

REGISTRATION/ENROLLMENT AGREEMENT

The facility is classroom style with draw stations, lab processing area, and hand washing stations. All students will be required to use and show proficiency in the utilization of the equipment in which the course trains them to use.

The Phlebotomy Training Specialists program will prepare you for a job in the medical field of phlebotomy, the art of drawing blood. However, this course can also be used as an introductory course into all medical fields including, but not limited too, medical assisting, pre-nursing, registered nursing, nurse practitioner, lab technician, hematology, and pre-med etc.

National Phlebotomy Training - This course requires 32 clock hours of attendance, testing, and practical training. Course cost is \$495.00. This course starts near the first of every month and runs approximately four weeks in length.. Students who sign this enrollment agreement will be guaranteed the tuition price of \$495.00 even in the event that PTS has a tuition cost increase.

Tuition & Fee Breakdown

Tuition	\$395.00
Registration Fee	\$100.00
Books/Supplies Equipment	<u>\$100.00</u>
Total for Phlebotomy Training	\$495.00
National Exam (optional)	<u>\$100.00</u>
Total for Phlebotomy Training + Exam	\$695.00

In order to successfully complete this course, each student will be required to satisfactorily perform the tasks correlated to the function in which they are training. Written testing is also required. One to Three written examinations will be given. One watch and critique test will be given. If the entire course is completed satisfactorily, a certificate of training will be awarded to the student at the last class.

Students that complete the 32-hour National certification course are eligible for employment within the state of Ohio. Those attending the National Certification course will be eligible for employment in all 50 states assuming they pass the national exam.

*Some states will require additional certifications.

THE NATIONAL EXAM IS A SEPARATE FEE OF \$100 DOLLARS

The National exam will be given at our facility on the last day of class. If you choose NOT to challenge the National exam you will still receive a certificate of training from our school, a post secondary proprietary school registered with the Ohio State Board of Education, which will enable you to perform blood draws anywhere in the state of Ohio.

General Information

Phlebotomy Training Specialists are conducting training sessions as a post secondary education facility. Therefore we do require that students who enroll in the program possess a minimum of a high school diploma, General Education Development (GED) Certificate, **and** be beyond the age of compulsory high school attendance. Students may be allowed to enroll without meeting this requirement but will be pre-screened by the management of the company to ensure they have the capacity to complete the program.

We do not grant credit to students for other courses taken in the field of Phlebotomy or Nursing Assistant Training or any other field. This course is a stand-alone course and no reduced tuition, nor will reduced hours of participation will be given.

Attendance is mandatory for all students regardless of their current level of knowledge. This course is not graded, it is a pass/fail course and lack of attendance can affect your ability to pass. To schedule any make up time please contact student services at 888-531-8378 or by email at info@phlebotomyusa.com. It is the student's responsibility to schedule and attend any make up time. Once the class registered for has concluded NO make up time or reassignment is allowed until ALL outstanding tuition is paid in full.

We reserve the right to dismiss any student that continually disrupts the course work and training. Any dismissed student may regain re-entry into the course by contacting student services and discussing classroom etiquette with them on an individual basis. All students

will eventually be allowed to finish, but their conduct must be above reproach. Theft will not be tolerated and dismissed students for theft will not be allowed back into class under any circumstances.

Phlebotomy Training Specialists reserves the right to dismiss students from class if the school determines through interaction with the student that said student does not have an "ability to benefit" from the class. This could be caused by a language barrier, mental instability, or other condition, mental or physical that staff determines will inhibit the student from completing the class and having a chance at a career. A full refund will be given in these scenarios, and more than one instructor, and executive staff will be involved in the decision to dismiss the student from class.

We do not offer formal job placement assistance but will consult with you on potential employers in your geographical areas. We do not guarantee wage or salary levels for this type of training.

Refund Policy – If the student is not accepted into the training program, all monies paid by the student shall be refunded. Refunds for books, supplies and consumable fees shall be made in accordance with Ohio Administrative Code section 3332-1-10.1. There is one (1) academic term for this program that is 32 clock hours in length. Refunds for tuition and refundable fees shall be made in accordance with following provisions as established by Ohio Administrative Code section 3332-1-10:

A five-calendar-day cooling-off period, during which time the student may rescind the contract and receive a refund of all money paid. The cooling-off period may not end prior to midnight of the fifth calendar day after the latest of the following days:

- (i) The day the student signs an enrollment agreement
- (ii) The day the student pays the institution an initial deposit or first payment toward tuition and fees

In the case that a student quits attending class OR requests a refund after the "five-calendar-day-cooling-off-period" but within 30 days we will refund based on the following attendance schedule (Amount to be refunded is based on FULL tuition being paid, if full tuition was not paid in full the amount to be refunded will be based on total paid over percentage of amount to be refunded).

After 30 days NO REFUNDS will be given. ****All requests to withdraw must be submitted in writing to info@phlebotomyusa.com**
PTS will issue ALL warranted refunds within 30 days of the written request.

Attended class 1 weekend or class 1 &/or 2 AM or PM	75% full tuition amount less registration fee
Attended class 2 weekend or class 3 &/or 4 AM or PM	50 % full tuition amount less registration fee
Attended class 3 weekend or class 5 &/or 6 AM or PM	25% full tuition amount less registration fee
Attended class 4 weekend or class 7 &/or 8 AM or PM	NO Refund

Postponement of starting date, whether at the request of the school or the student, requires a written agreement signed by the student and the school. The agreement must set forth:

- a. Whether the postponement is for the convenience of the school or student; and,
- b. A deadline for the new start date, beyond which the start date will not be postponed.

If the course is not commenced, or the student fails to attend by the new start date set forth in the agreement, the student will be entitled to an appropriate refund of prepaid tuition and fees within 30 days of the deadline of the new start date set forth in the agreement, determined in accordance with the school's refund policy and all applicable laws and rules concerning the Private Occupational Education Act of 1981.

Student Complaints

Attempting to resolve any issue with the School first is strongly encouraged. Student Complaints may be registered with the Board of Career Colleges and Schools in writing at 30 East Broad St. Suite 2481, Columbus, Ohio 43215, or by phone: 877-275-4219.

Payment/Certificate/Exam Information

Tuition for class can be paid online by logging into your student account at students.phlebotomyusa.com or over the phone by calling our finance department at 844-880-1103. We accept all major credit cards.

\$100 minimum should be paid at or by the first class. At least half of your tuition should be paid by half way through class.

You will not be eligible to graduate, receive your certification or sit for the national exam until tuition is paid in full. Tuition Fees MUST be paid in full BEFORE you are eligible to pay for the National Exam. ALL National EXAM fees should be paid at least ONE WEEK prior to the National Exam testing date to guarantee a spot on the exam roster. State Certifications will ONLY be awarded to students at the last class who have Tuition Balance of Zero.

Any questions or concerns regarding these policies should be directed to info@phlebotomyusa.com

Students should log into their account at students.phlebotomyusa.com and check the spelling/format of their name. How your name is listed here is EXACTLY how it will appear on your certification. There is a \$15 Fee for Certificate Reprints.



State of Ohio Registration/Enrollment Form

First Name _____ Last Name _____ Gender: Male ___ Female ___

Address _____ City _____

State _____ Zip _____ Last 4 SSN _____ DOB (MM/DD/YYYY) _____

Cell Phone Number _____ Today's Date _____

E-mail _____ Class Start Date _____

Registered Course Time: National Evening _____ National Day _____ National Weekend _____

Person to contact in case of emergency _____ Phone Number _____

Insurance Carrier Information (if any) _____

In case of emergency, I authorize Phlebotomy Training Specialists to contact emergency medical staff on my behalf in order to obtain emergency medical care.

Signature _____ Date _____

STUDENT ACKNOWLEDGMENTS

Student Initial _____ I understand that I must show up to class lucid, and mentally and physically rested and prepared. I understand that if the instructor feels I am not prepared I can be questioned, and if necessary dismissed from that session with the instruction to be prepared for the next session. Students, who are under the influence of alcohol, illicit drugs, prescription drugs or any other mind or body-altering substances cannot participate in class.

Student Initial _____ I understand that disruptive behavior, vulgar language or inappropriate attire will not be tolerated during class. If after a warning from an instructor or other PTS staff member the offense continues I may be asked to leave class with out the possible option to return. In this case no refunds will be given. *Scrubs are the preferred attire but are not required.

Student Initial _____ I understand the risks associated with drawing blood, contracting diseases and am aware that phlebotomy procedures in class will be performed on fellow students, volunteers and staff at Phlebotomy Training Specialists. I also understand that any injury sustained to me or the person I am performing phlebotomy on is solely my responsibility and will hold Phlebotomy Training Specialists harmless.

Student Initial _____ I understand that Phlebotomy Training Specialists does not offer job placement. However, resume assistance is available as well as an in class discussion on how to obtain and where to look for employment.

Student Initial _____ I understand that attendance is mandatory to successfully pass this course. Make up class time will be available by contacting student services only. I understand that I will not be able to schedule or attend make up classes once my registered class has concluded until my tuition is paid in full as explained under General Information on page 2 of this Registration/Enrollment Agreement.

Student Initial _____ I understand that I must log into my student account at students.phlebotomyusa.com and check the spelling/format of my name and that how my name appears here is EXACTLY how it will appear on my certificate. I also understand that there is a \$15 Fee for Certificate Reprints as explained under Payment/Certificate/Exam Information on Page 2 of this Registration/Enrollment Agreement.

Student Initial _____ I understand that if I cannot complete the course I originally registered for, before I can be reassigned to another class I must have all tuition paid in full. I also understand that if I need to be reassigned to a class for any reason I must contact student services to do so.

Student Initial _____ I understand the PTS Refund Policy and am aware that all requests to withdraw from the program must be done in writing as explained under General Information on Page 2 of this Registration/Enrollment Agreement.

Student Initial _____ I understand that I will not be able to graduate or obtain my certification until I have completed the course and paid ALL tuition in full as explained under Payment/Certificate Information on page 2 of this Registration/Enrollment Agreement.

Student Initial _____ I understand that in order to sit for the National Exam, I must have ALL tuition paid in full. I also understand that if I have not paid my National Exam fee at least ONE WEEK prior to the test date I may not be guaranteed a seat or exam on test day as explained under Payment/Certificate/Exam Information on Page 2 of this Registration/Enrollment Agreement.

I have read and understand this Registration/Enrollment Agreement and agree with the terms set forth therein. By signing below, the student agrees to pay Phlebotomy Training Specialists ("school") the total stated tuition & fees. The school agrees to provide the occupational training in accordance with the provisions of the school's current Catalog Volume No. 5 January 2018 ("Catalog"). Payment of all monies due shall be a condition of continuing enrollment. Upon satisfactory completion of all academic and skill requirements and when all financial obligations to the school have been met the school will award the Phlebotomy Technician Certificate to the student.

The student and school understand that this Enrollment Agreement, WHICH INCLUDES THE REFUND POLICY may not be amended except in writing and signed by both parties.

A copy of a current school catalog and fully executed copy of this enrollment agreement will be sent via email.

Student Signature

Date



Authorized Representative

Date



In consideration of the opportunity to receive phlebotomy instruction, training, and other services from Phlebotomy Training Specialists (“PTS”), I agree to the following.

Although PTS has taken reasonable steps to make the services provided by PTS safe in an effort to avoid injury, I acknowledge and agree that there are inherent risks of physical injury and other damages associated with phlebotomy instruction and training that remain to exist. These inherent risks include, but are not limited to, injury caused by in-class attempts to draw blood from each other by the participants, like myself, receiving instruction and training from PTS. I understand that the above description of risks associated with the phlebotomy instruction and training is not complete, and that other unknown or unanticipated risks may, however very unlikely, result in injury or death.

My participation in phlebotomy instruction and training is purely voluntary, based upon my own assessment of all relevant facts and circumstances, in spite of the associated risks. I acknowledge that I am not relying on any oral, written or visual representations made by PTS, including those made in its brochures or other promotional material, in deciding to voluntarily accept the risks associated with my participation in this phlebotomy instruction and training.

I hereby agree to accept the risk of any such injury or damage; in addition I agree not to hold PTS, or any of its owners, employees or agents, responsible in any way for any injuries or damages I may incur during, or related in any manner to, the phlebotomy instruction and training I will receive from PTS, even if PTS or its employees or agents act negligently.

I also understand that PTS is neither responsible nor liable for my travel to and from classes. I come and go of my own free will and choice and agree not to hold PTS accountable in any way should I become injured in any manner during those travels.

In the event I incur any injury arising from, or related in any manner to, my participation in any phlebotomy instruction or training I receive from PTS, I will immediately notify a PTS instructor of the nature and cause of such injury.

I hereby agree to defend, indemnify and hold PTS and its owners, employees and agents harmless from any liability, damages or other costs, including, but not limited to, attorney fees and other costs of litigation, related to, or arising from, my participation in any phlebotomy instruction or training I receive from PTS and/or any of my activities related thereto.

The prevailing party in any legal action to interpret and/or enforce any of the terms of this Release of Liability shall also be awarded their reasonable attorney fees and other costs and expenses incurred regarding that legal action. This Release of Liability shall be governed by the laws of the State of Utah.

Any dispute between me and PTS shall, upon the written demand of either party, be submitted to arbitration before a single arbitrator whose decision shall be binding and conclusive on all parties. Such arbitration shall generally comply with the arbitration rules of the American Arbitration Association (“AAA”), but need not be conducted or otherwise administered by the AAA, and such arbitration shall be conducted by a provider of arbitration services other than the AAA upon the demand of either party. Such arbitration shall be conducted in the State of Utah regardless of where I received phlebotomy instruction or training and regardless of where I may be located at the time of such dispute.

I hereby acknowledge that I have carefully read the above Release of Liability and fully understand its contents. I am aware that I am releasing certain legal rights that I may otherwise have by signing this Release of Liability. In return, I will be allowed to participate in the phlebotomy instruction and training sponsored or conducted by PTS. I have had the opportunity to consult with my own attorney, if I so desired, regarding the meaning and effect of this Release of Liability before I signed it. I now sign this Release of Liability of my own free will and choice.

Student Signature

Date

Printed Name

Student Tracking Form



Location of Training: _____

Class Start Date: _____

State law requires us to track you after graduation.

During class at PTS you will be participating in the "Employment Presentation" which covers where to work, how to apply, what to wear, and other resources that correlate to gaining employment. No sooner than 60 days after graduation our staff will begin attempting to contact you by mail, email and phone call/text to ask you questions regarding employment. Sharing this information is arbitrary and you are not required to respond to any of our requests for information.

In addition to our employment presentation given during class, we offer resume review. Just send the most recent copy of your resume to info@phlebotomyusa.com and one of our staff members will review and provide feedback within 72 hours.

This form will be used to record the data should you choose to participate in reporting it to us.

The collecting of the initial information IS required.

Student Name _____ Phone # _____ Male _____ Female _____

Address _____ City _____

State _____ Zip _____ County _____ SSN (Last 4 digits): _____

Email _____ DOB (MM/DD/YYYY) _____

Are you on disability? Yes _____ No _____ Are you a Veteran? Yes _____ NO _____

Ethnicity: Hispanic/Latino _____ Hawaiian/Pacific Islander _____ Asian _____ Caucasian _____

Native/Alaskan American _____ African American _____

Check all that apply below:

____ I am using the certification to strengthen my resume for my existing medical career.

____ I am currently employed in a health care related field and I am not seeking employment.

____ I am currently employed in a non health care related field and I am not seeking employment.

Students should be contacted by phone, mail and email or text message 60-180 days after the student graduates to ascertain whether or not they have gained employment in the field.

Step #1 - Was the student reached by mail, email, text or phone call? YES _____ NO _____ If YES, proceed to Step #2

Step #2 - Has the student gained employment in the field, which they were trained in? YES _____ NO _____

School Representative/Signature

Date