

**VIRTUA MEDICAL ASSISTANT PROGRAM**

**100 TOWNSEND AVENUE, BERLIN, N.J. 08009**

Telephone: XXXXXXXXX Fax: XXXXXXXXXXXX

**ENROLLMENT AGREEMENT**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Program Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Schedule: Monday – Thursday 8:30am to 3:30pm

There is a non-refundable fee of $500.00. This is the registration fee. The tuition will cover the entire program. The student is responsible for 100% (percent) of the total tuition payable on or before the first day of class.

Fees: Registration: $500.00

Tuition: $1,000

Books: $ Included

Tools/Supplies: $ Included

Other (Test): $ 175

Total $ 1,675.00

The school has received the sum of $\_\_\_\_\_\_\_\_\_\_\_\_\_on \_\_\_\_\_\_\_\_\_\_\_\_\_,20\_\_\_ with a remaining balance of $\_\_\_\_\_\_\_\_\_\_\_. This balance is to be paid within \_\_\_\_\_\_\_installments beginning\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_ and ending on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

**Complaint Resolution Policy**

Students must submit written complaints to the school director within 3 days of the event. The school director will notify the student, in writing, within 7 days of written complaint of the procedures that the student and administration will follow when resolving the student’s concern.

**Tuition Refund Policy**

The school may retain the registration fee, and a portion of the money paid for books, equipment and tools. The director of the school must be notified in writing within five (5) business days of the date of withdrawal. The school shall adhere to the following refund policy in the event of notification by the student of withdrawal from the school or termination by the school prior to completion of the course or program:

**Time of Withdrawal** **Student’s Responsibility**

|  |  |
| --- | --- |
| Within three (3) business days of signing this contract | 0% of total tuition plus the registration fee |
| During the first week | 10% of total tuition plus the registration fee |
| Weeks two (2) and three (3) | 20% of total tuition plus the registration fee |
| After three (3) weeks and prior to 25% | 45% of total tuition plus the registration fee |
| After 25% of the program and before 50% | 70% of total tuition plus the registration fee |
| After 50% of the program is completed | 100% of total tuition plus the registration fee |

The following certificate will be available upon completion of the Medical Assistant Program: Certified Clinical Medical Assistant (CCMA) through the National Health career Association (NHA).

**The student agrees to maintain regular attendance and to abide by the rules and regulations of the school. The student understands that regular attendance is the obligation of the student and the school’s policy regarding absence and make-up as stated in the school catalog will apply. Violation of school rules and regulations may subject the student to dismissal.**

Virtua Medical Assistant Program post-training placement information is available at [www.njtopps.com](http://www.njtopps.com).

In the event of an unannounced school closure, students enrolled at the time of the closure must contact the Department of Labor Workforce Development’s Training Evaluation Unit within ninety (90) calendar days of the closure. Failure to do so within ninety (90) days may exclude the student from any available form of assistance. Please contact the Training Evaluation Unit via email at [trainingevaluationunit@dol.nj.gov](mailto:trainingevaluationunit@dol.nj.gov).

The student acknowledges receiving a copy of this agreement, the school catalog, and written confirmation of acceptance prior to signing this contract. The student, by signing this contract, acknowledges that he/she has read this contract and understands the terms and conditions and agrees to the conditions outlined in this contract. Signing of this contract by the school is written confirmation by the school that the above names student has been approved to enter the above names program(s). This agreement is not binding until three (3) days after signing both parties. The student and the school shall retain a copy of the agreement.

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School Director’s Signature Date Applicant’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

