

Contra Costa Medical Career College



4051 Lone Tree Way, Suite B Antioch Ca 94531

Phone (925) 757-2900 Fax(925) 757-5873

Admission Application

Date _____

Name (First, MI, Last) _____

Address _____

City, State, ZIP _____

Telephone (____) _____ - _____ Cell (____) _____ - _____

Social Security Number ____ - ____ - _____

Date of Birth: ____/____/____ (Please show identification with Date of Birth)
Month Day Year

How did you hear about Contra Costa Medical Career College? (Please be specific)

Give name and phone number of person to be notified in case of an emergency:

Name _____ Telephone # _____

Phlebotomy Technician I _____ Total clock hours **120**

IV Certification _____ Total clock hours **30**

Clinical Medical Assisting _____ Total clock hours **280**

Start date _____ Scheduled completion date _____

TOTAL FEES, CHARGES, AND EXPENSES

Costs paid to school

Medical Assisting/Phlebotomy

Application/Registration Fee \$75.00 (non-refundable)

Tuition \$2100.00 (refundable)

Total paid to school MA/Phlebotomy \$2175.00

IV Cert. course

\$80.00 (non-refundable)

\$600.00 (refundable)

Total paid to school \$680.00

Out of pocket for IV Cert. course

Text book and syllabus \$50.00

Out of pocket expenses (Medical Assisting/Phlebotomy)

Certification Examination (Phlebotomy/CMA) \$135.00(refundable)

Malpractice Insurance (Phlebotomy/CMA) \$65.00 (refundable)

Text Book and syllabus \$95.00 (refundable)

Uniform/ shoes \$30.00 (non-refundable)

Total out of pocket \$325.00

**You are responsible for this amount. If you get a student loan, you are responsible for repaying the loan amount plus any interest.*

EDUCATION

Have you graduated from high school or received a high school equivalency diploma (GED)?

Yes No

If no, please circle highest grade completed: 4 5 6 7 8 9 10 11 12

Level	Name Address	Dates Attended	Major	Year Graduated	Degree Received
High School					
Technical/Business					
College(s)/Other					

Do you speak, read or write a language other than English?

Yes No

Please specify the language. _____

List any other special training or certification you have.

EMPLOYMENT HISTORY Beginning with your most recent employment, list employment history for the last ten years.

Company Name Address	Employed From-To	Job Description	Wage	Reason for Leaving

Have you ever had any criminal convictions in the past? Yes No

if yes, please explain:

****A background check will be done on all students****

NOTICE

ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSE WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PURPOSE OR WITH THE PROCEEDS HEREOF. RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.

CANCELLATION AND REFUND POLICY

The student has the right to cancel this agreement, without further obligation, and obtain a refund of all amounts paid, if notice of cancellation is given to this school before midnight of the fifth business day following the first class session period. Business day means a day on which the student is scheduled to attend a class session. The student may cancel this agreement and obtain a refund by giving written notice to the school at the address shown at the top of the first page of this agreement. The student may do this by mail or by hand delivery. The written notice of cancellation, if sent by mail, is effective when it is deposited (date stamped) in the mail, properly addressed with postage pre-paid. The student should keep a record of the date, time, and place of mailing any notice of cancellation.

WITHDRAWAL FROM COURSE

A student has the right to withdraw from this program of instruction at any time, and receive a refund of tuition and amounts paid for equipment. If the student withdraws from the program of instruction after the expiration date of the time for canceling this agreement, the student is obligated to pay only for educational services rendered and any equipment not returned, plus a non-refundable registration fee of \$75.00. For example, if a student enrolls in a 100 hour program and withdraws after receiving 35 hours of instruction, and if the student paid a \$75.00 registration fee and \$2,000 tuition, the school would deduct the \$75.00 registration fee from the amount received, divide the remaining \$2,000 by the number of hours in the program (2000 / 100 = 20) and multiply that hourly amount times the number of hours received by the student (35 x 20 = \$700.) The amount paid, in excess of that amount would be the amount of the refund. (\$2,000 - \$700 = \$1,300 Refund Amount. In addition, the refund would include any amount paid for equipment, which is subsequently returned in good condition.

Refund Table 10%, 25%, 50% and 75%.

Refundable amount	Amount of 10% refund	Amount of 25% refund	Amount of 50% refund	Amount of 60% refund	Amount of 75% refund
\$2100.00	\$1890.00	\$1575.00	\$1050.00	\$840.00	\$525.00

% stands for percentage of course completed.

For the purpose of determining the amount you owe for the time you attended, you shall be deemed to have withdrawn from the course when any of the following occurs:

- a. You notify the school of your withdrawal or the date of withdrawal
- b. The school terminates your enrollment
- c. You fail to attend class for more than 2 days. Withdrawal will be deemed the last date of recorded attendance.

If any of your tuition was paid from the proceeds of a loan, then the refund will be sent to the lender or the agency that guaranteed the loan if any. Any remaining amount of refund will first be used to repay any student financial aid programs from which you received benefits in proportion to the amount of the benefits received. Any remaining amount will be paid to you. If there is a balance due, you will be responsible to pay that amount.

Student tuition Recovery Fund- (STRF)

If you are not a resident of California, you are not eligible for protection under, and recovery from, the student tuition recovery fund.

Notice of transferability of units and degrees earned at our school.

Units are not transferable to any other school or college and cannot be applied to obtaining a higher level degree at any other college or university.

NOTICE OF STUDENT RIGHTS

1. You may cancel your contract for school, without any penalty or obligation on the fifth business day following your first class session as described in the Notice of Cancellation form that will be given to you at the first class you go to. Read the notice of cancellation form for an explanation of your cancellation rights and responsibilities. If you have lost your Notice of Cancellation form, ask the school for a sample copy.
2. After the end of the cancellation period, you also have the right to stop school at any time, and you have the right to receive a refund for the part of the course not taken. Your refund rights are described in the contract. If you have lost your contract, ask the school for a description of the refund policy.
3. If the school closes before you graduate, you may be entitled to a refund. Contact the Bureau of Private Postsecondary and Vocational Education at the address and telephone number printed below for information.

If you have any complaints, questions or problems that you can not work out with the school, write or call the Bureau for Private Postsecondary and Vocational Education:

1625 North Market Blvd., suite S202
Sacramento, CA 95834
(916) 574-7720 Fax (916) 574-8648

I understand this agreement is not operative until I attend the first class or session of instruction. I further understand that the catalog and its contents are part of this enrollment agreement and that information presented therein is binding on the school and me.

I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. I understand that my signature grants consent to verify all information and statements made on this application.

My signature below certifies that I have read. Understood and agreed to my rights and responsibilities, and that the institutions cancellation and refund policies have been clearly explained to me.

Signature _____

Date _____

Signature/Title of school official _____

Date _____

This agreement is a legally binding instrument when signed by the student and accepted by the school. Your signature on this agreement acknowledges that you have been given reasonable time to read and understand it and that you have been given: a written statement of the refund policy including examples of how it applies and: a catalog including a description of the course or educational service including all material facts concerning the school and the program or course of instruction which are likely to affect your decision to enroll. Immediately upon signing this agreement, you will be given a copy of it to retain for your records.