**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**

Tax ID or 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 an 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/Clinical Medical Assistant), or $100 (Phlebotomy/Pharmacy Technician), 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, it 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 withdraws 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 two (2) absences per 6-week program, three (3) absences per 10-week program, and (4) four absences per 12-week or greater 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.

**Externship Programs**

While enrolled in their respective programs, students are given hands-on clinical theory and application. Students are required to secure their own extern site. If they are unable to secure their own extern site, we will either assist and place them at a site, or provide additional clinical experience on campus, utilizing current volunteer students and the community we serve. After successful completion of the clinical training, our students are ready to earn their position in a professional capacity within a healthcare facility of their choosing

**Clinical Skill Development**

Students are required to participate in the Clinical portion of class on campus. This is an important component of the learning process in the desired program. Both the Phlebotomy Technician program, as well as the Medical Assistant program, includes acquiring hands-on skills for their respective programs.

**Career Services**

At The Training Expo, our dedicated career services team works diligently to help our graduates find employment in their field of study. We are dedicated to helping you achieve your career goals from your first day of class to helping you find an entry-level position in your new career. After learning the necessary skills, we will assist in connecting you to career fairs, job leads and special events. From resume writing tips and best practices to practicing your interviewing skills, the career services team is here for you.

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\_\_\_\_\_/\_\_\_\_/\_\_\_\_

# 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