

Health-Tech Institute of Memphis
571 Vance Avenue Memphis TN 38126
ENROLLMENT AGREEMENT
(Not an application for admissions)

I, _____, ___/___/___, (SSN) having been fully informed of the policies and procedures regarding enrollment for training provided by Health-Tech Institute of Memphis located at 571 Vance Avenue, Memphis, TN 38126 as outlined (See Pre-Enrollment Checklist With Supporting Attachments), I agree to enroll as a student of the under the guidelines as alienated in the program named _____ (Program Name).

The date the training is to begin is 08/24/2020 (Date) and the scheduled length of the program is 900 or 910 Contact Hours to be completed in 9.5 months. By signing this agreement, I am agreeing with being informed of the institution's policies regarding attendance, grievance, transfer of credits, cancellation/refund, graduation/placement data for the school, and program length which is further alienated in the Student Catalog that was provided to me a thoroughly discussed prior to my signing this agreement. Also, by signing this agreement, 1). The student understands the student's right to receive an exact signed copy of the agreement: 2) Health-Tech Institute of Memphis (institution) understands its obligation to immediately provide the student an exact signed copy of the agreement.

Further, that I have been informed of the cost of tuition, books, supplies, fees, and length of the program that applies as outlined in the Student Catalog for the program titled in which I am enrolling.

"Health-Tech Institute of Memphis is authorized by the Tennessee Higher Education Commission. This authorization must be renewed each year and is based on an evaluation of minimum standards concerning quality education, ethical business practices, and fiscal responsibility".

As executed by the signature below, I do hereby enroll at Health-Tech Institute of Memphis.

Student's Address

City

State

Zip Code

Student's Signature

Date

Institution Representative's Signature

Date

ATTENDANCE POLICY

The "Attendance Policy" of Health-Tech Institute of Memphis regarding student's attendance is as follows:

Minimum Attendance Requirements

- No more than ten (10) total excused absentees during completion of course; however absenteeism is recorded by period. There are two (2) periods. The first period is the first 450 or 455 contact hours (1-450/455) and the second period is 450 or 455 contact hours (451/456-900/910). Students are allowed excused absent no more than five (5) per period.
- No more than two (2) unexcused absentee during completion of course; an unexcused absent is a no-show no-call absenteeism.
- Students should inform the administration of any excused absent via phone or phone message at a minimum of 24 hours for any non-emergency absent
- Make-up work due to excused or unexcused absentee is the responsibility of the student
- Any attendance more than 15 minutes late will be considered an absentee
- **Violation of the "Attendance Policy" will be grounds for dismissal for training program (See Refund/Cancellation Policy-page 47 Student Catalog)**

How Attendance is Determined

Attendance is determined by students signing daily student login attendance sheet posted in Student Assessment Center, faculty roll call classroom attendance sheet, and administration compilation of attendance records data into electronic attendance software (FAME).

Circumstances of Interruption for Unsatisfactory Attendance (more than 5 excused absences per period)

- Disciplinary warning: oral notice of violation of attendance policy (begins after 5 excused absences during a program period – 1-450/455 hours or 451-456-900/910)
- Reprimand: formal action in writing for violation of attendance policy (begins after repeated absences (more than two excused absentees during the same program period – 1-450/455 or 451-456-900/910 hours)
- Attendance Probation: formal action placing conditions upon student's attendance records (begins after 3 additional absentees during same program period – 1-450/455 hours or 451-456-900/910)
- Summary suspension: temporary dismissal for violation of attendance policy (student is placed on a Leave of Absence –LOA) During the LOA the student is allowed up to 120 days at this status.

- Expulsion: dismissal for violation of attendance policy and informed of readmission’s policy (see page 45 of Health-Tech Institute of Memphis Student Catalog (revised 09/05/2020))

Time Frame for Refund Due to Attendance Violation

- **The student refund time frame is consistent with the THEC approved Refund Policy (See page 47 of Student Catalog for exhaustive list of how refund policy is implemented)**

Administration telephone number to report absenteeism is (901) 529-9007. Additional methods for student to report absenteeism is via email to the following: mwashington@htim.edu (Institutional Director); jwashington@htim.edu (Director of Student Services); each instructor (email is provided during Orientation along with cell phone number to receive text messages). **Students please note the abovementioned absentee contacts are the acceptable methods to report absenteeism.**

Student’s Signature

Date

Student’s Address

City

ST

Zip Code

Institution Representative’s Signature

Date

REFUND/CANCELLATION POLICY

Health-Tech Institute of Memphis complies with the laws of the local, state, and federal government concerning cancellations and refunds and revise all policies and practices if laws are revised. The refund/cancellation policy of the institution is as follows:

(a) If a student withdraws from the institution on or before the first day of classes, or fails to begin classes, the refund shall equal the sum of all refundable fees paid and, if the student has institutional loans, forgiveness of the amounts owed by the student for the period of enrollment for which the student was charged, less an administrative fee of one hundred dollars (\$100.00);

(b) A student who withdraws at any time is entitled to a full refund of any fee, regardless of whether the fee is included in tuition, paid to the institution for tangible goods or services not delivered to or fully provided to the student;

(c) In addition to subparagraph (b) of this policy, if after classes have commenced and before expiration of ten percent (10%) of the period of enrollment for which the student was charged, a student withdraws, drops-out, is expelled, or otherwise fails to attend classes, the refund shall equal seventy-five percent (75%) of all refundable fees paid and , if the student has institutional loans, forgiveness of the loan amount in excess of the twenty-five percent (25%) the student owes the institution, less administrative fee of one hundred dollars (\$100.00);

(d) If after expiration of the ten percent (10%) of the period of enrollment for which the student was charged and before twenty-five (25%) of the period, the refund shall equal twenty-five (25%) of all amounts paid or to be paid by or on behalf of the student for the period, less an administrative fee of one hundred dollars (\$100.00)

(e) If after expiration of twenty-five (25%) of the period of enrollment for which the student was charged, the student may be deemed obligated for one hundred percent (100%) of the tuition, fees, and other charges assessed by the institution.

(f) For a student who cannot complete one or more classes because the institution discontinued such a class during a period of enrollment for which the student was charged, the institution shall refund the sum of all refundable fee paid and, if the student has institutional loans, forgive the amounts owed by the student.

When computing refunds pursuant to the policies outlined above, the last day of attendance for a student shall be one of the following:

- a) The date of expulsion notice if a student is expelled from the institution;
- b) The date the institution receives a written notice (including a signed drop form) of withdrawal from a student
- c) When no written notice or withdrawal is given, the institution shall use the last day of attendance as the date of withdrawal; or
- d) Fails to return from an approved Leave of Absence (LOA)

Health-Tech Institute of Memphis is required to provide a reconciled account statement that must indicate the period of enrollment for which a student is being charged for each tuition charge. If Health-Tech Institute of Memphis does not maintain the requisite account statement or the reconciled account statement does not clearly indicate the period of enrollment for which the student is being charged, the institution shall be liable for all refundable fees paid by or on behalf of the student.

Student's Signature

Date

Institution Representative Signature

Date

PLACEMENT/COMPLETION DATA

I _____ (student) have the received the most recent withdrawal, completion, and placement data as calculated by the Commission by including in the checklist:

1. “For the program entitled Health Information Management, I have been informed that, for the July 2018/June 2019 period, the withdrawal rate is 10%, the completion rate is 80%, and the in-field placement rate is 85.7% . Detailed statistical data for this program may viewed by going to <http://www.tn.gov/thec/topic/authorized-institutions-data>”

 2. A chart listing all approved program names and the related percentage rates for withdrawal, completion, and in-field placement, identifying the July/June reporting period, and stating that “detailed statistical data for all approved programs may be viewed by going to <http://www.tn.gov/thec/topic/authorized-institutions-data>”;

 3. A copy of the institution’s most recent Annual Performance Report created by Commission staff and posted on the Commission’s website.
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1. “For the program entitled Medical Assistant, I have been informed that, for the July 2018/June 2019 period, the withdrawal rate is 11.1%, the completion rate is 85.7%, and the in-field placement rate is 81.8% . Detailed statistical data for this program may viewed by going to <http://www.tn.gov/thec/topic/authorized-institutions-data>”

 2. A chart listing all approved program names and the related percentage rates for withdrawal, completion, and in-field placement, identifying the July/June reporting period, and stating that “detailed statistical data for all approved programs may be viewed by going to <http://www.tn.gov/thec/topic/authorized-institutions-data>”;

3. A copy of the institution's most recent Annual Performance Report created by Commission staff and posted on the Commission's website.
1. "For the program entitled Office Administration, I have been informed that, for the July 2018/June 2019 period, the withdrawal rate is 0%, the completion rate is NA%, and the in-field placement rate is NA% . Detailed statistical data for this program may viewed by going to <http://www.tn.gov/thec/topic/authorized-institutions-data>"
2. A chart listing all approved program names and the related percentage rates for withdrawal, completion, and in-field placement, identifying the July/June reporting period, and stating that "detailed statistical data for all approved programs may be viewed by going to <http://www.tn.gov/thec/topic/authorized-institutions-data>";
3. A copy of the institution's most recent Annual Performance Report created by Commission staff and posted on the Commission's website.
1. "For the program entitled Patient Care Technician, I have been informed that, for the July 2018/June 2019 period, the withdrawal rate is 0%, the completion rate is 100%, and the in-field placement rate is 100% . Detailed statistical data for this program may viewed by going to <http://www.tn.gov/thec/topic/authorized-institutions-data>"
2. A chart listing all approved program names and the related percentage rates for withdrawal, completion, and in-field placement, identifying the July/June reporting period, and stating that "detailed statistical data for all approved programs may be viewed by going to <http://www.tn.gov/thec/topic/authorized-institutions-data>";
3. A copy of the institution's most recent Annual Performance Report created by Commission staff and posted on the Commission's website.

**Tuition/Books/Testing Fees/Uniforms/Supplies List
Program: Health Information Management - 1337-05**

Tuition:

900 Contact Hours \$ 13,542.00

BOOK LIST:

Chabner Medical Terminology 8 th Edition	\$ 53.95
AAHAM Study Guide	99.00
Understanding Health Insurance 13 th Edition	119.95
ICD-10 CM 2019	103.95
ICD-10 PCS 2019	103.95
CPT Expert 2019	114.95
CCS/CCA Professional Review Guide 2018	124.95
Understanding Hospital Billing & Coding 3 rd Edition	92.95
Gmetrix – Certiport MOS Access	86.25
NHA Online Study Guide & Practice Assessment	<u>79.00</u>

TOTAL BOOKS: **\$ 979.85**

TESTING FEES:

*CERTIFIED BILLING & CODING SPECIALIST	\$ 117.00
*CERTIFIED CODING ASSOCIATE	\$ 300.00
**CERTIFIED CODING SPECIALIST	\$ 400.00

TOTAL TESTING FEES **\$ 817.00**

* Entry-level students without previous 3 years HIM experience

** 3 years plus HIM experience

UNIFORMS/SUPPLIES/FEES:

Four (4) Uniform Set – Vendor Purchase	\$ 279.80
● Scrub Pant ● Scrub Jacket ● Scrub Top ● HTIM Emblem	

One (1) Lab Specimen Analyst	\$ 50.00
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One (1) Federal State Background Check	\$ 75.00
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MAINTENANCE TECHNOLOGY FEE: **\$ 100.00**

TOTAL UNIFORMS/SUPPLIES/FEES: **\$ 504.80**

GRAND TOTAL **\$ 15,843.65**

Tuition/Books/Testing Fees/Uniforms/Supplies List
Program: Medical Assistant - 1338-08

TUITION:

900 Contact Hours **\$ 13,542.00**

BOOK LIST:

Chabner Medical Terminology 8th Edition \$ 53.95
 Clinical Medical Assisting 89.95
 Gmetrix – Certiport MOS Access 86.25
 NHA Online Study Guide & Practice Assessment (4) 316.00

TOTAL BOOKS: **\$ 546.15**

TESTING FEES:

CERTIFIED CLINICAL MEDICAL ASSISTANT \$ 155.00
 CERTIFIED PHLEBOTOMY TECHNICIAN \$ 117.00
 CERTIFIED EKG TECHNICIAN \$ 117.00
 CERTIFIED ELECTRONIC HEALTH RECORDS SPECIALIST \$ 117.00

TOTAL TESTING FEES **\$ 506.00**

UNIFORMS/SUPPLIES/FEES:

Three (3) Uniform Set – Vendor Purchase \$ 279.80
 • Scrub Pant • Scrub Jacket • Scrub Top • HTIM Emblem

• (1) Stethoscope • (1) Clinical Shoes

One (1) Lab Specimen Analyst \$ 50.00

One (1) Federal State Background Check \$ 75.00

MAINTENANCE TECHNOLOGY FEE: \$ 100.00

TOTAL UNIFORMS/SUPPLIES/FEES: **\$ 504.80**

GRAND TOTAL **\$ 15,098.95**

Tuition/Books/Testing Fees/Uniforms/Supplies List
Program: Office Administration - 1339-08

TUITION:

900 Contact Hours **\$ 13,542.00**

BOOK LIST:

Mastering Payroll	\$ 59.00
Mastering Adjusting Entries	59.00
Mastering Depreciation	59.00
Mastering Corrections of Accounting Errors	59.00
Mastering Inventory	59.00
Gmetrix – Certiport MOS Access	86.25
QuickBooks Gmetrix Practice Test/Book	<u>95.00</u>

TOTAL BOOKS: **\$ 476.25**

TESTING FEES:

MICROSOFT WORD 2016 EXAM VOUCHER with RETAKE	\$ 115.00
MICROSOFT EXCEL 2016 EXAM VOUCHER with RETAKE	\$ 115.00
QUICKBOOKS CERTIFIED USER EXAM VOUCHER + RETAKE	\$ 145.00
AIPB CERTIFIED BOOKKEEPER EXAM	\$ 200.00

TOTAL TESTING FEES **\$ 575.00**

UNIFORMS/SUPPLIES/FEES:

Four (4) Uniform Set – Vendor Purchase \$ 279.80
 ● Scrub Pant ● Scrub Jacket ● Scrub Top ● HTIM Emblem

One (1) Lab Specimen Analyst \$ 50.00
 One (1) Federal State Background Check \$ 75.00

MAINTENANCE TECHNOLOGY FEE: \$ 100.00

TOTAL UNIFORMS/SUPPLIES/FEES: **\$ 504.80**

GRAND TOTAL **\$ 15,098.05**

Tuition/Books/Testing Fees/Uniforms/Supplies List
Program: Patient Care Technician/Assistant - 6897-16

TUITION:

910 Contact Hours \$ 13,542.00

BOOK LIST:

Chabner Medical Terminology 8 th Edition	\$ 53.95
Clinical Medical Assisting	119.95
Body Structures & Functions 12 th Edition	99.95
NHA Online Study Guide & Practice Assessment (2)	<u>158.00</u>

TOTAL BOOKS: **\$ 431.85**

TESTING FEES:

CERTIFIED PATIENT CARE TECHNICIAN	\$ 155.00
CERTIFIED PHLEBOTOMY TECHNICIAN	\$ 117.00

TOTAL TESTING FEES **\$ 272.00**

UNIFORMS/SUPPLIES/FEES:

Three (3) Uniform Set – Vendor Purchase	\$ 359.85
● Scrub Pant ● Scrub Jacket ● Scrub Top ● HTIM Emblem	

● (1) Stethoscope ● (2) Clinical Shoes

One (1) Lab Specimen Analyst	\$ 50.00
One (1) Federal State Background Check	\$ 75.00

MAINTENANCE TECHNOLOGY FEE: **\$ 100.00**

TOTAL UNIFORMS/SUPPLIES/FEES: **\$ 584.85**

GRAND TOTAL **\$ 14,830.70**

***For all program's tuition is guaranteed for 12 month duration period from time of enrollment and subject not to change.**

Hold Harmless

Health-Tech Institute of Memphis representatives, officers, agents, and employees shall be held “hold harmless” regarding the outcomes of students enrolled in training programs from any claims, demands, suits, action, penalties, damage, settlement, costs, expenses, or other liabilities of any kind and character arising out of originating from students not receiving certification in any program enrolled.

Student Signature

Date

Institution Representative Signature

Date

TRAINEE/EMPLOYEE NAME _____

SOCIAL SECURITY NUMBER _____

ADDRESS _____

HEALTH-TECH INSTITUTE OF MEMPHIS

DRUG FREE WORKPLACE POLICY

The unlawful manufacturing, distribution, dispensing, possession or use of a controlled substance is prohibited on or in any property owned by or while acting in a capacity as an employee, trainee, or volunteer with this agency. Violation of the above is considered a major offense and as such may cause immediate termination without notice.

In an effort to maintain a drug free workplace, **Health-Tech Institute of Memphis** will provide information to all training participants and staff regarding the dangers of substance abuse. Training participants and staff are encouraged to discuss this with their supervisor or other designee. Such requests will be held in strict confidence. Requests for information or counseling will in no way jeopardize an employee's or participant's position with the agency. However, failure to follow recommendations may lead to disciplinary actions.

I certify that I have read and been given a copy of this notification along with a copy the Health-Tech Institute of Memphis Complaint Procedures. I understand that as a condition of my employment or enrollment in training I agree to abide by the terms of this statement. I further agree that I have received and/ or read the drug free workplace information provided and that I will notify Health-Tech Institute of Memphis of any criminal drug statue conviction for a violation occurring in the workplace no later than five days after such conviction.

Participant/Employee

Date

Institution Representative

Date

EQUAL OPPORTUNITY EMPLOYER

We Do Business in Accordance With the Tennessee Fair Employment Practices Law

IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, AGE, HANDICAP, OR NATIONAL ORIGIN IN RECRUITMENT PRACTICES, TRAINING PROGRAMS, HIRING POLICIES, DISCHARGES, PROMOTIONS, OR ANY CONDITIONS, TERMS, OR PRIVILEGES OF EMPLOYMENT

An aggrieved person may file a complaint of employment discrimination with the Tennessee Human Rights Commission at the following locations:

US Department of Labor

Director
Civil Rights Center
US Department of Labor
200 Constitution Ave., N.W.
Room N-4123
Washington, DC 20210

TN Dept. Labor

State EO Officer for WIA
220 French Landing Drive
4th Floor
Nashville, TN37243-1002
(615) 253-1331
TTY 800-848-0299

Recipient (LWIA)

WIN
EO Officer
80 Monroe, Suite 300
Memphis, TN 38103
(901) 222-1800
TTY 800-848-0299

Protection from Political and Religious Activities

Health-Tech Institute of Memphis is an authorized post-secondary school with the Tennessee Higher Education Commission. In this capacity, students enrolled with the institution are not subject to or required under any circumstances to participate in political or religious activities as a part of enrollment.

School Representative

Date

**AUTHORIZATION TO RELEASE INFORMATION
HEALTH-TECH INSTITUTE OF MEMPHIS**

I, _____, give permission to Health-Tech Institute of Memphis (HTIM) to release information pertaining to me, including but not limited to personal identifiable information (e.g., social security number, date of birth, etc.) to the State Department of Labor and Workforce Development, Tennessee Higher Education Commission, Local Workforce Innovation Opportunity Act Provider (WIN), and the Council on Occupational Education (COE). Such information is used in accordance with The Family Educational Rights and Privacy Act, known as FERPA, which protects student confidentiality by placing certain restrictions on the disclosure of information contained in a student's educational records. In addition, I authorize HTIM to obtain any employment and wage data upon completion of a program with the understanding that this information will be kept confidential and only used to verify wages.

This authorization is effective upon the date of my signature and will remain effective unless and until it is revoked in writing.

Name of Student _____

SSN: ____/____/____

DOB: ____/____/____

Date Signed: ____/____/____