

Professional Medical Careers Institute of California

Enrollment Agreement 2018

Professional Medical Careers Institute 920 Hampshire Rd. Suite S. Westlake Village Ca. 91361 805-497-4064

Student Name (Last, MI, First) DOB (mm/dd/yyyy) Social Security Number LVN/RN License #

Street Address City State Zip Code

Home Phone Cell Phone Work Phone E-mail Address

1. Course Title or Educational Service: **IV therapy and Blood Withdrawal Course or Blood Withdrawal Course**

app. 36 3 4.5 8 October 2, 2018
of Clock Hours # of Weeks # of Hrs Per Day # of Days Start Date

Scheduled Completion Date: October 29, 2018

2. Fees, Charges and Expenses. (If cancelled at any time, a charge of \$25 Non-Refundable, will be added for services rendered)
Initial _____

IV therapy and Blood Withdrawal Certification Course

Registration Fee: \$ 25 **Non-Refundable** fee for Services Rendered/Registration/record keeping

Tuition fee: \$ 295 for IV therapy and Blood Withdrawal Course \$190 for Blood Withdrawal course only

Tuition does not include books or lab fees. Other materials and handouts are included.

TOTAL: \$295 IV and BW _____ \$50 Book _____ (Rent for \$10) _____
\$190 BW only _____ \$50 Book _____ **DISCOUNT:** _____
Loaner book \$10 rental fee _____ Refresher: \$35 per class _____ # of classes _____
Courses Selected *IV therapy and Blood Withdrawal Certification Course _____ 36 hours*
Blood Withdrawal and principles of IV therapy and infection control _____ 16 hours

Other: The total amount that the participant is obligated to pay including all fees, charges, and expenses separately itemized that must be paid in full to complete the program of instruction. **The total cost of the course must be paid prior to the first day of instruction. All fees must be paid prior to receipt of certificate of completion. By signing you agree to abide by all rules and regulations and understand that the registration fee of \$25 is not refundable. You also understand that there is a \$100 charge for those who cancel with less than a seven (7) days notice. There are no refunds after the first day of instruction but the fees may be applied to the next available class.**

Total Charges: \$ _____ Amount Paid \$ _____ Amount Due \$ _____

Signature of Student: _____ Date: _____

Printed Name of Student _____

Signature of School Representative or Administrator: _____ Date: _____

School Representative: _____ Title: _____ Date: _____

This Agreement is not binding unless signed by the student, school representative or school administrator.

Type of Payment: _____ Terms: _____ Paid: _____ Promotion: _____
Monthly Payments of: _____ Bi-weekly payments of: _____
Charge my Debit/Credit # _____ Expiration date: _____
Check # _____ Signature: _____