



**BREATH OF LIFE TRAINING LLC
APPLICATION FOR ADMISSION**

IMPORTANT: All sections must be completed and submitted with a \$30.00 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 Relationship Phone Number

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 _____

Are you a US? citizen: Yes _____ No _____ If "No," country of citizenship _____ Date of entry to US _____

Visa type: _____ Date issued: _____ Expiration date: _____

Country of origin: _____ Are you a resident alien? Yes ___ No ___ Resident alien number: _____

Are you a legal resident of Georgia? Yes _____ No _____ (To be considered a legal resident of Georgia, you must reside in the state for 12 consecutive months)

If "No," of which state are you a legal resident? _____ Is English your first language? Yes _____ No _____

Programs of Study:

Certified Nurse Assistant (CNA) _____ **\$650.00**
Clinical Medical Assistant _____ **\$1350.00**
Phlebotomy Technician (CPT) _____ **\$750.00**

Class Start Date: _____ **DAY** _____ **EVENING** _____

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

I certify that the information on this application is true and correct. I understand that if I misrepresent or omit any pertinent information regarding my enrollment and history as listed on my enrollment application or enrollment agreement, that this will be sufficient cause for my rejection or dismissal. I intend to abide by the rules and regulation of Breath of Life Training LLC.

Student Signature **Date**

Office use



REFUND, WITHDRAWAL & CANCELLATION POLICY

REFUND/WITHDRAWAL POLICY (Tuition Paid In Full):

The student agrees to pay Breath of Life Training LLC the total stated tuition and fees as outlined in the Program of Study section listed on the Enrollment Agreement. Payment of all monies due shall be a condition of continuing enrollment.

Breath of Life Training, LLC will retain fees paid for specific student ordered supplies that cannot be used by another student or supplies returned by the student in a condition that prevents the supplies from being used by or sold to new students. Refunds are calculated on a pro rata basis of attendance up to 50%, beyond which no refund is provided. Examples of the policy are as follows:

- 1) A student completing five (5) percent of instructional time would be refunded ninety-five (95) percent of tuition, minus the non-refundable application fee and any specially ordered items for individual students that cannot be used or sold to another student or items that are returned in a condition that prevents them from being used or sold to new students.
- 2) A student completing twenty-five (25) percent of instructional time would be refunded seventy-five (75) percent of tuition, minus the non-refundable application fee and any specially ordered items for individual students that cannot be used or sold to another student or items that are returned in a condition that prevents them from being used or sold to new students.
- 3) A student completing sixty (60) percent of instructional time would not be refunded any percent of tuition as there are no refunds of tuition or fees paid by the student after completion of 50 percent of instruction.

*All refunds will be issued in full to the student within forty-five (45) days of the date of withdrawal.

*All refunds are based on the tuition paid for the student's chosen program of study.

*There will be no fee assessed to the student for withdrawing for any reason from Breath of Life Training, LLC.

*The date of withdrawal will be the date the student requested to withdrawal from Breath of Life Training, LLC. and used as the basis for the withdrawal calculation as described above.

CANCELLATION POLICY

Student is entitled to a statement upon cancellation:

*The student may cancel the enrollment contract at any time prior to midnight of the third business day after signing this contract and receive full refund of all monies paid including the application fee of \$30.00 and all fees paid for student supplies.

REDUCTIONS IN INDEBTEDNESS

Reductions in indebtedness are made solely at the discretion of Breath of Life Training LLC for withdrawals necessitated by conditions beyond a student's control such as an emergency that would prohibit a student from



completing a program or course of study that is deemed to be acceptable to Breath of Life Training LLC. Refunds or reductions in indebtedness are processed after all required approvals are documented on a withdrawal form.

BUSINESS OFFICE HOLD

Breath of Life Training will place a business office hold on a student's academic record and the business office will not be permitted to forward any information until the financial obligation has been paid in full.

Refunds are issued in full to the student within forty-five (45) days of the date of withdrawal.

CANCELLATION AND REFUND POLICY

****If Breath of Life Training cancels a course the student will be notified by phone, mail, and or email. The school will return the student 100% of all monies collected if the student requests a refund, including application fee. Refunds are issued within forty-five (45) days of the date of cancellation.***

I certify that the information on this application is true and correct. I understand that if I misrepresent or omit any pertinent information regarding my enrollment and history as listed on my enrollment application or enrollment agreement, that this will be sufficient cause for my rejection or dismissal. I intend to abide by the rules and regulation of Breath of Life Training LLC.

Student Signature/Date

Breath of Life Training Staff Signature/Date



STATEMENT OF GENERAL HEALTH

It is the policy of Breath of Life Training 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



Items Required Prior to Admission into the Clinical Medical Assistant Phlebotomy Tech Programs

Medical Assistant /Phlebotomy Technician

Applicants seeking admission to the CMA, and Phlebotomy Technician must have the following official records, documents and supplies prior to an application being processed:

1. A high school diploma
2. A state issued photo identification
3. An official Social Security card
4. Criminal Background Check
5. Negative PPD

Program Uniform Dress Code Requirements

6. Black scrub set top and bottom
nonskid sole
7. Watch with a second hand
8. 18 years of age or older
9. Closed toe sneakers or crocks with a nonskid sole

Items Required Prior to Admission into the CNA Program

Certified Nurse Assistant/CNA

Applicants seeking admission to the CNA program must submit the following official records, documents and supplies prior to an application being processed:

1. A state issued photo identification
2. Negative PPD or Chest X-ray
3. Drug Screening and Physical
4. Criminal Background Check
5. An official Social Security Card
6. 17 years of age or older

Program Uniform Dress Code Requirements

7. Black scrub set - top and bottom
8. Watch that includes a seconds hand
9. Closed toe sneakers or crocks with a nonskid sole

GNPEC Student Disclosure Form

Name of School: Breath of Life Training LLC

Address of School: 124 Commercial Blvd #B, Martinez, GA 30907

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.

October 2017