

CPR WITH MICKEY, INC. – PCT PROGRAM APPLICATION & CONTRACT

PLEASE PRINT LEGIBLY & IN BLUE OR BLACK INK.

Full Name as it Appears on Government-Issued Photo ID, such as Driver's License or Passport:

_____ *First* _____ *Middle* _____ *Last*

Preferred Name: _____ DOB: _____

Cell Phone #: _____ (Print Clearly) Email: _____ (Print Clearly)

Street Address: _____

City: _____ State: _____ Zip: _____

| |
|---|
| Course: <input type="checkbox"/> Patient Care Tech (PCT) <input type="checkbox"/> Phlebotomy <input type="checkbox"/> EKG Tech Start Date: _____ |
|---|

How did you hear about CPR with Mickey? _____

Is there someone we can thank for recommending us? _____

What made you decide to come to CPR with Mickey? _____

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|-------------------------------------|
| App. Initials: _____ Date: _____ |
|-------------------------------------|

Office Use Only:

Documentation Received: DL SSC BG PPD/CXR HS Diploma/GED CNA

Amount Paid: \$ _____ Cash Credit Check # _____ WIOA Books received? Yes No

Notes: _____

Received By: _____ Date Received: _____

Physical Assessment:

Do you have any physical limitations that would keep you from providing care to patients? Yes No
This includes, but is not limited to, back, shoulder, knee, or wrist injuries.

If yes, explain: _____

Are you pregnant or will you have given birth within 3 months of beginning class? Yes No
If yes, you must provide a release from your obstetrician before class begins.

Is there any reason you cannot bed, lift 25-50 lb, or walk/stand extensively in a clinical setting? Yes No
If yes, you must provide a release from your doctor before class begins.

If yes, explain: _____

Do you have hearing problems? No Yes – Explain: _____

Do you have back problems? No Yes – Explain: _____

Are you allergic to latex? No Yes – Symptoms: _____

Do you have any other allergies? No Yes – Do you have an EpiPen or other injector? Yes No

Allergens/Symptoms: _____

| |
|---|
| Emergency Contact: _____ Relationship: _____ Cell Phone: _____ |
|---|

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|-------------------------------------|
| App. Initials: _____ Date: _____ |
|-------------------------------------|

| TUITION & FEES | | | |
|--|-----------------|----------------|--------------|
| Course | Reg. Fee | Tuition | Total |
| <input type="checkbox"/> PCT Part 1: Phlebotomy | \$150 | \$1845 | \$1995 |
| <input type="checkbox"/> PCT Part 2: Advanced Nursing Skills | \$100 | \$795 | \$895 |
| <input type="checkbox"/> PCT Part 3: EKG | \$100 | \$695 | \$795 |
| <input type="checkbox"/> Full PCT Program (Parts 1, 2, & 3) | \$350 | \$3335 | \$3685 |

Registration Fees:

- Each course includes a registration fee which is required to secure a place in a class.
- Registration fees are NON-REFUNDABLE 3 business days from the signing of this contract.
- Registration fees will ONLY be refunded if requested by emailing Amelia@CPRwithMickey.com within 3 business days of signing this contract AND prior to the first day of class.
- Registration fees may be transferred to another class ONLY by emailing Amelia@CPRwithMickey.com a minimum of 2 business days prior to the first day original class.
- Unused registration fees are forfeited if the above conditions are not met OR 6 months after signing this contract.

Tuition Payment:

- Tuition may be paid at registration, on the first day of class, or via CPR with Mickey’s payment plan.
- There is a one-time \$25 service fee to access the payment plan, which is added to and due with the first payment.
- When using the payment plan, payments are due on the first day of class each week.
- Each weekly payment that is not paid on the first day of class will incur a \$10 late fee unless prior arrangements have been approved and documented by the Office Manager or Mickey Sturdivant, RN.
- Delinquency in the payment of any financial obligation may result in being withdrawn from class, not being permitted to register for or take the associated certification exam, and/or not being permitted to register for another class until the obligation is satisfied.

| WEEKLY PAYMENTS BY PROGRAM | | | | | |
|-----------------------------------|------------------------|------------------------------|-----------------|-----------------------|-------------------------|
| Week | Phlebotomy ONLY | Adv. Nsg. Skills ONLY | EKG ONLY | Adv. Nsg + EKG | Full PCT Program |
| Reg. Fee | \$150 | \$100 | \$100 | \$200 | \$300 |
| Week 1 | \$280 | \$275 | \$360 | \$320 | \$285 |
| Week 2 | \$265 | \$275 | \$360 | \$320 | \$285 |
| Week 3 | \$265 | \$270 | --- | \$300 | \$285 |
| Week 4 | \$265 | --- | --- | \$300 | \$285 |
| Week 5 | \$265 | --- | --- | \$300 | \$285 |
| Week 6 | \$265 | --- | --- | --- | \$285 |
| Week 7 | \$265 | --- | --- | --- | \$285 |
| Week 8 | --- | --- | --- | --- | \$285 |
| Week 9 | --- | --- | --- | --- | \$285 |
| Week 10 | --- | --- | --- | --- | \$285 |
| Week 11 | --- | --- | --- | --- | \$285 |
| Week 12 | --- | --- | --- | --- | \$275 |
| TOTAL | \$2020 | \$920 | \$815 | \$1910 | \$3710 |

| |
|----------------------|
| App. Initials: _____ |
| Date: _____ |

Permanent Withdrawal from Class:

- Date of withdrawal from class is determined by the date that an email is received at Amelia@CPRwithMickey.com.
- Refunds are prorated based on the percentage of the program completed and amount of tuition paid at time of withdrawal.
- Withdrawal under extreme circumstances requires documentation and is decided on a case-by-case basis.
- Refunds are paid within 45 days of the date of withdrawal and are ONLY paid to the person or entity that made the payment.
- See the CPR with Mickey Catalog & Policy Manual for full details.
- Students who are expelled due to violation of the Code of Conduct & Ethics Policy are still responsible for tuition and fees in their entirety and forfeit their right to any refund.

Temporary Withdrawal from Class:

CPR with Mickey recognizes that students sometimes experience circumstances beyond their control that require them to temporarily withdraw from class. Students are eligible to return only to the next available class *subject to space availability* as follows:

| Course Fees | Academic Standing | Next Scheduled Class (same as the one withdrawn from) |
|---------------------|-------------------|---|
| Paid in Full | Good | <ul style="list-style-type: none">▪ Only take unfinished portion.▪ No Additional Charge. |
| Paid in Full | Poor | <ul style="list-style-type: none">▪ Must retake entire course.▪ No Additional Charge. |
| Payments Up to Date | Good | <ul style="list-style-type: none">▪ Only take unfinished portion.▪ Must continue making weekly payments until paid in full. |
| Payments Up to Date | Poor | <ul style="list-style-type: none">▪ Must retake entire class.▪ Must continue making weekly payments until paid in full. |
| Behind on Payments | Good | <ul style="list-style-type: none">▪ Only take unfinished portion.▪ Must continue making payments until paid in full before eligible to return to class. |
| Behind on Payments | Poor | <ul style="list-style-type: none">▪ Must retake entire class.▪ Must continue making weekly payments until paid in full before eligible to return to class. |

Medical Insurance:

- CPR with Mickey does NOT offer medical insurance for students.
- It is recommended that students be covered by a personal health and/or injury insurance policy.
- CPR with Mickey is not responsible for any and all costs associated with any injury or illness to its students.

Conduct:

I have read, understand, and agree to all policies addressed in the CPR with Mickey Catalog and Policy Manual, available online at www.CPRwithMickey.com and at CPR with Mickey. I agree to abide by the CPR with Mickey Code of Conduct & Ethics Policy. I agree to follow the directions and instructions of CPR with Mickey staff regarding safety and policy issues. I understand that violation(s) may result in expulsion from class without any right to a refund of any and all monies paid.

I understand that the phlebotomy, EKG and PCT programs are academically challenging, college-level, condensed courses. I am prepared to complete the pre-study materials and to spend approximately 15 hours/week on home study throughout my chosen program(s) in order to be successful.

I understand that I must complete all class/lab sessions and maintain a minimum grade average of 75% to graduate from each course, receive a course completion certificate, and be eligible to take the associated certification exam.

I, _____ (legal name) hereby acknowledge that I have read, fully understand, and agree to the terms and conditions outlined in this agreement. The information I have provided is complete and correct to the best of my knowledge.

_____ (initial here) I understand that CPR with Mickey does not give references to employers. Instead, I agree to allow CPR with Mickey to release my Course Grades & Reference form upon request from entities that request it.

_____ (initial here) I recognize that CPR with Mickey or its representative may record pictures or video footage of class activities. I understand that my image may be used on the CPR with Mickey website, Facebook page, or other marketing materials. I understand that CPR with Mickey will use these images in a professional, tasteful manner. I give CPR with Mickey permission to use these images.

Student Signature: _____ Date: _____

CPR with Mickey Staff Witness: _____ Date: _____