



NEW STUDENT ENROLLMENT PACKAGE



Athens Institute of Allied Health

Student Enrollment Agreement

Personal Information

Student Name: _____ ID# _____

Street Address: _____

City: _____ State: _____ Zip: _____

Driver's License Number: _____ State: _____ Exp: _____

Social Security Number: _____ DOB: _____

Telephone: _____ Email: _____

Emergency Contact Information

Name: _____ Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Program Information

Program Applying For:

☐ Phlebotomy Technician

☐ Clinical Medical Assistant

☐ Patient Care Technician

Athens Institute of Allied Health
1865 W Broad St. Suite E
Athens, GA 30606

Athens Institute of Allied Health

EDUCATIONAL SERVICE

Program _____

Certification Level _____

Total Clock Hours/Credit Hours _____ / _____

Approximate No of Weeks _____

Enrollment Agreement Period-Start Date _____

Scheduled Completion Date _____

Enrollment Agreement Period Program- Start Date _____

Program Schedule Completion Date _____

On the following days of the week:

Monday _____ am/pm until _____ am/pm

Tuesday _____ am/pm until _____ am/pm

Wednesday _____ am/pm until _____ am/pm

Thursday _____ am/pm until _____ am/pm

Friday _____ am/pm until _____ am/pm

Saturday _____ am/pm until _____ am/pm

Sunday _____ am/pm until _____ am/pm

ITEMIZATION & TOTAL TUITION FEES

Application Fee

\$ _____ Non-Refundable

Books

\$ _____ Textbooks

Equipment

\$ _____

Student Tuition

\$ _____ Refer to refund policy provision within this agreement

ESTIMATED DUE FOR THE ENTIRE PROGRAM

\$ _____

TOTAL CHARGES FOR CURRENT PERIOD OF ATTENDANCE

\$ _____

CHARGES DUE UPON ENROLLMENT

\$ _____

*****YOU ARE RESPONSIBLE FOR THIS AMOUNT. IF YOU GET A STUDENT LOAN, YOU ARE RESPONSIBLE FOR REPAYING THE LOAN AMOUNT PLUS ANY INTEREST, LESS THE AMOUNT OF ANY REFUND.**

STUDENT AGREES TO PAY ABOVE SPECIFIED FEES AS FOLLOWING:

☐ Cash \$ _____

☐ Credit Card \$ _____

☐ Check \$ _____

☐ Balance \$ _____

Date: _____ Signature: _____

Date: _____ AIAH Staff: _____

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I have read and accept the "Student Enrollment Agreement" of Athens Institute of Allied Health. These agreements as they appear on both pages of this agreement hereof (and accept and acknowledge that said conditions on the second page are an integral part of this agreement) and hereby acknowledge that the above indicated payments have been made or will be made as of this date to the School Business Office. I understand that I have received a copy of this agreement and a copy of the current school catalog. I understand that Athens Institute of Allied Health offers job placement assistance but does not guarantee a job or a starting salary upon graduation.

THE TERMS AND CONDITIONS OF THIS AGREEMENT ARE NOT SUBJECT TO AMENDMENT OR MODIFICATION BY ORAL AGREEMENT. I, THE UNDERSIGNED PURCHASER OF THE PROGRAM OF TRAINING, HAVE READ, UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS CONTAINED HEREIN AND WITH MY SIGNATURE I CERTIFY HAVING RECEIVED AND EXACT COPY OF THIS AGREEMENT AND A COPY OF THE SCHOOL CATALOG. I FURTHER ACKNOWLEDGE THAT NO VERBAL STATEMENTS HAVE BEEN MADE CONTRARY TO WHAT IS CONTAINED IN THIS AGREEMENT. THIS ENROLLEMTN AGREEMENT IS A LEGALLY BINDING INSTRUMENT WHEN SIGNED BY THE STUDENT AND ACCEPTED BY THE SCHOOL.

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.

Signature of Student

Date

Signature and Title of School Official Accepting Enrollment

Date

NOTICE OF CANCELLATION

YOU MAY CANCEL THIS ENROLLMENT AGREEMENT OR CONTRACT, WITHOUT ANY PENALTY OR OBLIGATION, WITHIN 72 HOURS (UNTIL MIDNIGHT OF THE THIRD DAY EXCLUDING SATURDAYS, SUNDAYS, AND LEGAL HOLIDAYS) AFTER THE ENROLLMENT CONTRACT IS SIGNED. TO CANCEL THIS TRANSACTION, MAIL OR DELIVER A SIGNED AND DATED COPY OF THIS CANCELLATION NOTICE, OR ANY OTHER WRITTEN NOTICE TO Athens Institute of Allied Healthcare, 1865 WEST BROAD STREET SUITE E, ATHENS, GA 30606.

CANCELLATION POLICY: A full refund of all monies paid will be made to any student who cancels the enrollment contract with 72 hours (until midnight of the third day excluding Saturdays, Sundays, and Legal Holidays) after the enrollment contract is signed and a tour of the facilities and equipment is made by the prospective student; the enrollment of the student was procured as a result of any misrepresentation in advertising, promotional materials of the School, or misrepresentation by the owner or representatives of the School. Cancellation must be written in accordance with the terms of the enrollment agreement.

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REFUND POLICY FOR Athens Institute of Allied Health:

The refund computations will be based on the following refund policy guidelines. The determination of refunds will be calculated based on the most advantageous refund to the student. The refund computations will be based on scheduled clock hours of class attendance through the last date of attendance:

Students who apply for the program but are unable or choose not to complete it may be entitled to a refund. If a student decides within 3 days of signing the contract not to attend the program, all money (except the application fee) will be refunded. Refunds are determined based on the proration of the total tuition based on the percentage of program completed at withdrawal, up until 50% of the program after which there are no refunds.

The withdrawal date will be the date that the director or instructor was notified in writing of the student's desire to withdraw, or in the case of unsatisfactory academic performance, the date the student's dismissal letter is mailed. In the case of absences the date of the second absence will be the withdrawal date.

In the event that Athens Institute of Allied Health makes changes to the program, the location or the time such that one or more students are unable to complete the program, those students will be entitled to a refund in accordance with the policy above. Refunds are issued by mail to the address on the student's application within 30 days of the date of the request.

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Upon request by a student or any state or federal department, the institution shall provide an accounting for such amounts retained within five workdays.

Refund on graduates and completed students will be consummated within 45 days.

The school shall provide a full refund if educational service is discontinued by the school preventing a student from completing the program.

ENTRANCE AND ATTENDANCE: No students shall be permitted to begin classes or continue in attendance unless all financial obligations to the school have been met, including tuition, fees, books, supplies and equipment. Grades, transcripts, or diplomas will not be issued unless financial obligations to the school have been met.

GRADUATION AND PLACEMENT: When a student has passed and completed all subjects required in the program of study indicated in this agreement, said student will be awarded a transcript provided all financial obligations to the school have been met by said student. Policies regarding withdrawal, dismissal or termination of a student are printed in the Athens Institute of Allied Health. catalog. Job placement assistance will be provided by this school at no additional charge provided all program requirements and financial obligations of the student to the school have been met. Athens Institute of Allied Health makes no guarantee of job placement or amount of earnings.

GRIEVANCE POLICY: Athens Institute of Allied Health provides a prompt and equitable process for resolving student grievances. The procedure is available to any student who believes that the school decision or action has adversely affected his/her status, rights, or privileges as a student. Students with a grievance must first make a reasonable effort to resolve the issue on an informal basis with faculty or administrative personnel. If the issue is not resolved to the student's satisfaction, the student may meet with the school CEO who shall review the grievance with all parties, The CEO's decision is considered final at the institutional level. If disputes, grievances, or complaints cannot be resolved through the appeals process, the students may contact the

Nonpublic Postsecondary Education Commission (NPEC), State of Georgia, 2082 East Exchange Place, Suite 220, Tucker, GA 30084 (770) 414-3300 fax (770)414-3309 <https://gnpec.georgia.gov/student-complaints>

FTC STATEMENT: Any holder of this consumer contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds hereof. Recovery hereunder by the debtor shall not exceed the amount paid by the debtor.

ARBITRATION: Any controversy or claim arising out of or relating to this Agreement, or branch thereof, no matter how pleaded or styled, shall be settled by arbitration in accordance with the Commercial Rules of Arbitration Association, and judgment upon the award rendered by the Arbitrator may be entered in any court having jurisdiction.

I have received a copy of the current school catalog. I have received a copy and state that do understand this Enrollment Agreement. I understand this Enrollment Agreement must be accepted by Athens Institute of Allied Healthcare and authorize my high school(s) and/or college(s) to release my academic records and any other information necessary for my acceptance to this school. I understand that if this school accepts me, I must abide by the Rules of Conduct set out by the school, a copy of which has been provided to me.

Date: _____ Signature: _____

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Employment History

Employer Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Position: _____

Supervisor: _____ Email: _____

Date of Employment: From _____ To _____

Employer Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Position: _____

Supervisors Name: _____ Email: _____

Date of Employment: From _____ To _____

Employer Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Position: _____

Supervisors Name: _____ Email: _____

Date of Employment: From _____ To _____

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Educational History

School Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Course of Study: _____ Graduated: Yes / No

Date of Attendance: From _____ To _____ Degree: _____

School Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Course of Study: _____ Graduated: Yes / No

Date of Attendance: From _____ To _____ Degree: _____

School Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Course of Study: _____ Graduated: Yes / No

Date of Attendance: From _____ To _____ Degree: _____

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Personal References

Name: _____ Years Acquainted: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Name: _____ Years Acquainted: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Name: _____ Years Acquainted: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I permit the AIAH to examine my references, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release AIAH, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Date: _____ Signature: _____

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Media Consent and Release Agreement

Throughout the school year, students may be highlighted in efforts to promote our schools' activities and achievements. For example, students may be used in materials to train teachers and/or increase awareness of our school through newspapers, radio, tv, internet, social media postings, displays, brochures, and other types of media.

I, as a parent, self, or guardian of _____, hereby give the school and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for the use in audio, video, film, and any other electronic, digital, and printed media.

- a) This is with the understanding that neither the school nor its representatives will reproduce any of the media for any item of commercial value or receive monetary gain for use of any reproduction/broadcast of said photo or likeness.
- b) I also understand that I will not receive any monetary compensation for myself or child's participation.
- c) I further release and relieve the school, its Board of Trustees, employees, and other representatives from any liabilities, known or unknown, arising out of this material.

I certify that I have read the Media Consent and Release Agreement, and fully understand its terms and conditions.

Student Information

Student Name: _____ ID# _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date: _____ Signature: _____

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Injection Consent and Hold Harmless Agreement

Description of Risks

An Injection is an infusion method of putting fluid into the body, usually with a hollow needle and a syringe which is pierced through the skin to a sufficient depth for the material to be forced into the body. Receiving an injection is a relatively safe and event-free procedure, however, on rare occasions the recipient may develop inflammation, infection, or nerve damage at the injection site.

Acknowledgement, Consent, and Release of Liability

I, _____, the undersigned have read and understand the Description of Risks relating to Injections as explained above, and freely and voluntarily sign and enter this **“Injection Consent and Hold Harmless Agreement”** to perform, or have performed on myself, the above procedure.

I understand the potential complications that may be incurred by participating in Injections and hereby covenant and agree to release, hold harmless and waive all claims associated with this procedure against any student, instructor, employee, officer, agent, or owner of Athens Institute of Allied Health. from any injury, complication, pain, suffering, or liability connected with the Injection procedure of which I will participate.

Student Information

Student Name: _____ ID# _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date: _____ Signature: _____

Witness Information

Witness Name: _____ ID# _____

Witness Signature: _____ Date: _____

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Phlebotomy Consent and Hold Harmless Agreement

Description of Risks

Phlebotomy is a procedure that removes blood from the body. Phlebotomy may result in a small bruise at the puncture site. You can reduce the risk of bruising by keeping pressure on the puncture site for several minutes after the needle is withdrawn. In rare cases, the vein may become inflamed after the blood sample is taken. This condition is called phlebitis and is usually treated with a warm compress applied several times a day until resolved. There is also a small risk of infection at the puncture site and an even smaller risk that an artery may be punctured during the procedure.

Acknowledgement, Consent, and Release of Liability

I, _____, the undersigned have read and understand the Description of Risks relating to Injections as explained above, and freely and voluntarily sign and enter this **“Phlebotomy Consent and Hold Harmless Agreement”** to perform, or have performed on myself, the above procedure.

I understand the potential complications that may be incurred by participating in Injections and hereby covenant and agree to release, hold harmless and waive all claims associated with this procedure against any student, instructor, employee, officer, agent, or owner of Athens Institute of Allied Health. from any injury, complication, pain, suffering, or liability connected with the Injection procedure of which I will participate.

Student Information

Student Name: _____ ID# _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date: _____ Signature: _____

Witness Information

Witness Name: _____ ID# _____

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New Student Uniform Receipt

I _____, confirm that I have received the items listed below as required for AIAH.

Administrative Publications

- A. Qty _____ Student Handbook
B. Qty _____ Course Catalog
C. Qty _____ AIAH Refund Policy

School Uniforms

- D. Qty _____ Scrub tops (Replacement Value \$25.00)
E. Qty _____ Scrub pants (Replacement Value \$25.00)
F. Qty _____ Student ID card (Replacement Value \$25.00)
G. Qty _____ Student Tote-bag (Replacement Value \$30.00)

Program Textbooks

- H. Qty ____ Article: _____ (Replacement Value \$____.)
I. Qty ____ Article: _____ (Replacement Value \$____.)
J. Qty ____ Article: _____ (Replacement Value \$____.)
K. Qty ____ Article: _____ (Replacement Value \$____.)

Additional Program Materials

- L. Qty ____ Article: _____ (Replacement Value \$____.)
M. Qty ____ Article: _____ (Replacement Value \$____.)
N. Qty ____ Article: _____ (Replacement Value \$____.)
O. Qty ____ Article: _____ (Replacement Value \$____.)

Date: _____ Signature: _____

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Athens, GA 30606

GNPEC Student Disclosure Form

Name of School: Athens Institute of Allied Health

Address of School: 1865 W Broad St. Suite E, Athens, Ga. 30606

1. Enrollment Agreement & Catalog

I have read and received a copy of the enrollment agreement, or equivalent document, and the school catalog. I understand that the terms and conditions of these documents are not subject to amendment or modification by oral agreements.

_____ Student's Initials

2. School Outcomes

I have read and received a copy of the school's self-reported, unaudited retention, graduation, and placement rates for the preceding year as well as the most recent Georgia licensure test results, if applicable, for the program I am entering.

_____ Student's Initials

3. Employment

I understand that upon successful completion of my training program, this school will provide placement assistance. However, I understand that the school does not guarantee any graduate a job. I have not been guaranteed employment to earn a specific salary range upon graduation.

_____ Student's Initials

4. Refund Policy

I have reviewed the refund policy provided in the catalog and am aware that the institution attests to the fact that this policy meets the Minimum Standards set forth by the Georgia Nonpublic Postsecondary Education Commission.

_____ Student's Initials

5. Complaint Procedure

I have reviewed the complaint procedure provided in the catalog and am aware that, after exhausting the institution's procedure, I have the right to appeal the institution's complaint determination to the Georgia Nonpublic Postsecondary Education Commission.

_____ Student's Initials

6. Authorization and Accreditation Status

I understand that the institution in which I am enrolling has been issued a Certificate of Authorization by the Georgia Nonpublic Postsecondary Education Commission. This status indicates that the institution has met the Minimum Standards established by Georgia Code (§20-3-250.6). Although authorized, I understand that this institution is not accredited by a U.S.-based accrediting association recognized by the United States Secretary of Education; therefore, I am not eligible for Federal Student Aid. Additionally, as is the case with all postsecondary institutions, both accredited and unaccredited, there is no guarantee that my credits will transfer to another institution.

_____ Student's Initials

Student's Signature: _____

Date: _____

School Representative's Signature: _____

Date: _____

*Student must receive a copy of this form, and a copy must be kept in the student's file.

October 2017

Athens Institute of Allied Health

Student Background Check Instructions

Background checks are required to ensure the safety of patients treated by students in the clinical education program. The reports are typically completed within 3-5 business days; however, you must submit your order in sufficient time for the report to be reviewed by the program coordinator or associated clinical site prior to starting the rotation. The background check is conducted by PreCheck, Inc., a firm specializing in the healthcare industry.

Getting Started

Follow this link to [MyStudentCheck](#) If you are unable to access the link, you may type in the web address located at the bottom of this page.

- Confirm the school's name matches: **Athens Institute of Allied Health**
- Select your program from the drop-down menu, and then select background check.
- Log in with your username and password. If you do not have an existing profile, create an account.
- Enter the required information, provide authorization, and continue to enter payment information.
- If you need further assistance, please contact **PreCheck** at StudentCheck@PreCheck.com.
- You will be provided with a receipt and confirmation page when your order is placed.

Pricing

Background Check **\$51.50**

Applicable state sales tax will be collected based on your residential location.

Frequently Asked Questions

1.What does PreCheck do with my information?

Your information will only be used for the services ordered. Your credit will not be investigated, and your name will not be given out to any businesses.

2.I selected the wrong school, program, or incorrect information.

Please email StudentCheck@PreCheck.com with the details.

3.Do I get a copy of the background report?

Yes, go to www.mystudentcheck.com, log in, and select Check Status.

4.I was denied entry into a program because of information

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