

STUDENT ORIENTATION DATE: _____ MANDATORY ATTENDANCE BEFORE CLASS START DATE!



ALLIED HEALTH CAREERS INSTITUTE

1237 Commerce Park

Murfreesboro, TN. 37130

(615)396-8733 Fax: (615)396-8687

Day Program
 Evening Program

Full-Time Student
 Part-Time Student

PROGRAM APPLICATION

PLEASE PRINT

TODAY'S DATE _____

PROGRAM DATE _____ ESTIMATED PROGRAM COMPLETION DATE _____

NAME _____ REFERRAL SOURCE _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ D.O.B. _____ SS# or A. REGISTRATION # _____

PHONE: _____ CELL PHONE PROVIDER _____ EMAIL _____

EMERGENCY CONTACT NAME _____ EMERGENCY NUMBER _____

EDUCATION

HIGH SCHOOL _____ YEAR GRADUATED _____

GED/WHERE _____ YEAR OBTAINED _____

COLLEGE/UNIVERSITY _____ DEGREE(S) _____

SPECIAL TRAINING _____ CERTIFICATE _____

LICENSES HELD: PAST AND PRESENT _____

LIST ANY KNOWN ALLERGIES _____

PRESENTLY EMPLOYED/WHERE _____

HAVE YOU EVER BEEN ARRESTED FOR ANYTHING OTHER THAN A MINOR TRAFFIC VIOLATION? _____

IF YES, EXPLAIN _____

A yes answer will not necessarily keep you from being accepted.

ADMISSION CRITERIA: MUST BE AT LEAST 18 YEARS OF AGE, MUST HAVE A HIGH SCHOOL DIPLOMA OR GED (PROOF: OFFICIAL TRANSCRIPTS ONLY), MUST PROVIDE 2 WRITTEN LETTERS OF REFERENCE, AND MUST HAVE INTERVIEW WITH AHCI REPRESENTATIVE.

CHECK THE PROGRAM APPLYING FOR:

- | | | | | |
|--|---------------------|------------------------|----------------------------------|-------------------------------|
| <input type="checkbox"/> MEDICAL ASSISTANT – DAY | TUITION: \$9,910.00 | OTHER FEES: \$1,045.00 | ACADEMIC/CLINICAL: 400/220 HOURS | PROGRAM LENGTH: 620 CLOCK HRS |
| <input type="checkbox"/> MEDICAL ASSISTANT – NIGHT | TUITION: \$9,910.00 | OTHER FEES: \$1,045.00 | ACADEMIC/CLINICAL: 400/220 HOURS | PROGRAM LENGTH: 620 CLOCK HRS |
| <input type="checkbox"/> BILLING & CODING – DAY | TUITION: \$3,600.00 | OTHER FEES: \$425.00 | ACADEMIC/CLINICAL: 275/80 HOURS | PROGRAM LENGTH: 355 CLOCK HRS |
| <input type="checkbox"/> BILLING & CODING – NIGHT | TUITION: \$3,600.00 | OTHER FEES: \$425.00 | ACADEMIC/CLINICAL: 275/80 HOURS | PROGRAM LENGTH: 355 CLOCK HRS |
| <input type="checkbox"/> PHLEBOTOMY – DAY | TUITION: \$1,000.00 | OTHER FEES: \$325.00 | ACADEMIC/CLINICAL: 75/40 HOURS | PROGRAM LENGTH: 115 CLOCK HRS |
| <input type="checkbox"/> PHLEBOTOMY – NIGHT | TUITION: \$1,000.00 | OTHER FEES: \$325.00 | ACADEMIC/CLINICAL: 75/40 HOURS | PROGRAM LENGTH: 115 CLOCK HRS |

*Student liability insurance and certification testing is not included in tuition; and other fees.

**I UNDERSTAND THAT ALL CLINICAL ROTATION HOURS ARE UNPAID & TO BE FINISHED DURING DAY TIME HOURS ONLY!
THERE ARE NO NIGHT CLINICAL HOURS.**

_____ UNDERSTAND THE ABOVE TUITION/FEES AND CLASS/CLINICAL HOURS

STUDENT ORIENTATION DATE: _____ MANDATORY ATTENDANCE BEFORE CLASS START DATE!

STUDENT INITIALS

DISCLOSURE STATEMENT:

I HAVE TOURED ALLIED HEALTH CAREERS INSTITUTE FACILITY.

I HAVE RECEIVED ALLIED HEALTH CAREERS INSTITUTE CATALOG.

I HAVE RECEIVED A COPY OF THIS AGREEMENT.

I UNDERSTAND THE TUITION FOR ALL PROGRAMS AS STATED ABOVE.

I UNDERSTAND THAT THERE IS A \$25.00 APPLICATION FEE, WHICH IS NON-REFUNDABLE AND DUE AT PRESENTATION OF APPLICATION.

I UNDERSTAND THAT THE PASSING OVERALL GRADE FOR ALL PROGRAMS IS A 70% AND A 70% FOR THE FINAL, MEDICAL ASSISTANTS ALSO HAVE TO HAVE A 90% PASSING IN PHARMACOLOGY AND 80% PASSING IN EKG.

I UNDERSTAND THAT ALL FEES MUST BE PAID IN FULL OR ARRANGEMENTS MUST BE MADE BEFORE CLINICALS OR CERTIFICATE IS ISSUED.

I HAVE RECEIVED A COPY OF THE CANCELLATION/REFUND/WITHDRAW POLICY IN ACCORDANCE WITH THE TENNESSEE HIGHER EDUCATION COMMISSION.

I UNDERSTAND THAT A MANDATORY ORIENTATION MUST BE ATTENDED PRIOR TO STARTING A PROGRAM AND THE FOLLOWING MUST BE TURNED IN AT ORIENTATION:

- OFFICIAL HIGH SCHOOL TRANSCRIPTS OR OFFICIAL GED RESULTS
- 2 LETTERS OF REFERENCE
- BOOK AND LAB FEES

STUDENT INITIAL _____

I HAVE BEEN INFORMED THAT FOR THE PERIOD OF JULY 1, 2014 THROUGH JUNE 30, 2015 THE WITHDRAWAL RATE IS 4.5 %, THE COMPLETION RATE IS 92.5 % AND THE PLACEMENT RATE IS 90 %. DETAILED STATISTICAL DATA FOR ALL PROGRAMS MAY BE VIEWED BY GOING TO [HTTPS:WWW.TN.GOV/THEC](https://www.tn.gov/thec) AND CLICKING ON THE "AUTHORIZED INSTITUTIONS DATA" BUTTON.

GRIEVANCE PROCEDURE

AHCI WOULD LIKE TO HAVE ANY REASONABLE COMPLAINTS SOLVED WITHIN THE INSTITUTION WITH BOTH PARTIES REACHING A SATISFACTORY OUTCOME. ANY GRIEVANCE SHOULD FIRST BE TAKEN TO THE INSTRUCTOR TO SOLVE, IF A RESOLUTION IS NOT REACHED THEN IT SHOULD BE BROUGHT TO THE ATTENTION OF THE DIRECTOR AT (615)396-8733. IF THE COMPLAINT IS NOT SETTLED AT THE INSTITUTIONAL LEVEL, I THE STUDENT, UNDERSTAND I MAY CONTACT THE TENNESSEE HIGHER EDUCATION COMMISSION, 404 JAMES ROBINSON PARKWAY, NASHVILLE, TN. 37243-0803, PHONE (615)741-5293; OR THE COUNCIL ON OCCUPATIONAL EDUCATION (COE), 7840 ROSWELL RD., BLDG 300 SUITE 325, ATLANTA, GA. 30350, PHONE (770)396-3898.

PLEASE READ CAREFULLY BEFORE SIGNING THIS AGREEMENT! FEEL FREE TO ASK QUESTIONS!

I AM STATING THAT I AM AT LEAST 18 YEARS OF AGE, HOLD A HIGH SCHOOL DIPLOMA OR GED, AND HAVE NOT BEEN CONVICTED OF A FELONY.

I HAVE READ AND UNDERSTAND ALL STATEMENTS AND HAVE BEEN GIVEN A CHANCE TO ASK QUESTIONS AND HAVE BEEN GIVEN CLEAR ANSWERS.

STUDENT SIGNATURE

DATE

AHCI REPRESENTATIVE