

Vasco Career College

1227 Hilltop Mall Rd Richmond, CA 94806
OFFICE PHONE#: 510-243-7400, FAX#: 510-243-7411

www.vascocc.com

APPLICATION FOR ADMISSION

Clinical Medical Assisting Training

Program Period Covered By The Enrollment Agreement ___/___/___ to ___/___/___

STUDENT INFORMATION

NAME (Last, First, MI): _____

ADDRESS: _____

TELEPHONE #: Home _____ Cell _____ Work _____

SOCIAL SECURITY# _____ CDL#: _____

DATE OF BIRTH: _____ EMAIL: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ TELEPHONE#: _____

HOW DID YOU HEAR ABOUT US: _____

PROGRAM INFORMATION

DATE OF ADMISSION: ___/___/___ PROGRAM/COURSE: _____

PROGRAM START DATE: ___/___/___ ANTICIPATED END DATE: ___/___/___

FULL-TIME: PART-TIME: DAY: EVENING:

DAYS/EVENINGS CLASS MEETS (circle) M T W Th F Sat

TIME OF D/E CLASS BEGINS: _____ TIME OF D/E CLASS ENDS: _____

NUMBER OF WEEKS: _____ TOTAL CREDIT/CLOCKHOURS ___ 320 _____

Tuition	\$3,200.00
Registration Fee: (Non-Refundable)	\$ 175.00
STRF Fee (required by the State of California)	<u>\$ 0.00</u>
Total Paid to School	<u>\$ 3375.00</u>

OTHER EXPENSES OUT OF POCKET (APPROXIMATE)

CPR/BLS:	\$ 65.00
Textbook/Workbook (required)	\$ 200.00
CMAA Certification	\$ 155.00
Uniform (Required)	\$ 40.00
Background check and drug screen	\$ 80.00
Supplies (stethoscope, sphygmomanometer)	<u>\$ 40.00</u>
	<u>\$ 580.00</u>

YOU ARE RESPONSIBLE FOR THE OUT OF POCKET AMOUNT. THE SCHOOL DOES NOT PROVIDE FINANCIAL AID. IF YOU OBTAIN A STUDENT LOAN, YOU

ARE RESPONSIBLE FOR REPAYING THE LOAN AMOUNT PLUS ANY INTEREST LESS THE AMOUNT OF ANY REFUND.

Class Schedule for 2019 Including: Externship

Classes will be held at 1227 Hilltop Mall Rd Richmond, CA 94806 (Room 1)

CLINICAL MEDICAL ASSISTING - Mon-Thurs - 1:30PM - 5:30PM *10 weeks*

01/07/19-03/14/19 + 4 weeks internship

04/01/19-06/14/19 + 4 weeks internship

07/01/19-09/06/19 + 4 weeks internship

09/16/19-11/29/19 + 4 weeks internship

CLINICAL MEDICAL ASSISTING - Mon-Thurs - 6:00PM - 10:00PM *10 weeks*

01/07/19-03/14/19 + 4 weeks internship

04/01/19-06/14/19 + 4 weeks internship

07/01/19-09/06/19 + 4 weeks internship

09/16/19-11/29/19 + 4 weeks internship

01/07/19-05/24/19 + 4 weeks internship

06/08/19-10/19/19 + 4 weeks internship

CLINICAL MEDICAL ASSISTING - SAT - 9:00AM - 5:00PM *20 weeks*

01/07/19-05/24/19 + 4 weeks internship

06/08/19-10/19/19 + 4 weeks internship

The program requires 228 hours of classroom instructions and a 160-hour externship (4 weeks). Total clock hours 388. These are not transferable credits.

SCHEDULE OF PAYMENTS: Accept Cash, Money Order, Check, Visa, and MasterCard

PAYMENT IN FULL: \$3375.00

4 INSTALLMENT PAYMENTS

1 st installment:	\$ 800.00	Due Date: <u>Before 1st day of class</u>
2nd Installment:	\$ 800.00	Due Date: <u>TBD</u>
3 rd Installment:	\$ 800.00	Due Date: <u>TBD</u>
Last Installment:	\$ 800.00	Due Date: <u>TBD</u>

Requirement of Completion:

Students are required to successfully complete the didactic and laboratory of 160 hours, externship of 160 hours for a total clock hours of 388. Upon successful completion of the course with the appropriate number of hours required, in addition to a cumulative grade point of B (80%) in the midterm and final exam, and having fully paid all tuition charges, the student will be awarded the certificate of completion. Student will be prepared to take the take the Certified Clinical Assistant examination (CCMA) through the National Healthcare Association (NHA) or exam (CMAA) through the National Healthcare Association (NHA) or California Certifying Board for Medical Assistants.

“NOTICE”

“YOU MAY ASSERT AGAINST THE HOLDER OF THE PROMISSORY NOTE YOU SIGNED IN ORDER TO FINANCE THE COST OF THE EDUCATIONAL PROGRAM ALL OF THE CLAIMS AND DEFENSES THAT YOU COULD ASSERT AGAINST THIS INSTITUTION, UP TO THE AMOUNT YOU HAVE ALREADY PAID UNDER THE PROMISSORY NOTE”.

Default Alert:

If the student is eligible for a loan guaranteed by the federal or state government and the student defaults on the loan, both of the following may occur:

(1) The federal or state government or a loan guarantee agency may take action against the student, including applying any income tax refund to which the person is entitled to reduce the balance owed on the loan.

(2) The student may not be eligible for any other federal student financial aid at another institution or other government assistance until the loan is repaid.

Student Tuition Recovery Fund (STRF):

“The State of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic loss suffered by a student in an educational program at a qualifying institution, who is or was a California resident while enrolled, or was enrolled in a residency program, if the student enrolled in the institution, prepaid tuition, and suffered an economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be paid on your behalf, if you are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of your tuition.

You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if you are not a California resident, or are not enrolled in a residency program.”

“It is important that you keep copies of your enrollment agreement, financial aid documents, receipts, or any other information that documents the amount paid to the school. Questions regarding the STRF may be directed to the Bureau for Private Postsecondary

Education, 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833, (916) 431-6959 or (888) 370-7589.

To be eligible for STRF, you must be a California resident or are enrolled in a residency program, prepaid tuition, paid or deemed to have paid the STRF assessment, and suffered an economic loss as a result of any of the following:

1. The institution, a location of the institution, or an educational program offered by the institution was closed or discontinued, and you did not choose to participate in a teach-out plan approved by the Bureau or did not complete a chosen teach-out plan approved by the Bureau.
2. You were enrolled at an institution or a location of the institution within the 120 day period before the closure of the institution or location of the institution, or were enrolled in an educational program within the 120 day period before the program was discontinued.
3. You were enrolled at an institution or a location of the institution more than 120 days before the closure of the institution or location of the institution, in an educational program offered by the institution as to which the Bureau determined there was a significant decline in the quality or value of the program more than 120 days before closure.
4. The institution has been ordered to pay a refund by the Bureau but has failed to do so.
5. The institution has failed to pay or reimburse loan proceeds under a federal student loan program as required by law, or has failed to pay or reimburse proceeds received by the institution in excess of tuition and other costs.
6. You have been awarded restitution, a refund, or other monetary award by an arbitrator or court, based on a violation of this chapter by an institution or representative of an institution, but have been unable to collect the award from the institution.
7. You sought legal counsel that resulted in the cancellation of one or more of your student loans and have an invoice for services rendered and evidence of the cancellation of the student loan or loans.

To qualify for STRF reimbursement, the application must be received within four (4) years from the date of the action or event that made the student eligible for recovery from STRF.

A student whose loan is revived by a loan holder or debt collector after a period of noncollection may, at any time, file a written application for recovery from STRF for the debt that would have otherwise been eligible for recovery. If it has been more than four (4) years since the action or event that made the student eligible, the student must have filed a written application for recovery within the original four (4) year period, unless the period has been extended by another act of law.

However, no claim can be paid to any student without a social security number or a taxpayer identification number.”

Have you graduated from high school or received a high school equivalency diploma (GED)

Yes

No

Do you speak, read or write a language other than English?

Yes []

No []

Please specify the language: _____

Have you ever had any criminal convictions in the past? Yes No
 If yes, please explain:

A background check will be done on all students through Live Scan Screening as required by CA DHS.

STUDENT RIGHT TO CANCEL & REFUND POLICY

Cancellations due to rejection of application and program cancellation by the institution will receive a full refund of all monies paid.

Withdrawal Procedure:

1. Applicants are required to provide written notice of cancellation. A withdrawal takes effect by the student's written notice, student's conduct, and lack of attendance.
2. The notice must include the expected last date of attendance, signed, and dated by the student.
3. Institutions shall refund 100 percent of the amount paid for institutional charges, less a registration fee (\$125.00), if notice of cancellation is made through attendance at the first class session, or the seventh day after enrollment. **Date:** ____/____/____
4. If the student cancels an enrollment agreement or withdraws during a period of attendance, the unearned institutional charges shall be refunded. Students who have completed 60 percent or less of the period of attendance shall receive a pro rata refund.

Cancellation shall occur when the student provides a written notice of cancellation to:

Vasco Career College
 1227 Hilltop Mall Rd Richmond, CA 94806

Example of Refund Calculation excluding (registration fee which is not refundable):

Clinical Medical Assistant

147 didactic, 72 laboratory hours, 240 externship hours

Withdrew after 61 hours of instruction

\$2500.00 tuition/219 hours = \$11.42 per hour

\$11.2 x 61 hours attended= 696.35

\$2500.00 tuition paid - \$696.37 = \$1803.65

Return Check Charges = \$35.00

Duplicate of Certificate = \$25.00

Late payment Fee = \$25.00

Certificates of completion will not be issued until all financial obligations are fulfilled.

5. The institution shall pay or credit refunds within 45 days of a student's cancellation or withdrawal.

If the student has received federal student financial aid fund, the student is entitled to a refund of moneys not paid from federal student financial aid program funds.

NOTICE TO BUYER

1. Enrollment will be conducted in English only. 10th grade English proficiency is required for this program.
2. Do not sign this agreement before you have read it or if it contains any blank spaces.
3. Prior to signing this enrollment agreement, you must be given a catalog or a brochure and a School Performance Fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rates, placement rates, license examination passage rates, and salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement.
4. This agreement is a legally binding instrument. Both sides of the contract is binding only when the agreement is accepted, signed, and dated by the authorized official of the school or the admissions officer at the school's principal place of business. Read both sides before signing.
5. You are entitled to an exact copy of this agreement and any disclosure pages you sign.
6. This agreement and the school catalog constitute the entire agreement between the student and the school.
7. Although the school will provide placement assistance, the school does not guarantee job placement to graduates upon program completion or upon graduation.
8. The school reserves the right to reschedule the program start date if the number of students scheduled is too small.
9. The school reserves the right to terminate a student's training for unsatisfactory progress, nonpayment of tuition or failure to abide by the established standards of conduct.
10. The school reserves the right to cancel or postpone a program due to low enrollments. If the program is cancelled in its entirety by the school and the student cannot be placed in another program, the student is entitled to a full refund of all fees, including registration fee.
11. The school does not guarantee the transferability of credits to a college, university or institution. Any decision of the comparability, appropriateness and applicability of credit, and whether they should be accepted is the decision of the receiving institution.
12. There are no fees to transfer credit or assessment fees for transfer of credit.
13. There are no other charges or fees to applicants.
14. Recruitment shall be conducted in English. The institution shall clearly define all necessary requirements to the student. Also, individuals interested in the program are allowed to take the enrollment agreement home to carefully read and understand the enrollment requirements.
15. Tutoring is by appointment **"NO CHARGES"**.

Housing:

Vasco Career College has no responsibility to find or assist a student in finding housing. This is a non-residential institution and has no dormitory facilities under its control. One-bedroom apartment in the 94806 area ranges from \$600.00-\$1600.00 per month. "www.apartment.com"

"NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION"

“The transferability of credits you earn at Vasco Career College is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the **Clinical Medical Assistant** Certificate you earn in the **Clinical Medical Assistant** Training Program is also at the complete discretion of the institution to which you may seek to transfer. If the **Clinical Medical Assistant** Certificate that you earn at this institution is not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your coursework at that institution. For this reason you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending Vasco Career College to determine if your **Clinical Medical Assistant** Certificate will transfer.”

“Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at (2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833), (www.bbpe.ca.gov), Toll-free (888) 370-7589 by fax (916)-263-1897.”

“ A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling (888) 370-7589 toll free or by completing a compliant form, which can be obtained on the bureau’s internet web site www.bbpe.ca.gov.”

STUDENT ACKNOWLEDGMENTS

“Prior to signing this enrollment agreement, you must be given a catalog or brochure and a School Performance Fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to Completion rates, placement rates, license examination passage rates, and salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement.”

_____ Student initials

“I certify that I have received the catalog, school Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, and salary or wage information, and the most recent three-year cohort default rate. Included is the School Performance Fact Sheet, please initial and date the information provided in the School Performance Fact Sheet. ”

_____ Student initials

I have carefully read and received an exact copy of this enrollment agreement.

_____ Student initials

I understand that the school may terminate my enrollment if I fail to comply with attendance, academic, and financial requirements or if I fail to abide by the established standards of conduct, as outlined in the school catalog. While enrolled in the school, I understand that I must maintain satisfactory academic progress as described in the school catalog and that my financial obligation to the school must be paid in full before a certificate may be awarded.

_____ Student initials

I understand that the school does not guarantee job placement to graduates upon program completion or upon graduation.

_____ Student initials

I understand that complaints, which cannot be resolved by direct negotiation with the school in accordance to its written grievance policy, may be filed with the Bureau for Private Postsecondary Education. All student complaints must be submitted in writing.

_____ Student initials

TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE, ESTIMATED TOTAL CHARGES FOR THE INTIRE EDUCATION PROGRAM, AND THE TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT.

Contract Acceptance

I, the undersigned, have read and understand this agreement and acknowledge receipt of a copy. It is further understood and agreed that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. I also understand that in default upon this agreement, I will be responsible for payment of any collection fees or attorney fees incurred by Vasco Career College.

The agreement is a legally binding when the enrollment agreement is signed by the student and accepted by the institution.

I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me.

Signed this _____ day of _____, 20 _____

Signature of Student Date

Signature of School Official Date

REPRESENTATIVE'S CERTIFICATION

I hereby certify that _____ has been interviewed by me and in my judgment, meets all requirements for acceptance as a student in the **Clinical Medical Assistant** training program at Vasco Career College, as described in the school catalog, I further certify that there have been no verbal or written agreements or promises other than those appearing on this agreement.

Signature of School Official

Date