



T&D Phlebotomy

6330 Newtown Rd. Ste. 630

Norfolk, VA 23502

(757) 266-2834

Website: tdphlebotomy.com

Email: Tyishawarren@tdphlebotomy.com

Enrollment Agreement (Hybrid)

Student Information

Student Name: _____

Address: _____

City/State/Zip: _____

Phone: C) _____ Email) _____

Program Information:

Date of Admissions: ____/____/____

Program/Course: EKG Technician

Description of Program: This course teaches students to perform EKG tests for recording impulses transmitted by the heart. These tests include basic EKG, Holter monitoring, 12-lead placement, stress testing and pacemaker rhythm evaluation and monitoring. The course prepares students to be EKG technicians where they assist physicians and other medical professionals in diagnosing and treating cardiac and blood vessel irregularities.

Program/Course Objective: The course objective is to prepare all students for their National Credentialing Certification through NHA and working as an EKG Technician.

Program Start Date: _____ Program Completion Date: _____

Day Classes (9am – 2pm):

Evening Classes (5pm – 10pm):

Monday - Wednesday

Number of Weeks: 4 Weeks

Total Number of Clock Hours: 62 Clock Hours



Enrollment Fee

Enrollment Fee: \$100 (nonrefundable)

Program Fees

Tuition:	\$730
Book/Connect/Supplies:	\$170
CET Exam and Study:	\$200

Total Program Tuition: 1,200

T&D phlebotomy, LLC does not provide financial aid assistance

Payment plans and loan guidance available

Student's right to cancel/Refund/Cancellation Policy:

The student has the right to cancel the initial enrollment agreement until midnight of the 4th business day (excluding weekends and holidays) after the student has been admitted. If the right to cancel is not given to any prospective student at the time the agreement is signed, then the student has the right to cancel the agreement at any time and receive a refund on all monies paid to date within 15 days of cancellation. **Cancellation should be submitted to the authorized official of the program in writing.**

- When notice of cancellation is given **after midnight of the fourth** business day following acceptance, T&D Phlebotomy will retain the initial enrollment and background check (if process has been initiated) fee.
- For a student canceling after the 4th calendar day following the date of enrollment but prior to receipt by T&D Phlebotomy of the first completed lesson assignment, all moneys paid to the school shall be refunded, except the initial enrollment and background check (if process has been initiated) fee.
- A student who enters T&D Phlebotomy but withdraws or is terminated during the first 25% of the program shall be entitled to a refund amounting to 75% of the cost of the program.
- Student who withdraws or is terminated after attending more than 25% but less than 50% of the program shall be entitled to a refund amounting to 50% of the cost of the program.



- A student who withdraws after completing 50-75% of the program shall be entitled to 25% of the cost of program. More than 75% will not be entitled to a refund.
- Applications **NOT** accepted by T&D Phlebotomy shall receive a refund of all tuition, paid within 30 calendar days after the determination of non-acceptance is made.
- T&D Phlebotomy will mail a written acknowledgment of a student's cancellation or written withdrawal to the student within 15 calendar days of the postmark date of notification. Such written acknowledgment is not necessary if a refund has been mailed to the student within the 15 calendar days. **ALL STUDENT REFUNDS** shall be made by the school within 30 calendar days from the date of receipt of the student's cancellation.
- A student may give notice of cancellation to T&D Phlebotomy in writing. The unexplained absence of a student from this program for more than 15 school days shall account for constructive notice of cancellation to the program. For purposes of cancellation the date shall be the last day of attendance.

T&D Phlebotomy shall refund all monies paid to it in any of the following circumstances:

- T&D Phlebotomy did not provide the prospective student with a copy of student's valid enrollment agreement; or T&D Phlebotomy cancels or discontinues the course of instruction in which the student has enrolled; or T&D Phlebotomy fails to conduct classes on days or times scheduled, detrimentally affected the student.

T&D Phlebotomy will grant 3 excused days for grievance plus day of viewing and funeral for immediate family with open door policy due to other circumstances such as being raised by a non-immediate family member. First day of grievance, student shall notify the instructor via email or call to inform about their situation. Student must email the instructor in advance with day of viewing and funeral so that those days will be excused. Obituary or proof of death must be present for excused days to be granted.

Transferable Credits:

T&D Phlebotomy does not offer transferable credits. Transferability of credentials earned is at the sole discretion of T&D Phlebotomy.



Grievance Policy:

If for any reason a student has an issue/complaint about the school and/or Instructor, students will first report their problem to the instructor. The instructor/Owner will review the problem and give feedback or have it resolved no later than 8 school operating days. If the student is not satisfied with the results made by the instructor and want to take the complaint higher, a letter can be written to and sent to SCHEV (address listed below).

All students should follow this process and may contact the council staff to file a complaint about the school as last resort. Students will not be subject to unfair actions such as being dropped from the program as a result initiating a complaint proceeding; Students may contact a State Council of Higher Education staff as a last resort if the school does not resolve or give feedback on the complaint to the student's satisfaction within 8 school operating days.

If a student makes any accusations on social media, internet, etc. on behalf of T&D Phlebotomy with no proof, legal actions will be pursued.

STATE COUNCIL OF HIGHER EDUCATION FOR VIRGINIA
101 N. 14TH STREET, 10TH FLOOR
JAMES MONROE BUILDING
RICHMOND, VA 23219



By signing below, I _____ certify that I have been provided access to the school's electronic or print catalog, bulletin, or brochure.

I understand that this is a legally binding agreement. My signature below certifies that I have read, understood and agreed with my rights and responsibilities. Further, I certify that I understand the cancellation and refund policies and I understand and agree to these policies.

- If the student delays start date or drops from class and re-enrolls later, a new Enrollment Agreement must be completed.

Student Signature

Date

Authorized Representative

Date

Authorized Rep. Signature

Date