



5416 Northfield Road  
Maple Heights, OH 44137  
Phone (440) 786-2378 Fax (440) 786-7327

## Phlebotomy 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**
- Registration Fee and Tuition down payment totaling \$200**
- Signed copy of the Payment Plan Options**
- Copy of driver's license or other photo ID.**
- Signed Infectious Disease Acknowledgement AND Liability Release**

The following is due on the first day of the class

- Photocopy of proof of a negative T.B. skin test or chest x-ray performed within (12) months prior to the start of the course**
- Photocopy of GED, high school, college, or university transcripts or diploma.**







Med-Cert Training Center – Maple Heights  
 5416 Northfield Road  
 Maple Heights, OH 44137  
 Phone (440) 786-2378 Fax (440) 786-7327

**Application for Phlebotomy 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: \_\_\_\_\_



# Infectious Disease Acknowledgement

## POTENTIAL EXPOSURE TO CONTAGIOUS INFECTIOUS DISEASES

A portion of the Med-Cert Phlebotomy training is conducted in the laboratory/classroom setting. Students will perform blood withdrawal where contagious/infectious diseases may be present in any specimen, on any used equipment or spilled on any surface area during practice or demonstration. Latex/vinyl gloves will be supplied for protection; however, gloves are no guarantee against exposure. Your signature indicates that you are aware of the potential exposure to contagious infectious disease within phlebotomy laboratory training. Your signature acknowledges that you have knowledge and understanding of contagious/infectious diseases, such as, but not limited to AIDS, and HEPATITIS A, B, and C.

I UNDERSTAND THAT I AM ENROLLED IN A PHLEBOTOMY CLASS IN WHICH PARTICIPATION IN THE PRACTICE AND DEMONSTRATION OF VENIPUNCTURE AND BLOOD WITHDRAWAL EXPOSED ME TO THE POTENTIAL OF CONTAGIOUS / INFECTIOUS DISEASES. I ACKNOWLEDGE THAT I HAVE THE KNOWLEDGE AND UNDERSTANDING OF THE CONTAGIOUS / INFECTIOUS DISEASES TO WHICH I MAY BE EXPOSED.

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Signature

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Date



# RELEASE OF LIABILITY

MY SIGNATURE ON THE LIABILITY, CONFIDENTIALITY, AND EXPOSURE FORM INDICATES THAT I FULLY UNDERSTAND THE FOLLOWING:

1. I MAY BE EXPOSED TO BLOOD BORNE PATHOGENS WHILE PERFORMING VENIPUNCTURE ON MY CLASSMATES.
2. I WILLINGLY AGREE TO ALLOW MY CLASSMATES TO PERFORM VENIPUNCTURE ON ME WHILE SUPERVISED BY MY INSTRUCTOR OR OTHER QUALIFIED CPT PERSONNEL.
3. I UNDERSTAND THAT IF I AM INJURED WHILE ON THE AMR, VHS OR ANY HOSPITAL OR LABORATORY PROPERTY THAT I AM FULLY RESPONSIBLE FOR SEEKING MEDICAL HELP AT A LOCAL MEDICAL FACILITY.
4. I AGREE NOT TO HOLD MY INSTRUCTOR, MED-CERT OR THEIR EMPLOYEES RESPONSIBLE FOR ANY INJURY I MAY SUSTAIN.
5. I AGREE TO FOLLOW ALL SAFETY PRECAUTIONS THAT HAVE BEEN SET FORTH BY THE INSTRUCTOR.
6. I AGREE TO USE THE SHARPS CONTAINER APPROPRIATELY.
7. I AGREE NOT TO RECAP NEEDLES.
8. I AGREE TO WEAR GLOVES.
9. I AGREE TO WASH MY HANDS BEFORE AND AFTER USING GLOVES.

## Confirmation of Liability, Confidentiality, Potential Exposure and Replacement Fee Statement.

*I have read and acknowledge* the Release of Liability and Potential Exposure Form. My signature below confirms my acceptance of the above mentioned policies and procedures stated in this Registration Packet.

*I acknowledge* that I must complete the entire program to receive my certificate.

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Student Signature

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Student Name (Please Print Clearly)

---

Date



## Exhibit A-2

### Phlebotomy Course Payment Plan Options Med-Cert

I, \_\_\_\_\_ have selected the following payment plan for the Phlebotomy course:

#### 8.5 WEEK COURSE PAYMENT PLAN OPTIONS (circle one).

- Select Option A
- Select Option B
- Select Option 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>\$99 registration fee + \$600 tuition</u>	<u>\$99 registration fee + \$100 down</u>	<u>\$99 registration fee + \$100 down</u>
<u>payment = \$699</u>	<u>payment = \$199</u>	<u>payment = \$199</u>
	Week 1 – \$85	Week 1 – \$0
	Week 2 – \$85	Week 2 – \$170.00
	Week 3 – \$85	Week 3 – \$0
	Week 4 – \$85	Week 4 – \$165.00
	Week 5 – \$85	Week 5 – \$0
	Week 6 – \$75	Week 6 – \$165.00

Med-Cert offers the above payment plan options for the Phlebotomy class. **The total tuition is \$699.** The amount of \$199 is due with your application (\$99 registration fee plus a deposit of \$100). The remaining balance of \$500 can be paid according to 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 weeks 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)

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Name (signature)

---

Date

---

Med-Cert Representative (signature)

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Date





# Enrollment Agreement

MED-CERT  
5416 Northfield Road, Maple Heights, OH 44137 •  
733 West Market St, Suite #101, Akron, OH 44303  
440 786-2378 (phone) • 440-786-7327 (fax)

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

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

Phone Number: \_\_\_\_\_ S.S. Number: \_\_\_\_\_

*I am hereby enrolling in the following academic program and my enrollment is subject to the terms and conditions stated in this enrollment agreement.*

Check	Program	Registration Fee	Book Fee	Laboratory Fee	Tuition	Total
	Phlebotomy Technician	\$99	\$0	\$0	\$600	\$699
	Home Health Aide	\$37.50	\$0	\$0	\$212.50	\$250
	STNA	\$70	\$0	\$0	\$405	\$475

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

**Program Name:** Phlebotomy Technician

**Program length:** 68 Clock Hours. This program is normally completed in 8-1/2 calendar weeks. Total cost of program at current tuition and fee rates: \$699.00

**Program Name:** Home Health Aide

**Program length:** 76 Clock Hours. This program is normally completed in 2 calendar weeks for the day class or 5 weeks for the weekend class. Total cost of program at current tuition and fee rates: \$250.00

**Program Name:** State Tested Nursing Assistant (STNA)

**Program length:** 76 Clock Hours. This program is normally completed in 2 calendar weeks for the day class or 5 weeks for the weekend class. Total cost of program at current tuition and fee rates: \$475.00



**Payment:** Payable in full or by payment plan listed on page Exhibit A1 – A2.

Tuition and fee charges are subject to change at the school's discretion. Any tuition or fee increases will become effective for the school term following student notification of the increase.

#### **Cancellation and Settlement policy**

This enrollment agreement may be canceled within five calendar days after the date of signing provided that the school is notified of the cancellation in writing. If such cancellation is made, the school will promptly refund in full all tuition and fees paid pursuant to the enrollment agreement and the refund shall be made no later than thirty days after cancellation. This provision shall not apply if the student has already started academic classes.

#### **Refund Policy**

If the student is not accepted into the training program, all monies paid by the student shall be refunded. Refunds for books, supplies and consumable fees shall be made in accordance with Ohio Administrative Code section 3332-1-10.1. There is one (1) academic term for the Phlebotomy program that is 60 clock hours in length and (1) academic term for the STNA and Home Health Aide programs that is 76 clock hours in length. Refunds for tuition and refundable fees shall be made in accordance with following provisions as established by Ohio Administrative Code section 3332-1-10:

- (1) A student who withdraws before the first class and after the 5-day cancellation period shall be obligated for the registration fee.
- (2) A student who starts class and withdraws before the academic term is 15% completed will be obligated for 25% of the tuition paid plus the registration fee.
- (3) A student who starts class and withdraws after the academic term is 15% but before the academic term is 25% completed will be obligated for 50% of the tuition paid plus the registration fee.
- (4) A student who starts class and withdraws after the academic term is 25% complete but before the academic term is 40% completed will be obligated for 75% of the tuition paid plus the registration fee.
- (5) A student who starts class and withdraws after the academic term is 40% completed will not be entitled to a refund of the tuition and fees paid.

The school shall make the appropriate refund within thirty days of the date the school is able to determine that a student has withdrawn or has been terminated from a program. Refunds shall be based upon the last date of a student's attendance or participation in an academic school activity.



**Complaint or Grievance Procedure**

All student complaints should be first directed to the school personnel involved. If no resolution is forthcoming, a written complaint shall be submitted to the director of the school. Whether or not the problem or complaint has been resolved to his/her satisfaction by the school, the student may direct any problem or complaint to the Executive Director, State Board of Career Colleges and Schools, 30 East Broad Street, Suite 2481, Columbus, Ohio, 43215, Phone 614-466-2752; toll free 877-275-4219.

I acknowledge that I have received a school catalog and agree with the school policies and procedures stated. I acknowledge that I have received and read a copy of this enrollment agreement.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

School representative: \_\_\_\_\_ Date: \_\_\_\_\_



STATE OF OHIO  
BOARD OF CAREER COLLEGES AND SCHOOLS  
30 EAST BROAD STREET, SUITE 2481 COLUMBUS, OHIO 43215-3414  
(614) 466-2752 Fax (614) 466-2219  
Toll Free (877) 275-4219  
E-mail: [bpsr@scr.state.oh.us](mailto:bpsr@scr.state.oh.us) Website: <http://scr.ohio.gov/>

State of Ohio Student Disclosure Form

Med-Cert, Inc

Name of School 5416 Northlicd Road

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

1. Enrollment Agreement Et 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 licensee 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 number listed above. \_\_\_\_\_ Student's Initials

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

School Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Student must receive a copy of this form and a copy must be kept in student's file.



# TRAINING CENTER

5416 Northfield Road, Maple Ht., OH 44137  
 PH: (440) 786-2378/FX: (440) 786-7327

## Student Health Form

Name	Class enrolling in:
Address	Month _____ Day _____ Year _____
Phone Number	

### TB Test

Test #	Date Given	Forearm Site	Given By	Date Read	Results	Read By
#1		R or L			___ mm	
#2		R or L			___ mm	

If a positive skin test reaction is noted and a chest x-ray is required a copy of the x-ray results must accompany this form.

Comments:

Signature/Title/Agency/(Where TB Test was done)	Date
Address	City, State
Phone	

***\*Must have official Doctor or Certified Nurse Practitioner's stamp to be valid. Results may also be provided on Health Care facilities letterhead.***

\_\_\_\_\_  
Official Stamp

