

STUDENT ORIENTATION DATE: \_\_\_\_\_ MANDATORY ATTENDANCE BEFORE CLASS START DATE!



**PROGRAM APPLICATION**  
**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

**PLEASE PRINT**

TODAY'S DATE \_\_\_\_\_

PROGRAM DATE \_\_\_\_\_ PROGRAM COMPLETION DATE \_\_\_\_\_

NAME \_\_\_\_\_ REFERRAL SOURCE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_ D.O.B. \_\_\_\_\_ SS# \_\_\_\_\_

PHONE: \_\_\_\_\_ 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: \$8,423.50 | OTHER FEES: \$1,045.00 | ACADEMIC/CLINICAL: 400/220 HOURS | PROGRAM LENGTH: 22 WEEKS  |
| <input type="checkbox"/> MEDICAL ASSISTANT – NIGHT | TUITION: \$8,423.50 | OTHER FEES: \$1,045.00 | ACADEMIC/CLINICAL: 400/220 HOURS | PROGRAM LENGTH: 34 WEEKS  |
| <input type="checkbox"/> BILLING & CODING – DAY    | TUITION: \$6,500.00 | OTHER FEES: \$1,025.00 | ACADEMIC/CLINICAL: 275/80 HOURS  | PROGRAM LENGTH: 25 WEEKS  |
| <input type="checkbox"/> BILLING & CODING – NIGHT  | TUITION: \$6,500.00 | OTHER FEES: \$1,025.00 | ACADEMIC/CLINICAL: 275/80 HOURS  | PROGRAM LENGTH: 50 WEEKS  |
| <input type="checkbox"/> PHLEBOTOMY – DAY          | TUITION: \$1,200.00 | OTHER FEES: \$325.00   | ACADEMIC/CLINICAL: 75/40 HOURS   | PROGRAM LENGTH: 6+ WEEKS  |
| <input type="checkbox"/> PHLEBOTOMY – NIGHT        | TUITION: \$1,200.00 | OTHER FEES: \$325.00   | ACADEMIC/CLINICAL: 75/40 HOURS   | PROGRAM LENGTH: 12+ WEEKS |

\*Student liability insurance, certification testing, background and drug screen is not included in tuition; and other fee for the Phlebotomy Technician program.

**I UNDERSTAND THAT ALL CLINICAL ROTATION HOURS ARE TO BE FINISHED DURING DAY TIME HOURS ONLY! THERE ARE NO NIGHT CLINICAL HOURS. NO SPECIAL HOURS WILL BE GRANTED, CLINICALS ARE USUALLY 8AM – 5PM.**

\_\_\_\_\_ UNDERSTAND THE ABOVE TUITION/FEES AND CLASS/CLINICAL HOURS  
STUDENT INITIALS

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DISCLOSURE STATEMENT:

- I HAVE TOURED ALLIED HEALTH CAREERS INSTITUTE FACILITY.
- I HAVE RECEIVED ALLIED HEALTH CAREERS INSTITUTE CATALOG BY EMAIL OR HARD COPY.
- I HAVE RECEIVED A COPY OF THIS AGREEMENT.
- I UNDERSTAND THE TUITION FOR ALL PROGRAMS AS STATED ABOVE. TUITION WILL BE CHARGED FOR EACH PROGRAM ACCORDING TO A STUDENTS FINANCIAL AGREEMENT AND WILL BE PRO-RATED IF STUDENT WITHDRAWS ACCORDING TO AHCI REFUND POLICY. ALL OTHER STUDENT FEES ARE NON-REFUNDABLE ALONG WITH THE ITEM HAS BEEN PROVIDED TO STUDENT. BOOKS THAT ARE ACCEPTED AS RETURNED ITEMS MUST BE UNDAMAGED AND HAVE NO MARKING IN OR ON THEM.
- STUDENTS WHO ARE DISMISSED FROM THE INSTITUTE FOR ANY REASON AND WHO WISH TO RE-ENROLL MUST BE APPROVED FOR RE-ADMISSION, AND SATISFY ADMISSION REQUIREMENTS AND SIGN A NEW ENROLLMENT AGREEMENT. NEW ENROLLMENT AGREEMENT WILL REFLECT THE CURRENT TUITION AND FEES FOR THE REMAINING PERIOD OF ENROLLMENT.
- I UNDERSTAND THAT TUITION FOR PHLEBOTOMY AND BILLING AND CODING DOES NOT INCLUDE INSURANCE, CERTIFICATION TESTING OR BACKGROUND CHECK AND DRUG SCREEN IF NEEDED.
- I UNDERSTAND THAT THERE IS A \$25.00 APPLICATION FEE, WHICH IS NON-REFUNDABLE AND DUE AT PRESENTATION OF APPLICATION. I ALSO UNDERSTAND THAT WHEN THE \$500.00 DOWN PAYMENT IS MADE, AND THE STUDENT WITHDRAWS OR IS DISMISSED FROM THEIR PROGRAM, AHCI WILL KEEP \$100.00 FOR AN ADMINISTRATION FEE.
- I UNDERSTAND THAT ALL FEES MUST BE PAID IN FULL OR ARRANGEMENT MUST BE MADE BEFORE CLINICALS OR CERTIFICATE IS ISSUED. ALL TUITION/FEES PAYMENT MUST BE PAID ON OR BEFORE THE DUE DATE OR A LATE FEE MAY BE ADDED TO THE LATE OR MISSED PAYMENT.
- 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 HAVE RECEIVED A COPY OF THE CANCELLATION/REFUND/WITHDRAW POLICY IN ACCORDANCE WITH THE TENNESSEE HIGHER EDUCATION COMMISSION. ALL REFUNDS WILL BE MADE ACCORDING TO THE AHCI'S REFUND POLICY AND WILL BE PAID WITHIN 45 DAYS OF RECEIVING THE STUDENTS OFFICIAL WRITTEN WITHDRAWAL OR AHCI DETERMINES THAT THE STUDENT HAS WITHDRAWN. UPON RECEIPT OF REFUND, THE STUDENT AGREES THAT ITS RECEIPT CONSTITUTE A FULL AND COMPLETE RELEASE OF ALLIED HEALTH CAREERS INSTITUTE FROM ANY AND ALL LIABILITIES.
- AHCI MAY TERMINATE ANY ENROLLED STUDENTS WHO:
  - FAILS TO MAINTAIN A PASSING GRADE AVERAGE, SATISFIES ATTENDANCE AND STAY WITHIN SATISFACTORY ACADEMIC PROGRESS
  - FAILS TO PAY TUITION AND/OR FEES IN A TIMELY MANNER
  - DAMAGES OR MALICIOUSLY DESTROYS OR STEALS FROM AHCI, STAFF OR STUDENTS (AND COULD BE LIABLE FOR ANY COSTS FOR REPAIRS OR REPLACEMENTS AS A RESULT OF ACTIONS)
  - ENGAGES IN BEHAVIOR THAT INTERFERES WITH THE EDUCATIONAL PROCESS, OR THE RIGHTS OF OTHER STUDENTS AND STAFF.
  - DOES NOT FOLLOW AHCI RULES AND REGULATIONS SIGNED IN ORIENTATION.
- AHCI RESERVES THE RIGHT TO CANCEL ANY CLASS, CHANGE THE SCHEDULES TIME OF CLASSES, SUBSTITUTE TEACHERS AND REVISE CLASSES IF NECESSARY. CLASSES WITHOUT A SUFFICIENT NUMBER OF STUDENTS MAY BE DELAYED, CANCELLED OR RESCHEDULED. AHCI RESERVES THE RIGHT TO MAKE CHANGES TO CURRICULUM AS IT DEEMS APPROPRIATE. CLASSES ARE GENERALLY SCHEDULED BETWEEN 9:00 AM AND 3:00 PM, MONDAY THROUGH FRIDAY AND 6:00 PM THROUGH 10:00 PM MONDAY, TUESDAY AND THURSDAY. CLINICAL HOURS ARE SCHEDULED DURING DAY HOURS ONLY AND WILL BE BETWEEN 7:00 AM AND 6:00 PM AND ACCORDING TO THE CLINICAL SITE.
- 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
  - \$500 DOWNPAYMENT (\$100 IS NON-REFUNDABLE AND IS KEPT FOR ADMINISTRATION FEE)

STUDENT INITIAL \_\_\_\_\_

I HAVE BEEN INFORMED THAT FOR THE PERIOD OF JULY 1, 2017 THROUGH JUNE 30, 2018 THE WITHDRAWAL RATE IS 6 %, THE COMPLETION RATE IS 91 % AND THE PLACEMENT RATE IS 93 %. 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.

**CERTIFICATION**

AHCI DOES NOT GUARANTEE THAT WHEN A STUDENT COMPLETES THEIR PROGRAM THEY WILL PASS THE CERTIFICATION EXAM. A STUDENT'S ELIGIBILITY TO SIT FOR A SPECIFIC EXAM IS BASED ON CRITERIA FROM THE CERTIFYING ENTITY. A STUDENT WHO ELECTS TO PURSUE ADDITIONAL TESTING IS RESPONSIBLE FOR THE COSTS OF THOSE EXAMS. IF A STUDENT BELIEVES THEY CAN TEST WITHOUT ATTENDING AHCI, THEY ARE RESPONSIBLE TO FINE OUT THE APPLICATION PROCESS FOR EXAM. AHCI IS NOT RESPONSIBLE TO PROVIDE TESTING STUDY MATERIAL/INFORMATION FOR CERTIFICATIONS. CERTIFICATION EXAM QUESTIONS CHANGE WITHOUT NOTICE AND AHCI DOES NOT HAVE TEST QUESTIONS OR ANSWERS AND THEREFORE STUDY MATERIAL MAY BE PURCHASED THROUGH

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NHA IF DESIRED. AHCI PROGRAMS ARE GEARED TOWARD THE NHA AND AAPC EXAMS AND SHOULD PROVIDE SUFFICIENT KNOWLEDGE TO PASS.

**STUDENT'S RIGHT TO CANCEL**

I UNDERSTAND THAT I HAVE THE RIGHT TO CANACEL THE ENROLLEMENT AGREEENT INCLUDING ANY EQUIPMENT SUCH AS BOOKS, MATERIALS, AND SUPPLIES OR ANY OTHER GOODS RELATED TO THE INSTRUCTION OFFERED IN THIS AGREEMENT, IF NOTICE OF CANCELLATION IS MADE WITHIN FIVE (7) CALENDAR DAYS (EXCLUDING HOLIDAYS) OF ENROLLMENT OR BY THE FIFTH (7th) CALENDAR DAY FOLLOWING THE SCHEDULED PROGRAM START DATE, WHICHEVER IS LATER. CANCELLATION SHALL OCCUR WHEN YOU GIVE WRITTEN NOTICE OF CANCELLATION TO THE ADDRESS OF THE SCHOOL SHOWN ON THE TOP OF THE FRONT PAGE OF THIS AGREEMENT. YOU CAN ALSO DO THIS BY HAND DELIVERY. THE WRITTEN NOTICE OF CANCELLATION NEED NOT TAKE ANY PARTICULAR FORM AND, HOWEVER EXPRESSED, IT IS EFFECTIVE IF IT SHOWS THAT YOU NO LONGER WISH TO BE BOUND BY THIS AGREEMENT. IF YOU CANCEL THE AGREEMENT AHCI WILL REFUND 100 PERCENT OF THE AMOUNT PAID FOR INSTITUTIONAL CHARGES, LESS \$100.00 ADMINISTRATION FEE, WITH A DEDUCTION FOR EQUIPMENT NOT RETURNED, UNAMAGE, NOT WRITTEN IN OR HIGHLIGHTED (IN NEW CONDITION) IN A TIMELY MANNER, WITHIN 10 DAYS AFTER YOUR NOTICE OF CANCELLATION IS RECEIVED.

**GRIEVANCE PROCEDURE**

AHCI IS COMMITTED TO HAVING EACH STUDENT OBTAIN THEIR GOALS AND WE ARE 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 SHOLD 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!

I HAVE HAD AN OPPORTUNITY TO ASK ANY QUESTIONS AND HAVE HAD THEM ANSWERED TO MY SATISFACTION.

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 IN THIS AGREEMENT AND AGREE WITH TERMS.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AHCI REPRESENTATIVE