Essential Medical and Mental Health Institute (EMMI)



**EMMI Enrollment Agreement**

Student Information

Student Name: ID #:

Address:

City/State/ZIP:

Phone Number:

Emergency Contact:

Relationship: Phone Number:

 **Program Information**

Program Name: Program Level:

Program Objectives:

Program Start Date: Scheduled End Date:

Full Time/Part Time: Day/Evening:

Days Class Meets: (circle) M T W Th F Sa Su

Schedule Notes:

Number of Weeks: Total Clock/Credit Hours:

 **Tuition & Fee Information**

Medical Assistant Program

Total Cost: $6000,00 (includes books, medical scrubs, lab material, National Exam, CPR, HIPAA, and OSHA certification)

Phlebotomy Program

Total Cost: $2500,00 (includes books, medical scrubs, lab material, National Exam, CPR, HIPAA, and OSHA certification)

**Refund Policy**

Refunds are based on tuition paid for segments of the instructional program as described by the institution in the enrollment agreement. Essential Medical and Mental Health Institute (EMMI) follows a module approach to instruction. Therefore, classes are designed and observed on a monthly basis. 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 of tuition is required; this policy only applies to full withdrawals, and it is up to the institution to determine policies for refunds for partial (course) withdrawals.

***(Please Review Institutional Catalog for Full Refund Policy)***

**Attendance Policy**

Students who miss more than 20 percent of the total classroom hours scheduled for the program will be dropped. Absences may include tardiness or early departures. Students who are not in attendance for at least 51 percent of the scheduled class time will be considered absent for the day. Students who have been absent from all their scheduled classes for 10 consecutive school days will be dropped from the training program. Students who miss 15 percent of the total classroom hours will be advised that they are at risk of being dropped from the program. Students who miss 20 percent of the total classroom hours will be advised of the campus’s intent to terminate them from the program. If terminated, students must successfully appeal their termination within three school days to continue their training without interruption. If their termination is not successfully appealed, they will remain dropped from the program. Students are not permitted to make up absences for the classroom-training portion of their program. However, students must make up absences that occur during the externship to ensure that the required extern hours are completed prior to graduation. Students should be encouraged to schedule medical, dental, or other personal appointments after school hours. If a student finds that he/she will be unavoidably absent, he/she should notify the school.

***(Please Review Institutional Catalog for Full Attendance Policy)***

**Signatures**

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

Student Signature Date

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

Institutional Representative Signature Date

 Essential Medical and Mental Health Institute (EMMI)



**STUDENT DISCLOSURE FORM**

Name of School: Essential Medical and Mental Health Institute (EMMI)

Address of School: 115 Commerce Drive Suite H. Fayetteville, GA 30214

1. Enrollment Agreement & Catalog

I have read and received a copy of the enrollment agreement, or equivalent document, and the school catalog. I

understand that the terms and conditions of these documents are not subject to amendment or modification by oral

agreements.

\_\_\_\_\_\_\_\_ Student’s Initials

2. School Outcomes

I have read and received a copy of the school’s self-reported, unaudited retention, graduation, and placement rates

for the preceding year as well as the most recent Georgia 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 to earn a specific salary range upon graduation.

\_\_\_\_\_\_\_\_ Student’s Initials

4. Refund Policy

I have reviewed the refund policy provided in the catalog and am aware that the institution attests to the fact that

this policy meets the Minimum Standards set forth by the Georgia Nonpublic Postsecondary Education

Commission.

\_\_\_\_\_\_\_\_ Student’s Initials

5. Complaint Procedure

I have reviewed the complaint procedure provided in the catalog and am aware that, after exhausting the

institution’s procedure, I have the right to appeal the institution’s complaint determination to the Georgia

Nonpublic Postsecondary Education Commission.

\_\_\_\_\_\_\_\_ Student’s Initials

6. Authorization and Accreditation Status

I understand that the institution in which I am enrolling has been issued a Certificate of Authorization by the

Georgia Nonpublic Postsecondary Education Commission. This status indicates that the institution has met the

Minimum Standards established by Georgia Code (§20-3-250.6). Although authorized, I understand that this

institution is not accredited by a U.S.-based accrediting association recognized by the United States Secretary of

Education; therefore, I am not eligible for Federal Student Aid. Additionally, as is the case with all postsecondary

institutions, both accredited and unaccredited, there is no guarantee that my credits will transfer to another

institution.

\_\_\_\_\_\_\_\_ Student’s Initials

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

School Representative’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

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

 Essential Medical and Mental Health Institute (EMMI)



**Student Contract**

Essential Medical and Mental Health Institute wants to welcome you to your new beginning and road to an innovative career. We acknowledge that for some, this is a challenging decision that you have made and we would like to express that we are here to accommodate you the best way that we can. To finalize your enrollment process we want to highlight some important rules and regulations set by the institution’s president. All students have expressed their interest in the medical field and therefore these rules are essential to your success in the program of choice. The most important aspect that one should possess and demonstrates at all times is professionalism.

All students are expected to maintain a professional rapport, wear appropriate uniform attire every day, unless determined otherwise by the institution.

Needless to say, Essential Medical and Mental Health Institute is a drug free and smoke free environment. If students are caught disobeying the institution rules: 1) verbal warning, 2) will be placed on academic probation. We ask that no weapons (firearms, knives, etc..) or anything that will cause bodily harm to yourself or others are brought to the institution. Discussing further, students are unable to be absent from school without a valid and written excuse for more than 10 days before they are dropped from the program. Here at EMMI we uphold honestly and academic excellence; therefore, no cheating or plagiarism is allowed, if it is found that you have broken these rules you will receive: 1) verbal warning, 2) written up and placed on academic probation; 3) expelled from the program and all funds are then forfeited. We trust, that you understand our stance and that you will do your absolute best to uphold these rules and regulations.

Student’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Essential Medical and Mental Health Institute (EMMI)



**Acknowledgement of Forms**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on the year of \_\_\_\_\_month\_\_\_\_day\_\_\_ have received and reviewed the following Essential Medical and Mental Health Institute documents:

1. Entrance requirement description
2. Entrance information provided to students
3. Student contract
4. Educational goals for the institution
5. Statement of business practices
6. Description and facility and equipment
7. Description of placement services
8. Current catalog
9. Grievance policy
10. Refund policy

Student’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_