



HealthcareerNursing®

3040 Holcomb Bridge Rd
Norcross GA 30071

Nursing Bridge Program Student Enrollment Form (CNA, PCT, CMA, LPN)

This form must be completed by the individual that will be enrolling and participating in training and partaking of any other Product or service specified in this document. It should not be filled on behalf of another without their express permission, as it constitutes a private agreement between the potential Student and Healthcareer Group, Inc.

*Please submit \$50 fee for evaluation and processing of this Enrollment application. **This fee is non-refundable.***

I. STUDENT INFORMATION

- 1) FIRST NAME: _____ LAST NAME: _____ MI: _____
- 2) STREET ADDRESS: _____
- 3) CITY: _____ STATE: _____ ZIP: _____
- 4) PHONE: () _____ () _____ E-MAIL: _____
- 5) DATE OF BIRTH: _____ 6) SSN (or last 4): _____

II. NURSING PROGRAM INFORMATION

- 7) NAME OF PROGRAM: _____ HOW DID YOU HEAR ABOUT US: _____
- 8) LOCATION: _____
- 9) PROGRAM TUITION: \$ _____ (before tax) _____
(See table below for list of program tuitions)
- 10) PROGRAM START/END DATE: _____ / _____
- 11) QUALIFYING BACKGROUND (CNA, PCT, CMA, etc): _____
(See 'Qualification Guidelines' on page 4 of this Agreement for further details)
- 12) WILL YOU BE ADDING-ON PHLEBOTOMY, IV, EKG, or BLS CPR/FIRST AID AED, or other? _____
- 13) ADD-ON PROGRAM TOTAL: \$ _____ plus Program Tuition \$ _____ (Total with tax) \$ _____
- 14) DO YOU NEED A PAYMENT PLAN? _____

List of Program Tuitions*

<input type="checkbox"/> 90-DAY CNA/PCT/CMA to LPN	\$5,500	<input type="checkbox"/> Registered Nurse Bridge for LPN	\$9,500
<input type="checkbox"/> CNA- Review Lecture/Clinical	\$799	<input type="checkbox"/> NCLEX PN/RN Review	\$799
<input type="checkbox"/> Anatomy & Physiology I & II	\$799	<input type="checkbox"/> Fundamentals of Nursing	\$799
<input type="checkbox"/> Pharmacology	\$799	<input type="checkbox"/> Medical Surgical Nursing	\$799
<input type="checkbox"/> Microbiology	\$799	<input type="checkbox"/> Maternity Nursing	\$799
<input type="checkbox"/> Pathophysiology	\$799	<input type="checkbox"/> Pediatrics Nursing	\$799

*Program tuitions include everything necessary for course completion: materials, study guides, lab fees, etc.

Cost of Licensing or certification examinations **NOT** included in program tuition.

HEALTHCAREER GROUP, NURSING® EQUIVALENT EDUCATION AND/OR EXPERIENCE

EDUCATION AND/OR EXPERIENCE HAS TO BE VERIFIABLE BY TRANSCRIPTS, EMPLOYERS, OR OTHER MEANS TO QUALIFY FOR THIS NON-TRADITIONAL NURSING BRIDGE TO LPN PROGRAM. AS CERTIFIED NURSE ASSISTANT (CNA), PATIENT CARE TECHNICIAN (PCT), OR CLINICAL MEDICAL ASSISTANT (CMA) YOU ARE **REQUIRED** TO COMPLETE **GENERAL DUTY INPATIENT BEDSIDE NURSING EXPERIENCE IN A CLINICAL FACILITY**. (THE PERFORMANCE OF DIRECT PATIENT CARE FUNCTIONS PROVIDED THROUGHOUT THE PATIENT'S STAY/TREATMENT THAT ENCOMPASS THE BREADTH AND DEPTH OF EXPERIENCE EQUIVALENT TO THAT PERFORMED BY THE LICENSED PRACTICAL NURSE) MOST CMA EXPERIENCE IN PHYSICIAN'S OFFICE OR OUTPATIENT CLINIC CAN ALSO BE SUBSTITUED FOR MEDICAL/SURGICAL NURSING EXPERIENCE. ADDITIONALLY, PHARMACOLOGY COURSE OR EXPERIENCE IS REQUIRED. FOR YOUR EDUCATION/EXPERIENCE, PLEASE CHECK ALL THAT APPLY.

A. PHARMACOLOGY/MEDICATION AIDE:

- KNOWLEDGE OF COMMONLY USED DRUGS AND THEIR ACTION
- COMPUTATION OF DOSAGES
- PREPARATION OF MEDICATIONS
- PRINCIPLES OF ADMINISTRATION

B. EXPERIENCE OR TRAINING:

- MEDICAL/SURGICAL NURSING
- MATERNITY OR GENITOURINARY NURSING
- PEDIATRIC NURSING

C. EXPERIENCE IN ANY OF THE FOLLOWING AREAS MAY BE SUBSTITUED FOR MEDICAL/SURGICAL EXPERIENCE:

- | | |
|---|--|
| <input type="checkbox"/> COMMUNICABLE DISEASE NURSING | <input type="checkbox"/> PRIVATE DUTY NURSING (IN AN ACUTE CARE FACILITY ONLY) |
| <input type="checkbox"/> PUBLIC HEALTH NURSING | <input type="checkbox"/> EMERGENCY ROOM NURSING |
| <input type="checkbox"/> OCCUPATIONAL HEALTH NURSING | <input type="checkbox"/> OUT PATIENT CLINIC |
| <input type="checkbox"/> OFFICE NURSING (M.D.) | <input type="checkbox"/> POST ANESTHESIA RECOVERY NURSING |
| <input type="checkbox"/> PSYCHIATRIC NURSING | <input type="checkbox"/> HEMODIALYSIS NURSING |
| <input type="checkbox"/> OPERATING ROOM NURSING | <input type="checkbox"/> REHABILITATION NURSING |
| <input type="checkbox"/> GERONTOLOGICAL NURSING | <input type="checkbox"/> EMERGENCY MEDICAL TECHNICIAN SERVICE |

D. OTHER VERIFIABLE EXPERIENCE:

1. BASIC BEDSIDE NURSING

- | | |
|--|--|
| <input type="checkbox"/> AMBULATION TECHNIQUES | <input type="checkbox"/> INTAKE AND OUTPUT |
| <input type="checkbox"/> BEDMAKING | <input type="checkbox"/> PERSONAL HYGIENE AND COMFORT MEASURES |
| <input type="checkbox"/> URINARY CATHETER CARE | <input type="checkbox"/> POSITIONING AND TRANSFER |
| <input type="checkbox"/> COLLECTION OF SPECIMENS | <input type="checkbox"/> RANGE OF MOTION |
| <input type="checkbox"/> DIABETIC TESTING | <input type="checkbox"/> SKIN CARE |
| <input type="checkbox"/> ADMINISTRATION OF A CLEANSING ENEMA | <input type="checkbox"/> VITAL SIGNS |
| <input type="checkbox"/> FEEDING PATIENT | <input type="checkbox"/> HOT AND COLD APPLICATIONS |
| <input type="checkbox"/> COMMUNICATION SKILLS (VERBAL & WRITTEN) | <input type="checkbox"/> OTHER |

2. INFECTION CONTROL PROCEDURES (MAY BE DEMONSTRATED IN CLASSROOM, LAB, AND/OR PATIENT CARE SETTINGS)

- ASEPSIS
- TECHNIQUES FOR STRICT, CONTACT, RESPIRATORY, ENTERIC, TUBERCULOSIS, DRAINAGE, UNIVERSAL AND IMMUNOSUPPRESSED PATIENT ISOLATION.

APPLICANTS WITH FORMAL NURSING EDUCATION MAY SUBMIT OFFICIAL TRANSCRIPTS FOR EVALUATION FOR POSSIBLE CREDIT IN LIEU OF PAID BEDSIDE NURSING EXPERIENCE. THE TRANSCRIPTS MUST SHOW THEORY AND CLINICAL HOURS COMPLETED.

NURSING SERVICE IN THE MEDICAL CORPS OF ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. THIS METHOD REQUIRES:

- MILITARY SERVICE EVALUATIONS SHOWING AT LEAST TWELVE (12) MONTHS SERVICE ON ACTIVE DUTY IN THE MEDICAL CORPS OF ANY OF THE ARMED FORCES RENDERING BEDSIDE PATIENT CARE. MILITARY SERVICE EVALUATIONS MUST BE SUBMITTED SHOWING THE DATES OF SERVICE, WARDS ASSIGNED, AND THE DUTIES PERFORMED FOR EACH ASSIGNMENT.
- TRANSCRIPTS OR "CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY" (DD 214) SHOWING COMPLETION OF BASIC COURSE OF INSTRUCTION IN NURSING REQUIRED BY HIS OR HER PARTICULAR BRANCH OF THE ARMED FORCES.
- DD 214 OR OTHER MILITARY DOCUMENT SHOWING THAT SERVICE IN THE ARMED FORCES HAS BEEN UNDER HONORABLE CONDITIONS, OR WHOSE GENERAL DISCHARGE HAS BEEN UNDER HONORABLE CONDITIONS.

NOTE: PROOF OF HIGH SCHOOL EDUCATION IS NOT REQUIRED.

LICENSING AND CERTIFICATION EXAMINATIONS

NURSING LICENSING:

After this application is reviewed for acceptance in the nursing bridge programs, all accepted students will be sent instructions for the "NCLEX® Registration Process" and must complete a PN or RN Application Process Packet. Once the Board has determined your eligibility for examination you will receive notification and a copy of the 2016 National Council Licensure Examination (NCLEX®) Candidate Bulletin which contains the examination registration information. Eligible candidates must register with the NCLEX® Data Center within 180 days (6 months) of this notification. You must submit a completed NCLEX® Registration form along with the NCLEX® Registration Fee to the Data Center each time you apply to take the examination.

When the **NCLEX® Data Center** has processed your registration and verified your eligibility with the Board, you will receive an "Authorization to Test" (ATT), along with a list of Testing Centers. Applications are accepted for evaluation on a year-round basis. There are no specific filing deadlines. However, appointments for testing are made on a first-come, first-serve basis. There is an Initial License Fee to be paid in addition to the application evaluation fee. All testing fees, fees for evaluation of your application, and processing your fingerprint cards are non-refundable.

It can take eight (8) weeks from initial processing of the NCLEX® registration to receive an authorization to test (ATT). Applications for examination should be filed at least three (3) months prior to your anticipated testing date to allow sufficient time for evaluation. In order to be tested promptly upon completion of your training, we encourage you to start your NCLEX® application process once you are accepted in the HCG nursing bridge program. If additional information is needed to complete the evaluation of your application you will be notified after your exam application has been filed. The Testing Center is required to ensure that all eligible first-time applicants are scheduled within thirty (30) days of their requested test date. In addition, all eligible repeat applicants will be scheduled within forty-five (45) days of their requested test date.

CERTIFICATIONS FOR ADD-ON ALLIED HEALTH PROGRAMS:

Certification examinations will be issued by the National Medical Licensing Association®, or National Healthcareer Association (unless otherwise specified). Per the guidelines of the certification agencies, all exam fees are non-refundable and non-transferrable and may result in automatic forfeiture for late arrivals or rescheduling less than 72 hours in advance of the same.

The National Certification Exam fees must be paid five (5) business days in advance of the date Student intends to take exams in order for registrations to be received and processed by the agencies in a timely manner. An "Authorization to Test" (ATT) will be issued once the registration is complete. Examinations can be taken on-site at the training location upon program completion or up to 30 days following the same, either on-site with HCG or at a designated third-party testing site. Failure to adhere to this policy will result in all examination and testing fees being forfeited, as will Student's ATT (authorization to test) will expire within the window of 30 days following program completion. If the ATT expires, Student will be required to obtain re-authorization to test, which allows the student to attend the training and incurs a separate fee of \$250 and extends the ATT up to 6 months from the initial end date of training.* Exam fees are incurred each time an exam is challenged and must be paid in advance before such registrations will be processed.

**Please note: additional fees may apply when exams are not taken on-site with HCG. This will be dependent upon proctoring fees that may or may not be incurred as a result of challenging examinations at a third-party test site. Also, all of the above policies and procedures subject to change with or without notice, at the discretion of the exam sponsor.*

ADDITIONAL TERMS, CONDITIONS, & POLICIES

This document outlines the Policy, as well as the Terms and Conditions of Healthcareer Group, Inc., of Atlanta Georgia, herein referred to as "HCG", which must be expressly agreed to as a stipulated pre-requisite condition of enrollment. Upon enrollment, Student will be required to acknowledge that he/she has read, understood, and agreed to comply with each and every covenant within. Should any portion of this document be found to be incorrect or invalid, that portion may be corrected, but would not invalidate the remainder of the Agreement, which is to remain in full force until the complete and permanent satisfaction of the obligations and duties of both parties. This Agreement contains the entirety of the understanding between Student and Healthcareer Group, Inc., notwithstanding any other provision, obligation, or stipulation not expressly mentioned herein.

Please be sure to read this document in its entirety. DO NOT ENROLL IF YOU ARE UNWILLING TO FOLLOW ALL HCG POLICIES AND PROCEDURES SET FORTH. Policy set forth in this document shall constitute an integral part of the Nursing Student Enrollment Agreement and is hereby incorporated into the same.

PRIVACY STATEMENT

HCG respects your privacy and will collect personally identifying information only as necessary. All information collected by HCG will be used appropriately, as required and permitted within the bounds of the law. Student information will not be shared with third parties for advertising purposes, nor will it be utilized in any other way than that which is specified or implicitly necessary for HCG to provide medical training and testing services to Student, unless otherwise required by applicable law.

NATURE OF PRODUCT

HCG goods, products, and/or services (both tangible and non-tangible) pertaining to HCG training courses and programs, implicit and non-implicit—physical, technological, conceptual, material, verbal, non-verbal, specified, or non-specified), shall herein be referred to as “Product”.

Product is created and designed to help refine current competencies through education and training-related consultancy. HCG training programs are for current, practicing Healthcare and medical professionals (unless otherwise specified), with the exception of certain basic courses and certifications as specified and determined by their respective owner, which may be available to all interested persons. (e.g. CPR AED/First Aid)

QUALIFICATION GUIDELINES

HCG programs are not intended to replace traditional public colleges, universities, vocational and/or trade schooling programs, their products, services, credentials, curriculums, or otherwise. HCG does not reward any form of credential such as diplomas, degrees, certificates, certifications, or licenses. Instead, HCG provides refresher, continuing education, as well as job skills and certification training courses and programs. In addition, HCG offers students the opportunity to challenge national certification examinations to earn their certification credential and/or licensing credential (where applicable).

Admission is open to any qualified applicant. No qualified person will be excluded from enrollment at Healthcareer Group, Inc. based on age, race, gender, disability or national origin.

The contents of each training program differ, as the curriculum, materials, supplies, clinical lab (or lack thereof) and other training methodologies and resources will vary. Training programs may include a lot, some, little, or no clinical training dependent upon the certification eligibility requirements and the Student’s particular background in healthcare.

Student should contact HCG for a brief pre-qualifying interview, in advance of enrollment should they desire to verify the specifications of the content of their program(s)/Product of interest. Contact us at 800-897-1773 or visit: www.HealthCareerGroup.com. See qualification guidelines below to ensure that you are eligible for our training programs.

Pre-requisites for Nursing Bridge Program(s): To qualify for the 90-DAY Bridge Program to LPN, applicant must be a Certified Nurse Aide (CNA), Patient Care Technician/Associate/Nurse, (PCT/PCA/NT) or Clinical Medical Assistant (CMA). Licensed Practical/Vocational Nurse (LPN, LVN) may qualify for the Bridge Program to Registered Nurse (RN). Surgical Technician/Technologist (ST) may qualify for Nursing Bridge for LPN or RN depending on work experience.

Pre-requisites for Add-On Program(s) (other than Nursing)

Our programs are generally designed for those who have a prior background in healthcare by way of experience, schooling, and/or job training, such as:

Certified Nurse Aide (CNA), Clinical Medical Assistant (CMA), Patient Care Technician/Associate/Nurse, (PCT/PCA/NT), Registered Nurse (RN), Licensed Practical/Vocational Nurse (LPN, LVN), Medical Doctor (MD), Emergency Medical Tech (EMT), Phlebotomy Tech (PT), IV Tech, Medical Lab Tech/Assistant (MLT/MLA), Medical Office Assistant (MOA), Dialysis Tech (DT), Home Health Aid, Physician Assistant, Physical Therapist, Rehabilitation Specialist, Health Information Technologist, Health Records Specialist, Diagnostic Medical Sonographer (DMS), Dental Hygienist, student of allied health or all medical (pre-nursing, pre-medical) or Natural Science Majors (Biology, Chemistry). In addition, consideration is given for medical work experience and/or schooling that meets certain criteria. You may still meet the Pre-requisites for Program Participation if you are a current or past Healthcare professional, whether or not your profession is listed above.

By enrolling in HCG training programs and partaking of HCG Product, Student hereby attests that he/she has a qualifying background in Healthcare by way of training, schooling, and/or experience as delineated above, except if Student is qualifying by way of Supplementary Compliance. Student understands that forging qualification documents is strictly prohibited and agrees not to do so. Any false statements included in this application may result in certification and/or license denial. Student assumes all responsibility and liability for knowingly enrolling in HCG programs without properly meeting the aforementioned qualification guidelines.

SCHEDULING GUIDELINES

Registration deadline is three weeks before the start of class. All training fees must be paid in full or completed payment agreement must be in place before registration is considered complete. Registrations less than 3 weeks (21 days) in advance are subject to a late fee of \$75.00 or a rescheduling to the next class with availability, at the discretion of HCG, not to exceed thirty (30) days into the future. See training calendar online for current training start dates or contact us if needed. Payment plans are available, and are subject to all Scheduling Guidelines.

If interested in a class, HCG suggests that Student registers and enrolls sooner rather than later to guarantee seat availability. Classes without sufficient registration & enrollment, (of five students or more), may be re-scheduled. In addition, courses may be rescheduled due to inclement weather or other unforeseen circumstance outside of the direct control of HCG. Thus: training dates, times, and locations are subject to change. All registered and enrolled students will be notified if this happens and placed in the next available class of their convenience, not to extend more than 3 months (90 days) into the future, unless otherwise permitted by HCG, in writing.

PAYMENT

All applicable Product, program, course, material, and/or training fees must be paid on time without demand or delay in accordance with the foregoing policy and procedure. Failure to make timely payment could result in temporary training suspension if not paid when due, or program expulsion if not paid within 30 days of due date. Student is responsible to remit any and all required excise or other tax and fees that may apply. Any such taxes and fees will be delineated in writing before any payments are accepted and processed on behalf of Student.

If Student is not certain that he/she would like to complete a given program or partake of Product, then Student should not complete registration and enrollment. HCG is unable to retrieve monies paid toward exam fees, the acquisition of sterile medical supplies,

payments to instructors and other program administrators for their services, materials, books, study manuals, and other resources sought on behalf of Student, to be purchased and paid by HCG on behalf of the same, with the mutual understanding of said person's good faith promise and intent to follow through with a given program in accordance with all of the stipulations of this Agreement; there will be no refunds for any reason.

Once enrolled, all fees paid go towards the purchasing and allocation of program materials, as well as allow for the facilitation of the program being administered to Student, in accordance with the terms and conditions herein set forth and agreed upon by both parties, as a condition of Student's enrollment. All fees, debts, and obligations owing under this Agreement shall be paid, discharged, and handled in accordance with the same, notwithstanding any provision or circumstance not herein expressly provided for; there will be no refunds made for any reason.

PAYMENT PLANS

To ensure the lowest costs for training, the Total Program Tuition must be paid in full in advance. If the Student needs to pay tuition and fees in payments, HCG offers two payment plan options. Option One allows programs to be paid in two (2) or three (3) payments. Both options have a minimum down payment that is required to initiate the payment plan and program registration. Future payments can be made at the student's convenience, in accordance the students Payments as agreed in the Individual Payment Plan (IPP) and with the Payment Plan Guidelines below.

Option 1

This payment plan option is for those enrolling and signing IPP to pay in two (2) or three (3) installments. A down payment of **\$1,800 is required to begin class**. A minimum payment of \$1,000 will hold a student's seat in class and go towards the allocation of his/her training materials. The additional payment of \$800 must be paid before beginning training.

If the entire Program is to be paid in two (2) payments, the remaining balance (after \$1,800 is paid) or second payment will be \$3,750 and include a \$50 fee. If the Program is paid in three payments, the remaining \$3,700 can be divided into two payments of \$1,900 each, which includes a \$50 fee added to each payment or a total of \$100 in additional fees.

Option 2

This payment plan option is for those enrolling on a pay as you go basis. The 90-Day Program is extended to 180-Days. As such, additional fees are automatically incurred, which increases the overall cost of the program. The Nine-Modules of the Nursing Bridge program can be paid separately and must be completed within 180-days (6 months). A total of **\$1,199 is required to complete the Registration process**, which includes an initial down payment of \$400. This \$400 fee will hold a student's seat in class and go towards the allocation of his/her training materials. The additional \$799 (for a total of \$1,199) covers the cost of the first Module of instruction. The cost of the eight (8) remaining Modules shown on page 1 of this application will be \$799 each. The program can be extended for an additional 90-day period. The program will be extended beyond 9 months ONLY under extenuating circumstances. No extensions are allowed for the program to be more than 12 months (1 year). All extensions must be requested in writing and will be granted on a case-by-case basis.

Payment Plan Guidelines:

- A non-refundable application fee of \$50 must be received with this Initial application for enrollment. Applications received without the \$50 fee payment will not be processed. A completed IPP must be attached within 30 days of the date of this application.
- Once the application is reviewed and accepted, the registration process must be complete in order to start training. Program Tuition and/or Down payments as agreed in above payment options must be paid at the time of registration. Registration will be incomplete until all appropriate payments are received and processed.
- Program tuition and fees cover training materials along with access to online materials through the E-campus.
- All program registrations are subject to *Scheduling Guidelines* above. Program balances are due 3 weeks (21 days) before training begins and may incur a \$75 late fee if not paid by that time. Payment plans are exempt as long as payments are made as scheduled.
- Payment Plans can be upgraded with no penalty for early pay-off.

NONCOMPETITION & CONFIDENTIALITY

Student agrees to nondisclosure of the following information: technical and business information relating to HCG’s proprietary ideas, patentable ideas copyrights and/or trade secrets, existing and/or contemplated products and services, software, schematics, research and development, production, costs, expenses, profits, financial projections, customers, clients, marketing, other students, instructors, and current or future business plans and models, regardless of whether such information is designated as “Confidential Information” at the time of its disclosure, whether intentional or unintentional.

Student agrees not to directly or indirectly compete with the business of HCG and its successors by infringing upon any HCG proprietary material or business models and assigns an indefinite noncompetition clause. The term "not compete" as used herein shall mean Student shall not own, manage, operate, consult or be employed in a business that implements patentable HCG material and ideas, or its business model.

RESCHEDULING & HOLDS

In the event that Student wishes to reschedule his/her training, this must be done by written notification, a minimum of one week (7 days) before the intended commencement of training of the respective program and or dispersing of Product of which Student has requested and agreed to partake. Failure to reschedule within the allotted timeframe will result in a “no show”. In the event of a “no show” Student will be given the opportunity to complete his/her training within 6 months from the time of initial registration & enrollment/purchase of Product, provided that the totality of all fees owed under this Agreement have been satisfied. Failure to reschedule in accordance with the foregoing policy may result in forfeiture of Product fees, as HCG is not obligated to hold said fees on behalf of Student for more than the aforementioned timeframe.

In the event that the entire program balance has not been paid, registration deposits may be held for up to three months (90 days) from the date of registration, granted that a written request is made to: nursing@healthcareergroup.com at least one week (7 days) before Student’s training start date, and a written reply is received confirming receipt, consent, and acknowledgement of the same.

SUBSTITUTION, TRANSFERABILITY, CANCELLATION

HCG reserves the right to exercise Product substitution and transfers for equal or comparable value according to its sole discretion. If for any reason Product purchased (and paid for in full) by Student is not readily accessible, due to rescheduling, under-enrollment, severe inclement weather, illness, sickness, death, or any other extenuating circumstance on the part of either party to this Agreement, then Product substitution or transference may be placed at Student’s disposal, per the mutual discretion and consent of both parties, granted that NO portion of training materials have been accessed and NO portion of the specified training program has been completed; Product must be completely “unopened”, otherwise substitution and transfer are strictly prohibited. HCG does not suggest cancellation and early termination. Student may terminate this Agreement before its complete satisfaction; provided, however, if Student so chooses, (except by reason of breach by HCG), Student will be obligated to pay a termination fee equal to the totality of nonrecurring charges (if unpaid) for the terminated training program and/or Product(s). This provision indefinitely and perpetually survives termination of the Agreement.

WARRANTIES & GUARANTEES

HCG makes no other warranties or guarantees other than that which has specifically and expressly been provided for in this Student Enrollment Agreement, to include the above Terms and Conditions of Enrollment.

Important Note: Applicants with criminal backgrounds who apply for healthcare programs which require state certification or licensure are advised that they will be required to submit to a criminal background check as part of the licensure application. Presence of criminal convictions on record may be cause to reject an applicant for state licensure.

I understand and accept that any contract for training I enter into with Healthcareer Group, Inc. contains legally binding obligations and responsibilities.

STUDENT SIGNATURE: _____ **DATE:** _____



HealthcareerGroup

3040 Holcomb Bridge Rd Ste F1
Norcross GA 30071

*****YOUR CARD WILL ONLY BE CHARGED ONCE*****

PAYMENT AUTHORIZATION CONFIRMATION

Sign this form to **verify** that you have approved the one-time debit to your credit card in the amount of \$ _____ (\$ fees&tuition plus 4% mandatory tax)* on _____, 2016. THIS FORM MUST BE SIGNED BY THE CARDHOLDER.

By signing this form you **confirm** that you gave Healthcareer Group, Inc.® permission to debit your account for the amount indicated below, pursuant to the accompanying Student Enrollment Agreement of which it forms part, in subscription thereof. **This is NOT permission to run any additional transactions.** No additional transactions to your card will be made. Any future payments you intend to make must be pre-authorized at that time.

*PLEASE NOTE THAT ALL PAYMENTS MADE ARE SUBJECT TO A 4% TAX THAT IS COLLECTED AT THE TIME YOUR PAYMENT IS PROCESSED. IF YOU WISH TO OPT OUT OF THE MANDATORY TAX AT THIS TIME, YOU HEREBY UNDERSTAND THAT YOU WILL BE RESPONSIBLE TO PAY THE TAX DIRECTLY TO THE INTERNAL REVENUE SERVICE. FAILURE TO DO SO MAY RESULT IN FINES.

Please complete the information below:

I _____ did authorize Healthcareer Group, Inc. to
(cardholder name)

charge my credit card in the amount of \$ _____ on ____/____/2016.
(amount) (date)

This payment is for _____ (\$50 Non-Refundable App fee).

The payment is made on behalf of myself _____.

CARD NUMBER:	_____
CARD SECURITY CODE:	_____
CARD EXPIRATION DATE:	_____
CARD BILLING ADDRESS:	_____

I, the above subscriber, did in fact authorize Healthcareer Group, Inc. to charge the credit card indicated in this authorization form according to the terms outlined above, in pursuance of the Student Enrollment Agreement. This payment was for the goods/services described above, for the amount indicated above only. I certify that I am the authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the aforementioned terms that have been underwritten and secured in pursuance of this Agreement; I and understand that refunds will not be processed for any reason.

CARDHOLDER SIGNATURE _____ DATE _____