

**Clinical Medical Assisting Program  
Enrollment Agreement  
Village Career Center, LLC  
110 Whitehall St.  
Abbeville, SC 29620**

864-902-4433 | [villagecareercenter.com](http://villagecareercenter.com) | [mturman@villagecareercenter.com](mailto:mturman@villagecareercenter.com)

**STUDENT INFORMATION**

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 of Social Security xxx-xx-\_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Number: \_\_\_\_\_

**PROGRAM INFORMATION**

Name of Program: Clinical Medical Assisting Date of Admission: \_\_\_\_\_

Program Start Date: \_\_\_\_\_ Anticipated End Date: \_\_\_\_\_

**Campus** Abbeville ☐ Anderson ☐ Newberry ☐

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐

Class Meets: Hybrid

Time Class Begins 9:00am 5:00pm

Time Class Ends 2:00pm 9:00pm

Number of Weeks 13 Weeks

Total Clock Hours 155 Clock Hours

**Tuition**

Name of Program	Total Hours	Materials	App. Fee	Tuition	Program Length	Circle Session Attending
<i>Clinical Medical Assistant</i>	Contact Hours: 50 online hours, 55 in-class lab, 50 simulation externship/preceptorship hours	\$350.00	\$50.00	\$2,000.00	<u>13</u> Weeks	Hybrid

**Clinical Medical Assisting Program  
Enrollment Agreement  
Village Career Center, LLC  
110 Whitehall St.  
Abbeville, SC 29620**

864-902-4433 | [villagecareercenter.com](http://villagecareercenter.com) | [mturman@villagecareercenter.com](mailto:mturman@villagecareercenter.com)

**Costs**

**Tuition:**

**\$2000.00**

**Materials:**

**\$350.00**

Textbook: \$ 120.00

NHA Prep Materials: \$ 130.00

Lab Supplies: (Pocket Nurse Practice Supplies, Liability Insurance) \$100.00

Application Fee: **\$50.00**

**TOTAL COST: \$2400.00**

- Deposit and application fee covered in total costs.
- Payment method can be cash, check, Paypal, Square or credit card.
- Prices for materials are subject to change without notice.
- Students are responsible for purchase of electronic device to access course materials.
- Students are responsible for the costs of certification exam costs after completion of program.
- Students are responsible for purchase of one scrubs top and bottom for the course.
- Students will incur a \$150.00 convenience fee per make-up lab.

**PAYMENT OPTIONS:**

1. A payment of a **\$400.00 deposit** is due with signing of the enrollment agreement for the cost of materials. *Cost subject to change without notice.*
2. Tuition options:  
**Payment option 1:** Full payment of **\$2000.00** due no later than five (5) business days prior to class, payable by cash, check or credit card or third voucher.  
**Payment option 2:** A payment plan set-up fee of **\$200.00** is added to the tuition balance, to be paid in **bi-weekly installments** in the amount of **\$366.50** payable by cash, check, or credit card. Payments due on **Mondays of week 2, 4, 6, 8, 10, and 12.** (Tuition to be paid in full by week 12.)
3. These options are available to all students.
4. Payment may be made on campus, Paypal, Square or at <https://villagecareercenter.classreach.com>.
5. Cancellation and refunds based on cancellation and refund policy.
6. A student who **fails** to make full payment of tuition and fees, including any incidental fees and late fees by the due date on the invoice, may be dis-enrolled and prohibited from registering for classes until full payment is made. Grades and official transcripts may be withheld from a student who fails to make payment prior to the end of the semester. A \$25.00 late

**Clinical Medical Assisting Program  
Enrollment Agreement  
Village Career Center, LLC  
110 Whitehall St.  
Abbeville, SC 29620**

**864-902-4433 | [villagecareercenter.com](http://villagecareercenter.com) | [mturman@villagecareercenter.com](mailto:mturman@villagecareercenter.com)**

payment fee is assessed 5 days after invoice date. A \$150.00 fee will be required for reinstatement for students who are dis-enrolled due to non-payment or academic standings.

Option 1		Option 2	
Application Fee	\$50.00	Application Fee	\$50.00
Enrollment Material Cost (Due upon signing agreement)	\$350.00	Enrollment Material Cost (Due upon signing agreement)	\$350.00
Full Tuition (within 5 business days of start of class)	\$2000.00	Set-up Fee	\$200.00
<input type="checkbox"/> SHARE <input type="checkbox"/> GOODWILL <input type="checkbox"/> AIM <input type="checkbox"/> GLEAMNS <input type="checkbox"/> WIOA <input type="checkbox"/> OTHER		Monthly Payments (Monday's week 2, 4, 6, 8, 10, and 12 of course.)	\$366.50 X 6
Total	\$2400.00	Total	\$2600.00

Election	Option 1 <input type="checkbox"/>	Option 2 <input type="checkbox"/>	Student Signature _____
----------	-----------------------------------	-----------------------------------	-------------------------

**CANCELLATION AND REFUND POLICY**

**Rejection:** An application rejected by the institution is entitled to a refund of all monies paid.

**Three- Day Cancellation:** An applicant may cancel this agreement without penalty by notifying the institution within three (3) business days after signing this agreement, excluding weekends and holidays. After the third day, but before classes begin, the institution may retain up to \$50.00 in administrative fees.

**Other Cancellations:** The minimum number of students in program/class is (3). If the course needs to be rescheduled due to low enrollment, students will be notified by phone and email. Students will have the choice of a refund in accordance with the institution's refund policy or to attend the next scheduled class. If the class start date is changed for a second time, the student will be eligible for a full refund of all monies paid.

**Withdrawal:** Student(s) who wish to withdraw from this institution after classes begin will be subject to the below refund policy. The institution may retain up to \$100 application/administrative fee after the three-day cancellation or after classes begin. Refunds will be computed to the below refund policy. Refunds are computed in ten-percent increments, rounded downward to the nearest ten percent of that period. After sixty percent of attendance, the institution may charge for the entire course. Refunds are issued within 40 days after the effective date of cancellation or last date attended.

**Material Cost Deposit Fee Disclaimer:** *All efforts will be made to refund prepaid amounts for books, supplies and other materials unless the student has consumed or used those items and they can no longer be used or sold to new students or returned by the institution to the supplier as new merchandise.*

***Procedure:***

- The last date of attendance for students is established based on the final clock hours recorded in LMS.
- Refund Worksheet will be completed by President within 45 days of last attendance.

**Clinical Medical Assisting Program  
Enrollment Agreement  
Village Career Center, LLC  
110 Whitehall St.  
Abbeville, SC 29620**

**864-902-4433 | [villagecareercenter.com](http://villagecareercenter.com) | [mturman@villagecareercenter.com](mailto:mturman@villagecareercenter.com)**

- Refund Worksheet will be emailed to student within 45 days of last attendance by President.
- Refund will be issued in the amount that is greater based on both calculations within 45 days by President.
- The following tables will be used to calculate refunds due to students for cancellation, course withdrawal and enrollment drops based on requirements from ACCET and South Carolina Commission on Higher Education by President.

**Refund calculation example (for a 155-hour course):**

Hours Attended	Percentage of Attendance	Tuition Refund %	Tuition Refund	Weeks Attended	Total Hours	Pro rata portion completed	Earned Tuition Rate: \$2000	Refund
1 – 15	10%	90%	\$1800	1	12	8%	\$160	\$1840
16 – 31	20%	80%	\$1600	2	24	15%	\$300	\$1700
32 – 46	30%	70%	\$1400	3	36	23%	\$460	\$1540
47 – 62	40%	60%	\$1200	4	48	31%	\$620	\$1380
63 – 77	50%	50%	\$1000	5	60	39%	\$780	\$1220
78 – 93	60%	40%	\$800	6	72	46%	\$920	\$1080
94 – 155	61-100%	0%	0	7	73-78	50%	\$1000	\$1000
				8-13	78-155	0%	\$2000	\$0

**Please read each statement carefully. Mark each to your understanding and sign at the bottom.**

- ☐ I have received a copy of the catalog and enrollment agreement.
  - ☐ I understand the deposit, tuition charges, payment options, and refund policy.
  - ☐ I understand tuition must be paid in full based on out-lined payment plans.
  - ☐ I understand completion of the program does not guarantee employment.
  - ☐ I acknowledge that this agreement becomes a legally binding contract once completed and signed by both parties.
  - ☐ I acknowledge that I will attend labs as scheduled or incur a **\$150 fee** per missed lab.

- ☐ I understand Village Career Center makes no claim or guarantee that credit earned will transfer to another institution.
  - ☐ I understand a certificate of completion is awarded at graduation.
  - ☐ I understand that I am responsible for the cost **certification exam (\$175)** after completion of the program, **exam not mandatory**.
  - ☐ I understand that Third-party loans must be repaid according to the terms of the note even if the borrower does not complete his or her education, cannot get a job after completion of the program, or is dissatisfied with the education.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Third Party Agency Representative

\_\_\_\_\_  
Date

Melanie Turman  
\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**Clinical Medical Assisting Program  
Enrollment Agreement  
Village Career Center, LLC  
110 Whitehall St.  
Abbeville, SC 29620**

**864-902-4433 | [villagecareercenter.com](http://villagecareercenter.com) | [mturman@villagecareercenter.com](mailto:mturman@villagecareercenter.com)  
Hold Harmless Statement**

Village Career Center and student acknowledge that there is some risk of accident or injury associated with use of equipment and other aspects of the course of study, including but not limited to direct care and contact of other students or clients at the clinical or training site. Student does hereby waive, release, and Village Career Center of any and all liability and all claims for damages for death, personal injury, or property damage which I may have or which hereafter accrue to me as a result of participation in the program whether or not caused by negligence or fault of Village Career Center.

This release is intended to discharge the school, and its officers, employees, representative, volunteers, and agents from and against any and all liability arising out of or connected in any way with my participation in the training, internship/externship, hands-on activities, practice, or other activities.

Knowing risks exist, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all persons or agencies mentioned above that might otherwise be liable to me or my heirs or assigns for damages. I further understand and agree that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

In addition, I give permission to receive, if necessary emergency medical services by authorized personnel, and that any cost incurred as a result of such medical treatment will be my responsibility.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**CONTRACT ACCEPTANCE:**

I, the undersigned, have read and understand this agreement and acknowledge receipt of a copy. It is further understood and agreed that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. I also understand that if I default upon this agreement I will be responsible for payment of any collection fees or attorney fees incurred by Village Career Center.

My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Print of Student

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date

**Representative's certification:** I hereby certify that \_\_\_\_\_ has been interviewed by me and in my judgment, meets all requirements for acceptance as a student. I further certify that there have been no verbal or written agreements or promises other than those appearing on this agreement.

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date

**Clinical Medical Assisting Program  
Enrollment Agreement  
Village Career Center, LLC  
110 Whitehall St.  
Abbeville, SC 29620  
864-902-4433 | [villagecareercenter.com](http://villagecareercenter.com) | [mturman@villagecareercenter.com](mailto:mturman@villagecareercenter.com)  
Village Career Center, LLC Payment Plan Structure**

**Tuition Information**

**Tuition for 2025- 2026 School Year:       \$2000.00**

Payment Plan Set-up Fee	Deposit	Amount of Agreement	Total of Tuition Payments	Total Sale Price
The dollar amount the payment plan will cost you.	The dollar amount paid on signing of enrollment agreement for materials and app fee.	The amount due provided to you or on your behalf.	The amount you will have paid after you have made all payments as scheduled.	The total cost of your purchase on payment plan.
<b>\$200.00</b>	<b>\$400.00</b>	<b>\$2000.00</b>	<b>\$2200.00</b>	<b>\$2600.00</b>

**Your payment schedule will be:**

**Option 2:**

Number of Payments	Amount of Payments	When Payments Are Due
<b>6</b>	<b>\$366.50</b>	<b>Monday of week 2, 4, 6, 8, 10 and 12 of course.</b>

**Late Charge:** Payments not made within a five (5)-business day grace period will be charged a late fee of \$25.00 per week of outstanding payment. A student who fails to make full payment of tuition and fees, including any incidental fees and late fees, by the next scheduled payment due date may be dis-enrolled and prohibited from registering for future classes until full amount due is paid. Students' delinquent by two (2) payments will be dis-enrolled. Grades, degree and official transcripts may be withheld from a student who fails to make full payment prior to the end of the course. A \$150.00 fee will be required for reinstatement for students who are dis-enrolled due to non-payment.

**Contract Reference/Prepayment:** If you pay any amount of this debt earlier than the due date, no penalty will be assessed.

**Non-Sufficient Funds:** A charge of \$50.00 shall be added for each check or bank debit transaction returned for non-sufficient funds.

**Demand Features:** Village Career Center, LLC reserves the right to demand full payment prior to receiving certificate of completion of the course.

\_\_\_\_\_  
Print of Student

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

DOB \_\_\_\_\_ DL # \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date