

EKG Program Application Packet

Applicants are responsible to collect all documents required to submit an Application Packet. A completed application packet must include the following:

The following is due at time of registration to reserve a spot in the class

- ☐ **Current application, completed, signed, and dated to be turned in no later than the specified deadline**
- ☐ **Completed Enrollment Agreement**
- ☐ **Completed Disclosure Form**
- ☐ **Registration Fee and Tuition down payment totaling \$194**
- ☐ **Signed copy of the Payment Plan Options**
- ☐ **Copy of driver's license or another photo ID.**
- ☐ **Signed Code of Conduct Form**

The following is due on the first day of the class

- ☐ **Photocopy of GED, high school, college, or university transcripts or diploma.**



Med-Cert Training Center – Maple Heights	Med-Cert Training Center – Akron
5416 Northfield Road	733 West Market, Suite #101
Maple Heights, OH 44137	Akron, OH 44303
Phone (440) 786-2378 Fax (440) 786-7327	Phone (440) 786-2378 Fax (440) 786-7327

Application for EKG Training Program

How did you hear about us? Web Friend Radio Other _____

I plan to enroll in the class scheduled for (month/day) _____

Check one of the following: Evening Weekend

Full Name _____			
Last	First	Middle	
Mailing Address _____			
Street	City	State	Zip
Home Telephone Number _____		Social Security # _____	
Cell Number _____		Email Address _____	
Date of Birth _____		<input type="checkbox"/> Male <input type="checkbox"/> Female	
High School Diploma/GED <input type="checkbox"/> YES <input type="checkbox"/> NO			
In Case of Emergency Notify _____		Phone Number _____	

Education History: List High School, College or other schools attended

School	Address	Years Attended (mm-yy) / (mm-yy)	Area of Study	Highest Level Completed	Did You Graduate?

By signing below, I verify that the information I have supplied in this document is true and complete to the best of my knowledge.

Student Signature

Date

For Med-Cert Use Only:

Tuition Amount Paid \$ _____

Payment information: Cash Check or Money Order # _____ Credit Card

Received by _____ Date: _____

Exhibit A-2

EKG Technician Course Payment Plan Options Med-Cert

I, _____ have selected the following payment plan for the EKG Technician course:

8.5 WEEK COURSE PAYMENT PLAN OPTIONS (circle one)

Select Plan A

Select Plan B

Select Plan C

<u>Plan A</u>	<u>Plan B</u>	<u>Plan C</u>
<u>Full Payment</u>	<u>Weekly Payment Plan</u>	<u>Bi-weekly Payment Plan</u>
<u>\$94 registration fee + \$555 tuition</u>	<u>\$94 registration fee + \$100 down</u>	<u>\$94 registration fee + \$100 down</u>
<u>payment = \$649</u>	<u>payment = \$194</u>	<u>payment = \$194</u>
	Week 1 – \$80	Week 1 – \$0
	Week 2 – \$75	Week 2 – \$155
	Week 3 – \$75	Week 3 – \$0
	Week 4 – \$75	Week 4 – \$150
	Week 5 – \$75	Week 5 – \$0
	Week 6 – \$75	Week 6 – \$150

Med-Cert offers the above payment plan options for the Phlebotomy class. **The total tuition is \$649.** The amount of \$194 is due with your application (\$94 registration fee plus a deposit of \$100). The remaining balance of \$455 can be paid per one of the payment plan options. All payments are to be made on the **first day** of class of each week it is due.

LATE OR MISSED PAYMENTS

- If a payment is not made during the week it is due, the payment will incur a \$25 late fee and will be added to the next week's payment.
- If a balance remains at the end of your class, you will not receive your certificate until the class is paid in full.

As a student enrolled in the Phlebotomy class at Med-Cert, I understand and agree to pay my tuition according to the payment plan selected above.

By my signature below, I am acknowledging that I have read, understand, and agree to abide by the rules and policies contained in this agreement.

Name (print)

Name (signature)

Date

Med-Cert Representative (signature)

Date

State of Ohio Student Disclosure Form

Name of School Med-Cert, Inc. 5416 Northfield Road, Maple Hts., OH 44137

This school is registered with and approved by the State Board of Career Colleges & School

1. Enrollment Agreement & Catalog

I have read and received a copy of the enrollment agreement and received a copy of the school catalog. I understand that the terms and conditions of the enrollment agreement are not subject to amendment or modification by oral agreements. All changes must be in writing and signed by both parties.

_____ Student's Initials

2. School Outcomes

I have been informed of the school's placement and graduation rates for each of the preceding three years as well as the most recent Ohio state licensure test results. If applicable, for the program I am entering.

_____ Student's Initials

3. Employment

I understand that upon successful completion of my training program, this school will provide placement assistance. However, I understand that the school does not guarantee any graduate a job. I have not been guaranteed employment or been guaranteed to earn a specific salary range upon graduation.

_____ Student's Initials

4. Transferability of Credits

I understand that the transferability of credits to another institution is determined exclusively by the receiving institution. No person can imply or guarantee that my credits will be transferable.

_____ Student's Initials

5. Grievance Procedure

I understand the grievance procedure listed on the enrollment agreement and my right to contact the State Board at the address and phone listed above.

_____ Student's Initials

Student's Signature _____

Date _____

School Representative Signature _____

Date _____