

COBB MEDICAL INSTITUTE

APPLICATION FOR ADMISSION

IMPORTANT: All sections must be completed and submitted with a non-refundable \$100.00 APPLICATION FEE and \$100.00 LAB FEE which is refundable are due upon registration. Incomplete applications will not be accepted or processed. These are the accepted forms of Payments – American Express, Apple Pay, Cashier Check, Discover, MasterCard, Personal Check and Visa.

Please print neatly Social Security number _____ - _____ - _____

Last Name First Name Middle Name Maiden

Address City County State Zip Code

Home Phone Work Phone Cell Phone E-mail Address

EMERGENCY CONTACT PERSON _____
Print Name Phone Number

Gender: **Female** **Male** Date of Birth: ____/____/____
This information is used for statistical purposes only and will not be used to determine admission status.
 Ethnic Background: American Indian Asian Black Hispanic White Non- resident Alien
 Are you a US citizen? Yes No

If "**NO**", Country of Citizenship _____ Date of entry to US _____
 Visa type _____ Date issued _____ Expiration date _____
 Country of origin _____ Are you a resident alien? Yes No Resident alien number: _____
 Are you a legal resident of Georgia? Yes No (A legal resident of Georgia, you must have lived in this state for 12 months)
 If "**NO**", of which state are you a legal resident? _____ Is English your first language? Yes No

PROGRAM OF STUDY

<u>Clinical Medical Assistant (CMA)</u> <ul style="list-style-type: none"> • EKG • Phlebotomy • Medical Assistant • Medical Billing & Coding <p>Sixteen (16) weeks (\$4,000) _____</p>	<u>Patient Care Technician (PCT)</u> <ul style="list-style-type: none"> • Certified Nursing Assistant • Phlebotomy • EKG • Basic Health Care Skills <p>Twelve (12) weeks (\$2,995) _____</p>	<u>Electrocardiogram Technician (EKG)</u> <ul style="list-style-type: none"> • EKG <p>Four (4) weeks (\$1,250) _____</p>	<u>Phlebotomy Technician</u> <ul style="list-style-type: none"> • Phlebotomy <p>Six (6) weeks (\$1,500) _____</p>
Certified Nursing Assistant \$ 850 Clinical Medical Assistant \$4200 Patient Care Technician \$2995 Electrocardiogram \$1,250 Phlebotomy \$1,500 Medication Aide \$385	<u>Nurse Assistant</u> <ul style="list-style-type: none"> • CNA <p>Four (4) weeks (\$850) _____</p>	<u>Medication Aide</u> <ul style="list-style-type: none"> • MA (1) week (\$385 with book) _____ (1) week (\$295 book rental) _____ (1) week (\$275 without book) _____	Price includes Tuition and Fees!

Class Start Date: _____ **Class End Date:** _____ **DAY** _____ **EVENING** _____

High School attended _____ Highest grade completed _____ Year graduated _____
 GED year received: _____

I certify that the information on this application is true and correct. I understand that misrepresentation or omission of information will be sufficient cause for rejection or dismissal. I intend to abide by the rules and regulation of Cobb Medical Institute.

Signature Date

Office use Books:

STATEMENT OF GENERAL HEALTH

It is the policy of Cobb Medical Institute that students seeking enrollment at the institution must submit a statement of general health. This is a requirement of enrollment.

Please complete the following documentation. This statement will become a part of your permanent school record. This statement must be in your file prior to the start of your class.

Last Name

First Name

Middle Initial

By signing below the student is acknowledging that they are in general good health.

Student Signature

Date

CONFIDENTIALITY STATEMENT

As a student of Cobb Medical Institute, I am aware of my responsibility to maintain the confidentiality of any/all information, which I may come in contact with and/or have access to. I am also aware that I am responsible for the legal penalties which may be assessed for unauthorized disclosure.

Student Signature

Date

LETTER OF GUARANTEE

I _____ agree to have all tuition and fees paid in full (zero balance) before I register for my state and or national exams. I also agree to any legal and collections costs and expenses in the event of the default of the Letter of Guarantee for Payment, including, but not limited to, all attorney and legal fees. This agreement is entered into voluntarily by the above mentioned parties, and it is not to be replaced or supplemented by any other payment agreement. For additional information on this matter please contact the **Director of Finance, at 678-398-1234.**

Student Signature

Date

WITHDRAW AND FEE REFUND POLICY

Financial Policies

There are no carrying charges, interest charges or finance fees connected or charges with any of the programs. However, there will be a **\$35** fee charge on the first returned check or credit/debit card chargeback and a **\$50** charge on all additional returned checks or credit/debit care will be applied.

Cancellation/Fee Refund Policy

The institution ensures that all monies paid by a prospective student, excluding nonrefundable application fees, are refunded if: the student requests a refund within 72 hours after signing a contract prior to class start date **OR** no contract is signed and prior to classes beginning the student requests a refund after making a payment. Refunds are determined based on the proration of tuition and percentage of program completed at withdrawal, up until 50% of the program.

If a student withdraws after completing 50% of the program, no refund will be granted.

The institution ensures that deposits or down payments are credited as tuition payments which are clearly identified on receipt by the institution as application or other fees.

If the applicant previously withdrew from the institution the institution will charge a new non-refundable application fee of \$100. If a student withdraws from the institution for any reason, the student is not liable for any unpaid portion of the application fee.

Students have the right to cancel the Enrollment Agreement at any time. Cancellation will occur when they give written notice of cancellation to the school. Notice of cancellation may be given by mail, hand delivery or email. The written notice of cancellation need not take any particular form, however expressed, is effective if it states that a student no longer wishes to be bound by the Enrollment Agreement. Students will not be penalized if they fail to cancel their enrollment in writing.

If a student stops attending during the first 50% of the instruction, that student is entitled to a prorated refund.

Applicants seeking admission to the CNA program if a student enrolls on the first day of class and cancels or withdraw after executing the Enrollment Agreement, the student will forfeit all monies paid and no refund will be awarded.

Please note that application fee of \$100 payment is nonrefundable. Returns of books and supplies will be accepted within 2 days of the date you are approved for a refund. All materials and books must be returned in original, like-new, resalable condition. Returns are subject to a \$20 Restocking/Administrative Fee.

Business Office Hold

CMI, Inc. will place a business office hold on a student's record or they will not be permitted to forward any information to a third party until the financial obligation has been paid.

**A stop payment on a check does not constitute a formal withdrawal nor does it cancel the student's financial obligation.*

Refunds are determined based on the proration of tuition and percentage of program completed at withdrawal, up until 50% of the program. If a student withdraws after completing 50% of the program, no refund will be granted. If a student completed 50% of their program, paid their tuition after completing 50% of the program, no refund will be granted.

Refunds are made in full to the student within forty-five (45) days of the date of withdrawal.

**If CMI, Inc. cancels a course the student will be notified by phone, mail, and or email. The school will return to the student 100% of all monies collected, if the student requests a refund. Refunds are made forty-five (45) days after the date of written withdrawal.*

I certify that the information on this application is true and correct. I understand the misrepresentation or omission of information will be sufficient cause for rejection or dismissal. I intend to abide by the rules and regulations of Cobb Medical Institute.

Student Signature/Date

Cobb Medical Institute Staff Signature/Date

Revised April 11, 2024

Program Physical Assessment Form

NAME: _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

TELEPHONE NUMBER: _____

Date of Birth: _____/_____/_____

PLEASE ANSWER THE FOLLOWING QUESTIONS HONESTLY.

ALLERGIES: Yes No

Please list any allergies here: _____

Do you have any Mental Disorders or Mental Health concerns? Yes No

If Yes, Please Explain. This will not disqualify you from the program and will be confidential.

HEARING PROBLEMS Yes No

BACK PROBLEMS Yes No

LIFTING RESTRICTIONS Yes No

(i.e., arthritis, injury, surgeries etc.) If so, please provide a letter of release signed by a physician giving you permission to participate in the program.

Are you allergic to latex Yes No

If so, what signs and symptoms do you display after exposure to Latex.

Please list any other conditions that you feel may present a risk for you or that the instructor should be aware of to protect you.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

Cobb Medical Institute

www.cobbcnaschool.com

678-398-1234

For the programs listed below, please provide documents requested

- Clinical Medical Assistant
- Patient Care
- EKG
- Phlebotomy

All applicants are required to provide documentation of a current **Georgia Nurse Aide certification**. **If not certified student must complete an extern for course attended.**

1. A standard high school diploma from an accredited high school
2. GED (General Education Diploma), with the official test results
3. A signed affidavit submitted by the parent or legal guardian of a home schooled student attesting that the student has completed a home education program pursuant to the requirements of Georgia
4. A state issued photo identification
5. An official Social Security card
6. Criminal Background Check
7. Negative PPD
8. 18 years of age or older

Things needed before Admission into the CNA Program

Certified Nursing Assistant (CNA)

Applicants seeking admission to the CNA program must submit documents requested

1. A state issued photo identification
2. An official Social Security Card
3. 18 years of age or older
4. Negative PPD or Chest X-ray
5. Criminal Background Check

Dress Code

1. Navy blue scrub set
2. Any color sneakers with a nonskid sole
3. White lab coat (no designs)
4. Watch with a second hand

Student Placement

Students are assisted with employment placement. CMI, Inc. will assist the student with employment to the best of its ability however, **CMI, Inc. does not guarantee employment placement**. CMI has procedures in place for placement assistance for resume preparation, job searches, interview skills and related topics offered near the end of each program of study. We assist our students in finding and accepting job interviews, maintain an extensive ongoing employer contact list for students within the career field of education/training and placement records and we follow up for at least one year for the purpose of verification to NPEC that successful completion of program lead to employment.

Attendance

Students are allowed one absence per module; if the student goes over the allowed absence she/he must have a doctor's note excusing that absence. If the student does not have the proper documentation to excuse his/her absence the student will be placed on probation. The student will be terminated from the program if he/she repeats the history of excess absences (more than one absence per module) without a medical excuse.

WITHDRAW AND FEE REFUND POLICY
Student Copy

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Cancellation/Fee Refund Policy

The institution ensures that all monies paid by a prospective student, *excluding nonrefundable \$100 application fee*, is refunded if: the student requests a refund within three (3) business days after signing a contract prior to classes beginning **OR** no contract is signed and prior to classes beginning the student requests a refund within three (3) business days after making a payment. Refunds are determined based on the proration of tuition and percentage of program completed at withdrawal, up until 50% of the program. If a student stops attending during the first 50% of the instruction, that student is entitled to a prorated refund.

If a student withdraws after completing 50% of the program, no refund will be granted. Refunds are made forty-five (45) days after the date of written withdrawal.

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Student Signature/Date

Cobb Medical Institute Staff Signature/Date

Program Tuition – Price Per Program

CMI, Inc. Programs	*Price Including Supplies	Payment Plan
Nursing Assistant	\$850 - Price Including Supplies	*\$425.00 tuition is due upon registration; <i>Tuition must be paid in full by <u>end of second week</u> of class.</i>
Patient Care Technician	\$2995 - Price Including Supplies	*\$500.00 tuition is due upon registration; <i>Tuition must be paid in full by <u>end of second month</u> of class.</i>
EKG Technician	\$1250 - Price Including Supplies	*\$500.00 tuition is due upon registration; <i>Tuition must be paid in full by <u>end of second week</u> of class.</i>
Phlebotomy Technician	\$1500 - Price Including Supplies	*\$500.00 tuition is due upon registration; <i>Tuition must be paid in full by <u>end of second week</u> of class.</i>
Clinical Medical Assistant	\$4500 - Price Including Supplies	*\$500.00 tuition is due upon registration; Tuition must be paid in full by <u>end</u> of <u>third month</u> of class.

Nonrefundable \$100.00 application fee and \$100.00 Lab fee which is refundable each are due upon registration and they are included in price in catalog and Enrollment Application. However, restrictions due apply for refund, please see Cancellation/Fee Refund Policy. These are the accepted forms of Payments – American Express, Apple Pay, Cashier Check, Discover, MasterCard, Personal Check and Visa.

Additional Cost

Textbooks

Hartman's Complete Guide for the EKG Technician & Workbook, 2nd Edition, Wilma Lynne Clarke, EdD, RN
 Hartman's Complete Guide for the Phlebotomy Technician, Susan King Strasinger and Marjorie Schaub Di Lorenzo
 Hartman's Medical Assisting The Basics, Hartman Publishing, Inc. with Paula Holstein Webb, MS BSN, RN

NHA Exams

Patient Care Technician - \$160 Phlebotomy Technician - \$117 EKG Technician - \$117
 Clinical Medical Assistant - \$160

CNA Exam - \$130

CPR/First Aid \$90
 CPR \$50
 First Aid \$40