



Student Enrollment Agreement Form

Mail, fax, or deliver completed form and appropriate registration fee to:

Innovation Institute of Healthcare Solutions

Attention: Admissions

609 Peters Creek Parkway, Winston Salem, NC 27103 Telephone # (336) 9997123 Fax 8774455698

Complete this form legible in black ink or online.

Course Title _____ / Registration Fee \$ _____

Location () Traditional/Classroom/Online _____

Begin Date _____ / End Date _____

Last four of SS # _____ Date of Birth _____ Gender _____ Race _____

Full Legal Name (name on your Photo ID and Social Security card must match)

Last

First

Middle

Address (Street, PO Box) _____

(City, State, Zip) _____ County of Residence _____

Email Address _____

Telephone Number (Home) _____ (Business) _____ (Cell) _____

Highest Education Level: ___ Completed High School ___ Adult High School Diploma ___ GED Diploma ___ One Year Vocational ___ Associate Degree ___ Bachelor's Degree ___ Master's Degree ___ OR Highest Grade Completed

Employment Status: ___ Retired ___ Full-time ___ Part-time - Number of hours per week ___
___ Unemployed Employer: _____

Occupation _____

Tuition & Fees

24hr. Medication Aide:

Tuition: \$250

Non-refundable items included with course

registration fee \$50.00 Book \$40.00

State testing exam fee not included/paid to the school.

Nurse Aide I:

Tuition: \$1058

Non-refundable items included with course

Registration fee \$100 Drug Screen \$20, CPR \$55, Background check \$25

State testing exams fee not included/paid to the school.



Nurse Aide I Hybrid Refresher

Tuition: \$500.00

Non-refundable items included with course

Registration fee \$25 CPR \$55, Background check \$25
State testing exams fee not included/paid to the school

Phlebotomy Technician Hybrid

Tuition: \$1058

Non-refundable items include with course

Registration fee \$ 100 CPR \$55 Background Check \$25
State testing exams fees not included/paid by the school

Innovation Institute of Healthcare Solutions does not discriminate in admissions, employment, or in its administration of educational programs and activities on the basis of age, race, color, sex, national origin, disability, religion, creed, military or veteran status, genetic information, or any other characteristic protected under applicable federal or state law.

PLEASE READ THE FOLLOWING POLICIES CONCERNING YOUR REGISTRATION.

Refund Policy

A refund shall not be made except under the following circumstances.

- a. A student who officially withdraws (in writing*) from a class (es) before the first-class meeting shall be eligible for a 100 percent refund, not including the Non-refundable fees.
- b. After the respective class begins, a 75 percent refund shall be made upon the request of the student if the student officially withdraws (in writing*) from the class prior to or on the 2nd week of the scheduled hours of the class.
- c. To comply with the applicable federal regulations regarding refunds; federal regulations regarding refunds will supersede state refund regulations in this rule.

No refunds will be issued on the nonrefundable items included with the course.

No refunds will be issued to a student who was made to drop due to misconduct, failure to submit required documents in designated time, clinical site refusal or unsatisfactory progress

All refunds will be issued to the student who officially withdraws in writing no later than 2 weeks from the receipt of the approved written withdraw.

Notice to Student:

Do not sign this agreement before you read it or if it contains any blank spaces. This is a legal document. All pages of this agreement are binding. Read both sides of all pages before signing. You are entitled to an exact copy of the agreement, school catalog, and any other papers you may sign and are required to sign a statement acknowledging receipt of those.

The school reserves the right to reschedule the program start date with the number of students scheduled is too small. The school reserves the right to terminate a students' training for unsatisfactory progress, nonpayment of tuition or failure to abide by established standards of conduct.

The school does not guarantee the transferability of credits to a college, university or institution. Any decision on the comparability, appropriateness, and applicability of credit and whether they should be accepted is the decision of the receiving institution.

The above information is accurate to the best of my knowledge, and I have read the enrollment agreement, refund policy received a copy of the school catalog and understand how it applies to my registration for this course.

Student Acknowledgement

1. I hereby acknowledge receipt of the school's catalog which contains information describing programs offered, and equipment/supplies provided. The school catalog is included as part of this enrollment agreement, and I acknowledge that I have electronically

- received/read a copy of this catalog. _____ Student initials
2. I have carefully read and received an exact copy of this enrollment agreement. _____ Student initials
3. 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 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
4. I understand that the school does not guarantee job placement to graduates upon program completion or upon graduation. _____ Student initials
5. I understand that complaints, which can not be resolved by direct negotiation with the school by its written grievance policy, may be filed with the North Carolina Community College System. All student complaints must be submitted in writing. _____ Student initials
6. I understand that I will not be uploaded to Credentia or any other testing vendor and unable to take state testing if I have not paid my tuition in full. _____ Student initials

Student Signature

Date

Method of Payment: () Money Order Enclosed (Payable to Innovation Institute of Healthcare Solutions)
 () Credit/Debit Card - If paying by credit card please inform school to submit payment. There is a 2.9% fee.
 () Sponsor/Scholarship _____

***No checks will be accepted unless they are from Forsyth County Department of Human Services, or another official governing body related to the city, county, state or government. Prior approval from the Director must be obtained.**