.7	90%	\$1,080.00
12.8-25.5	80%	\$960.00
25.6-38.3	70%	\$840.00
38.4-49.4	60%	\$720.00
49.5-62.2	50%	\$600.00
62.3-75	40%	\$480.00
75-87.7	30%	\$360.00
87.8-100	0%	\$0

Refund Calculation example for Pharmacy Technician

Hours Attended		Tuition Refund Percentage & Dollar Amount
1-16	90%	\$1,080.00
17-32	80%	\$960.00
33-48	70%	\$840.00
49-64	60%	\$720.00
65-80	50%	\$600.00
81-96	40%	\$480.00
97-160	0%	\$0.00

Refund Calculation example for Phlebotomy Technician

Hours Attended		Tuition Refund Percentage & Dollar Amount
0-7	90%	\$877.50
8-15	80%	\$780.00
16-22	70%	\$682.50
23-30	60%	\$585.00

31-38	50%	\$487.50
39-46	40%	\$390.00
47-105	0%	\$0.00

Refund Calculation example for Medical Administrative Assistant

Hours Attended		Tuition Refund Percentage & Dollar Amount
0-16.7	90%	\$787.50
16.8-20.9	80%	\$700.00
21-25.1	70%	\$612.50
25.2-29.3	60%	\$525.00
29.4-33.5	50%	\$437.50
33.6-37.7	40%	\$350.00
37.8-42	0%	\$0.00

Refund Calculation example for EKG Technician

Hours Attended		Tuition Refund Percentage & Dollar Amount
0-10.5	90%	\$787.50
10.6-21.1	80%	\$700.00
21.2-31.7	70%	\$612.50
31.8-42.3	60%	\$525.00
43.4-53.9	50%	\$437.50
54-64.5	40%	\$350.00
64.6-84	0%	\$0

Please read each statement carefully. Mark each to your understanding and sign at the bottom.

- | | |
|---|---|
| <input type="checkbox"/> I have received a copy of the catalog and enrollment agreement.
<input type="checkbox"/> I understand the tuition charges, payment options, and refund policy.
<input type="checkbox"/> I understand tuition must be paid in full before graduation.
<input type="checkbox"/> I understand completion of the program does not guarantee employment.
<input type="checkbox"/> I acknowledge that this agreement becomes a legally binding contract once completed and signed by both parties. | <input type="checkbox"/> I understand LowCounty Medical Training Center, LLC makes no claim or guarantee that credit earned will transfer to another institution.
<input type="checkbox"/> I understand a certificate of completion is awarded at graduation.
<input type="checkbox"/> I understand that Third-party monies 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 is dissatisfied with the education. |
|---|---|

Student Name Print: _____

Date: _____

Student Name Signature: _____

Date: _____

Parent/Legal Guardian: _____

Date: _____

School Administrator/Official Name Signature: _____

Date: _____

Hold Harmless Statement

LowCounty Medical Training Center, LLC and student acknowledge that there is some risk of accident or injury associated with use of equipment and other aspects of the course of study, including but not limited to direct care and contact of other students or clients at the clinical or training site. Student does hereby waive, release, and discharge _____ of any and all liability and all claims for damages for death, personal injury, or property damage which I may have or which hereafter accrue to me as a result of participation in the program whether or not caused by negligence or fault of _____.

This release is intended to discharge the school, and its officers, employees, representative, volunteers, and agents from and against any and all liability arising out of or connected in any way with my participation in the training, internship/externship, hands-on activities, practice, or other activities.

Knowing risks exist, nevertheless, I hereby agree to assume those risks and to release and to 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 Name Print: _____

Date: _____

Student Name Signature: _____

Date: _____

School Administrator/Official Name Signature: _____

Date: _____