**School Start Dates: (SUMMER ONLY) Begins June 1st – August 31 – Please see below for enrollment application as well as program descriptions/requirements.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Program Name | | Application deadline | Start date | End date | National Certification Date |
| Phlebotomy | **5 days prior to the start date** | | **6/13(e), 6/20(m), 7/2 (s)** | **7/21(e), 7/27(m), 8/20 (s)** | **7/21, 7/27, 8/20** |
| Medical Assistant | **7 days prior to start date** | | **6/14(m), 6/28(e)** | **9/1, 9/15** | **9/1, 9/15** |
| Pharmacy Technician | **10 days prior to start date** | | **8/5(e)** | **10/21** | **11/18** |
| Business Office Management | **10 days prior to start date** | | **6/13(m)** | **7/18** | **7/18** |

**M- Morning (8:00 – 1:00) A- Afternoon (1:00 -6:00) E-Evening (6:00 – 9:00) S-Saturday (8:00 – 5:00)**

**Phlebotomy Technician Training –** Six weeks training program, that leads to a challenge of a National Certification, NHA/AMCA. Class meets twice a week, to be accepted into this program you must schedule an interview with the Campus Director. Seating is limited and in order to register you must pay the application fee, interview with the Campus Director, and pay at least half of the tuition fee, within 24 hours of acceptance into the program. ***Class must be paid in full prior to the scheduled start date*. You must conduct phlebotomy draws on your classmates as well as present as a patient and have draws (Arm, Hand and Fingersticks done on yourself)** If you are unwilling to do this you will not be admitted into the Phlebotomy program. Please do not schedule an interview with the Campus Director until you submit your application and $100 application fee. **This is done online only**. There is a 3% processing fee added to all debit/credit payments. You will have your fee refunded, minus the processing fee, if you are not accepted into the Phlebotomy program. All admissions will be held on Fridays, from 10:00 – 12:00 pm. – Unless otherwise noted.

**Clinical Medical Assistant Training-** Twelve weeks training program that leads to the challenge of the National Certification, NHA or AMCA. Class meets twice a week, to be accepted into this program you must schedule an interview with the Campus Director. Seating is extremely limited and in order to register you must pay the application fee $150, interview with the Campus Director, and once accepted into the program, pay at least half of the tuition fee, within 24 hours of acceptance into the Clinical Medical Assistant program. ***Class must be paid in full prior to the scheduled start date.* You must be willing to draw on your fellow classmates, as well as allowing those classmates to perform draws on you, for the Phlebotomy section of the program. If you are unwilling or unable to do this, you will not be admitted to the Clinical Medical Assistant Training program and your application fee will be refunded to you, minus the processing fee.** There is a 3% processing fee added to all debit/credit payments. All admissions will be held on Fridays from 10:00 – 12:00 unless otherwise noted.

*Note to potential students:*

*We pride ourselves on producing graduates that have the theory and hands-on knowledge to excel in their careers. We train the whole individual in becoming a professional. With that being said, we are selective of the students we enroll. We want to continue to enjoy 100% National Certification pass rate, as well as 100% placement. Our students are working in their respective fields within 30 days of certification. If you want more information visit, like and share on our social media accounts: Instagram - @trainingexpo twitter- @trainingexpo facebook - @trainingexpo. Please feel free to check our credentials/authorization at* [Georgia Nonpublic Postsecondary Education Commission](https://gnpec.georgia.gov/) . *The Training Expo is also an proud approved training provider for WIOA and the Veterans Administration.* ***Due to COVID-19, we will not accept any hand-delivered enrollment applications on campus, you must submit your documents electronically. If you have any additional questions, please contact the office, leave a message if no one answers, we are in the classroom or assisting our students and will return your call promptly.***

**The Training Expo**

**APPLICATION FOR ADMISSION**

**IMPORTANT:** **All sections must be completed and submitted with an *appropriate application fee which is non-refundable due upon registration.* Incomplete applications will not be accepted or processed.**

**Please print neatly**

Social Security number \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name Middle Name Maiden

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Address City County State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Work Phone Cell Phone E-mail Address

EMERGENCY CONTACT PERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Phone Number

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

*This information is used for statistical purposes only and will not be used to determine admission status.*

Ethnic Background: American Indian \_\_\_\_\_ Asian \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ White \_\_\_\_\_ Non- resident alien \_\_\_\_\_

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Are you a US? citizen: Y/N If ”No,” country of citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of entry to US \_\_\_\_\_\_\_\_\_\_\_\_\_

Visa type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date issued:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you a resident alien? Y/N Are you a legal resident of Georgia? Y/N

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**Tuition/Programs of Study:**

\_\_\_\_\_ **Business Office Specialist (I.T. Support) \_\_\_\_\_\_ Certified Medical Assisting Training**

* Tuition - $7,000.00 ~Tuition - $3,000.00
* Non-Refundable Application Fee: $150.00 ~ Non-refundable application fee: $150.00

\_\_\_\_\_ **Certified** **Phlebotomy Technician Training**

* Tuition - ~~$~~1,500
* Non-refundable application fee: ~~$~~100.00

\_\_\_\_\_ **Certified Pharmacy Technician Training**

* Tuition - $2,500.00
* Non-refundable application fee: $100.00

*We accept debit/credit, cash, payment plans, third party payments*

**Class Start Date: ­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DAY \_\_\_\_\_\_\_\_ AFTERNOON\_\_\_\_\_\_\_\_ EVENING \_\_\_\_\_\_\_\_**

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High School attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Highest grade completed: \_\_\_\_\_ Year graduated: \_\_\_\_\_\_\_ GED year received: \_\_\_\_\_\_\_\_\_

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**Refund Policy**

The institution ensures that all monies paid by a prospective student, including nonrefundable application fees, are refunded if; the student requests a refund within three(3) business days after signing the contract; OR no contract is signed and prior to classes beginning the student requests a refund within (3) business days after making a payment. Students who have accessed the online portal for curriculum will not be entitled to a refund. The institution ensures that deposits or down payments are credited as tuition payments unless clearly identified on receipt by the institution as application or other fees. If the applicant previously withdrew from the institution, the institution will charge a new non-refundable application of $150 (Business Office Specialist), or $100 (Phlebotomy/Pharmacy Technician), $150 enrollment fee and $100 Lab fee(Clinical Medical Assistant) if a student withdraws from the institution, the student is not liable for any unpaid portion of the application fee. Students have the right to cancel the Enrollment Agreement at any time. Cancellation will occur when given written notice of cancellation to the school. Notice of cancellation may be given by mail, hand delivery or email. The written notice of cancellation need not take any particular form, however expressed, is effective if it states that a student no longer wishes to be bound by the Enrollment Agreement. Students will not be penalized if they fail to cancel their enrollment in writing. If a student stops attending (on campus classes only) during the first 50% of the instruction, that student is entitled to a prorated refund. If a student cancels or withdraw within three business days of executing the Enrollment Agreement and before the start of classes, all monies paid will be refunded. If a student cancels more than three business days after executing the Enrollment Agreement and after the start of classes the school will only refund monies paid using the prorated system. Refunds are determined based on the proration of tuition and percentage of program completed at withdrawal, up until 50% of the program. If a student withdraws after completing 50% of the program, no refund will be refunded.

**Attendance Policy**

Students are allowed three (3) absences per 6-week program, six (6) absences per 14-week program, and (8) eight absences per 20-week program, if the student goes over the allowed absence, he/she must have a doctor’s note excusing that absence. If the student does not have the proper documentation to excuse his/her absence the student will be placed on probation. The student will be terminated from the program if he/she repeats the history of excess absences without a medical excuse.

I certify that the information on this application is true and correct. I understand the misrepresentation or omission of information will be sufficient cause for rejection or dismissal. I intend to abide by the rules and regulations of The Training Expo

**Signatures**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Student Signature Date Institutional Representative Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office use**

Books: \_\_\_\_/\_\_\_\_/\_\_\_\_

Practice exams: \_\_\_\_/\_\_\_\_/\_\_\_\_

Certiport Vouchers: \_\_\_\_/\_\_\_\_/\_\_\_\_

AMCA Exam: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_

NHA Exam\_\_\_\_\_/\_\_\_\_/\_\_\_\_

Interview \_\_\_\_/\_\_\_/\_\_\_\_

# STATEMENT OF GENERAL HEALTH

It is the policy of The Training Expo that students seeking enrollment at the institution must submit a statement of general health. This is a requirement of enrollment.

Please complete the following documentation. This statement will become a part of your permanent school record. This statement must be in your file prior to the start of your class.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

(Last Name) (First Name) (Middle Initial)

By signing below the student is acknowledging that they are in general good health.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**CONFIDENTIALITY STATEMENT**

As a student of The Training Expo, I am aware of my responsibility to maintain the confidentiality of any/all information, which I may come in contact with and/or have access to. I am also aware that I am responsible for the legal penalties, which may be assessed for unauthorized disclosure.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

**LETTER OF GUARANTEE**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to have all tuition and fees paid in full (zero balance) before I register for my national exams. I also agree to any legal and collections costs and expenses in the event of the default of the Letter of Guarantee for Payment, including, but not limited to, all attorney and legal fees. This agreement in entered into voluntarily by the above-mentioned parties, and it is not to be replaced nor supplemented by any other payment agreement. For additional information on this matter please contact the **Campus Director, at**

**770-471-4819.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date