



## **Student Enrollment Agreement**

This enrollment form must be completed and signed by the student. Please print information clearly and legibly, as it appears on your driver's license or state issued ID card. **IMPORTANT:** There is a **\$90 NON-REFUNDABLE** Registration Fee. Please read requirements for training at New Destiny Health Career Center for the program(s) desired in the school catalog.

### **Section I: Demographic Information**

Date of Application: \_\_\_\_\_

Name (First, Middle, Last): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Sex: ☐ Female ☐ Male Race/Ethnic Group: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Other

Do you have military service? If yes, what branch and dates? \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_ Email: \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Number: \_\_\_\_\_

### **Section II: References**

2 Professional References: Name, address, and telephone number for each reference.

Reference 1. Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Reference 2. Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

### **Section III: Student Educational Information**

Do you have a: ☐ High School Diploma: Year \_\_\_\_\_ ☐ GED: Year \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_

Higher Education:

1. \_\_\_\_\_

Did you: ☐ Graduate ☐ Obtain a License ☐ Obtain a Certificate Year: \_\_\_\_\_

2. \_\_\_\_\_

Did you: ☐ Graduate ☐ Obtain a License ☐ Obtain a Certificate Year: \_\_\_\_\_

Has student ever attended New Destiny Health Career Center: ☐ Yes ☐ No

If yes, program(s) attended and date(s): \_\_\_\_\_

#### **Section IV: Certification Program Selected**

☐ Certified Medication Technician (CMT)  
(CNA)

Tuition: \$350.00 Fees: \$175.00

Class Days: ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sat ☐ Sun

Times: \_\_\_\_\_ to \_\_\_\_\_

☐ Certified Nursing Assistant

Tuition: \$900.00 Fees: \$370.00

Times: \_\_\_\_\_ to \_\_\_\_\_

☐ Certified Pharmacy Technician (CPhT)

Tuition: \$1,200.00 Fees: \$700.00

Class Days: ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sat ☐ Sun

Times: \_\_\_\_\_ to \_\_\_\_\_

☐ Certified Phlebotomy Technician (CPT)

Tuition: \$900.00 Fees: \$530.00

Times: \_\_\_\_\_ to \_\_\_\_\_

**Program fee breakdown:** CPR: \$80, Liability Insurance: \$50, Books: see specific program requirements, Lab: \$125, First Aid: \$60, TB Test: \$60, Certification/Licensing Exam: see specific program requirements), Assessment Test: \$35, Registration Fee: \$90, Criminal Background: \$65.00, Drug Screening: \$50, Transcript Fee: \$15, Name Badge: \$10, Uniform Patch: \$15, ☐ Other fees (as specified): \_\_\_\_\_

\*Textbooks, lab supplies, uniforms, and other materials may be purchased on the open market provided they meet the requirements of the desired program.

#### **Section V: Background Information**

NOTE: This question must be answered for your application to be processed. Minor traffic violations do not apply.

1. Have you ever been convicted of a felony? ☐ Yes ☐ No

2. Have you ever been convicted of any crime under the Federal Law of the United States? ☐ Yes ☐ No

**Please make sure you have read and understand the Admission Policy & Procedures for program completion requirements on desired program(s) as stated in the student catalog.**

#### **Program Completion Requirements:**

New Destiny Health Career Center | 7600 Olser Dr Ste 302 | Towson, MD 21204 | 410.296.5070 |  
www.newdestinyhcc.com

1. Fees **MUST** be paid in **FULL**.
2. **ALL** training requirements **MUST** be met (see student catalog).

### **Section VI: Terms /Conditions**

**1. ELIGIBILITY & ACCEPTANCE:** Applicants will need to provide proof of age by presenting a government issued ID with photo and birthdate (i.e. driver's license, passport, state ID card). Students enrolled in the school are required to have a high school diploma, G.E.D (excluding CMT and High School Students) and meet the minimum test score requirements on the Assessment Test. Program entry requirements are listed in the school catalog.

**2. REFUNDS:** All refunds shall be made without requiring a request from the student within seven (7) days from the date that the institution terminates the student or determines withdrawal by the student. The institution determines withdrawal by the student once the student has seven (7) class days of consecutive absences without notice of withdrawal.

1. All monies paid by the student will be fully refunded if the student chooses not to enroll in or to withdraw from the school within seven calendar days after having signed the enrollment contract.
2. If the student chooses not to enroll after the seven-day cancellation period, but before the first day of instruction, the registration or enrollment fee will be retained by the school.
3. If, after the seven-day cancellation period expires, a student withdraws or is terminated after the instruction begins, refunds will be made based on the total contract price for the course or program and shall include all fees, except the application, registration or enrollment fee and any charges for materials, supplies, or books which have been purchased by, and are the property of, the student. The minimum refund that the school will pay a student who withdraws or is terminated after the 7-day cancellation period has expired and after instruction has begun, is as follows:

Proportion of Total Program Taught By Date of Withdrawal	Tuition Refund
Less than 10%	90%
10% up to but not including 20%	80%
20% up to but not including 30%	60%
30% up to but not including 40%	40%
40% up to 50%	20%
More than 50%	No Refund

\*\*\* The amounts charged a recipient of VA education benefits for tuition, fees, and other charges for a portion of the course will not exceed the approximate prorated portion of the total charges for tuition, fees, and other charges that the length of the completed portion of the program bears

to the total length (Code of Federal Regulation 21.4255). The school may retain \$10.00 for administrative costs.

4. If the school closes or discontinues a program, the school will refund to each currently enrolled student all monies paid by the student for tuition and fees and all monies for which the student is liable for tuition and fees.
5. Students are requested, but not required, to notify the Director or designated school official if they are withdrawing from the school.
6. The date of withdrawal or termination is the last date of attendance by the student. Refunds are based on the student's last date of attendance.
7. All refunds due will be paid within 60 days of the student's last date of attendance.
8. Books, supplies, and uniforms purchased are the property of the student and are not refundable.
9. If a student does not apply for a certification license, the licensing fee, if paid to the school, will be refunded to the student within 60 days of the student's last date of attendance.

**4. CERTIFICATE:** Upon successful completion of the program, the student will receive a Certificate of Completion. Successful completion requires a minimum 75% academic rate, 80% attendance rate, passage of the program final exam, and no outstanding financial obligations to New Destiny Health Career Center.

**5. EMPLOYMENT:** While job-search assistance and career counseling is provided, it is understood that the school cannot promise or guarantee employment. Prospective students, students, and graduates are expected to investigate certifications or other professional requirements for their chosen profession.

**6. ATTENDANCE:** Students must be on time for every class period. Two (2) tardies results in one (1) absent day and is subject to the attendance policy. Tardy is defined as 10 minutes past the scheduled class time. Attendance requirements are strictly upheld. Students who are absent for whatever reason, and who as a result of such absence fail to meet the 80% attendance rate will not be allowed to continue in the class and will be terminated from the program.

**Clinical Attendance:** Clinical attendance is mandatory. All scheduled clinical days must be 100% completed. The 1st clinical day for all sessions is mandatory. In the event, three or more clinical days are missed, the student will be terminated from the program, and will have to re-apply for admission into the next class that has available space.

**Make-Up Clinical Attendance Policy:** If a student has an excused clinical absence he/she will be allowed to make-up a maximum of two missed clinical days. Make-up clinical days will be scheduled at the end of the course. One missed clinical day will cost the student an additional \$75.00 to make-up day and must be paid prior to the clinical make-up day. Two missed clinical

days will cost the student an additional \$150.00 and must be paid prior to the clinical make-up day.

**7. CRIMINAL BACKGROUND:** Students with convictions on their criminal background may enroll in programs; however, criminal convictions may negatively affect the student's ability to become employed in the healthcare field as a Phlebotomy Technician, Pharmacy Technician, Medication Technician or Nursing Assistant. A criminal background may also affect a student's chances of being placed at a clinical externship site as a clean background is a requirement for many clinical sites.

**8. MODIFICATIONS or EXTENSIONS:** This enrollment contract may be extended or modified only with the written consent of both the applicant and New Destiny Health Career Center. In order to be binding, this contract must be signed by the applicant, guardian if applicable, and the school official.

**9. ACKNOWLEDGEMENT:** I have read the terms and conditions and received a copy of this enrollment contract and the school catalog.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature, if student is a minor: \_\_\_\_\_ Date: \_\_\_\_\_

School Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

***For Office Use Only***

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Photo ID            | <input type="checkbox"/> Immunization Records       | <input type="checkbox"/> TB Test or Chest X-ray |
| <input type="checkbox"/> SS Card             | <input type="checkbox"/> Health Insurance Card      | <input type="checkbox"/> _____                  |
| <input type="checkbox"/> Diploma or GED      | <input type="checkbox"/> Physical Examination       | <input type="checkbox"/> _____                  |
| <input type="checkbox"/> Criminal Background | <input type="checkbox"/> Hepatitis B or Declination |   |
| <input type="checkbox"/> Assessment Test     | <input type="checkbox"/> Enrollment Fees            |   |