



Please Print All Information Requested Except Signature

Application for Admissions
MENTAL HEALTH TECHNICIAN
HEMODIALYSIS TECHNICIAN
PHYSICAL THERAPY AIDE

All sections of this application should be completed and submitted to the school office along with the \$50 non-refundable application fee. Incomplete applications will not be accepted. Payments may be made by cash, debit, credit, check or money order.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	M.I.

HOME ADDRESS

Home Number	Work Number	Cell Number & Carrier
Social Security Number	Driver License Number	Date of Birth
	State of Issue _____	

EMAIL ADDRESS:

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	Non-resident alien seeking F-1/M1 status? <input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Lawful Residence or Citizenship? (If not USA)	
State/Country of Birth?	
Languages Spoken:	

Program Data

Which Program are you interested in pursuing? Please fill in below:

- MENTAL HEALTH TECHNICIAN PHYSICAL THERAPY AIDE HEMODIALYSIS TECHNICIAN

These are certificate programs. A Certificate of Completion will be issued upon successful completion of any of these programs.

Educational Information

All information provided herein is subject to verification. Any omission or misrepresentation will be grounds for rejection of the application and forfeiture of the application fee.

Did you graduate from high school? ___ Yes ___ No If yes, what year? _____

If no, do you have GED? ___ Yes ___ No If yes, what year? _____

Last high school attended?

Name: _____

Address of High School: _____

If applicable, fill in highest post-secondary level completed.

◇ Freshman ◇ Sophomore ◇ Junior ◇ Bachelor’s ◇ Associate ◇ _____

Last College/Technical School attended?

Name: _____

Address of College/Technical School: _____

Emergency Information:

Name _____ Phone _____

Relationship to you _____

Application Fee Payment Method

◇Cash ◇Check ◇Money Order ◇Debit/Credit Card

Attestation

I hereby certify that I have read this application and that to my knowledge all statements contained herein are correct and complete. I understand that all sections of this agreement together constitute the Enrollment Agreement. I understand that any information found to be false will be grounds for immediate dismissal and forfeiture of all financial payments. By signing below, I authorize the verification of any information contained in this form. I authorize any administrator, institution, school or university to furnish any and all information requested by NIAH regarding my academic record.

Applicant’s Signature: _____ Date _____

Enrollment Agreement

AGREEMENT made this _____ day of _____, between Norcross Institute of Allied Health, hereinafter called the school, and _____.

Driver's License or other ID# _____ Date of Birth _____

Social Security Number ***-**-_____, hereinafter called the student.

This is my request for enrollment in the technical healthcare program as described in NIAH'S catalog as a certificate program, consisting of 12 weeks, with a total of

- Mental Health Technician – 96 classroom and laboratory hours, and 80 hours clinical training (176 clock hours)
- Dialysis Technician – 72 classroom and laboratory hours, and 250 hours clinical training
- Physical Therapy Aide – 96 classroom and laboratory hours, and 80 hours clinical training (176 clock hours) required for graduation from this program.

Course Schedule

The course is schedule to start ____/____/____ (date), meeting at scheduled times published on NIAH's website or available in the school. This program is scheduled to be completed on ____/____/____ (date).

Employment

Norcross Institute of Allied Health does not provide a guarantee for employment but will do everything possible and use every resource available to ensure opportunities for placement.

Fees Policies

Application, lab fees and uniform costs are payable in full prior to class start date. A partial payment of tuition is required prior to the start date. Arrangements can be made for monthly installments for the balance due.

Application Fee	\$	50
Program Tuition	\$	1,700
Lab Coat/Uniform	\$	35
Liability Insurance		Included
ID Badge		1 st Included
Lab Fee	\$	50
Total	\$	1,835.00

Books (Estimated)		
Mental Health Tech	\$	70.00
Dialysis Tech	\$	95.00
Physical Therapy Aide	\$	95.00

Payments Applied \$ _____ ◇Cash ◇Check ◇Other

Balance Due \$ _____

I understand the contents of this Enrollment Agreement and agree that I am fully responsible for paying the above amount.

Student Signature: _____

Date: _____

Director Signature: _____

Date: _____

Tuition Promissory Agreement

Borrower Information

Name _____

Address _____

City _____, Georgia _____

Lender Information

Norcross Institute of Allied Health, 2070 Sugarloaf Pkwy, Ste. 1000, Lawrenceville, GA 30045

Tuition Amount \$ _____

Down Payment \$ _____ Financed Amount \$ _____

PAYMENT TERMS: This Agreement is made between Norcross Institute of Allied Health and _____ (borrower). After the Down Payment, as noted above, all payments will be made to TFC according to the Agreement signed by Borrower and NIAH.

Student will not be allowed to attend class at NIAH unless all accounts are current.

Student will not be allowed to attend clinicals unless all accounts are current.

All parties agree to be bound by the terms and conditions of the completed Contract between TFC, NIAH and Borrower.

BORROWER'S PRE-PAYMENT RIGHT: Borrower reserves the right to prepay this Note in whole or in part, prior to maturity, without penalty, as included in the Contract.

FORMS OF PAYMENT ACCEPTED: Student may elect to pay online to TFC by debit or credit card, or by automatic debit from checking/savings account or credit card. Please see TFC website for more information.

Borrower is responsible for all obligations represented by this Note.

EXECUTED this _____ day of _____ (month), _____ (year)

Borrower signature _____ Date _____

School Official Signature _____ Date _____

STUDENT CODE OF CONDUCT AGREEMENT

Students have a responsibility for creating and maintaining an environment that supports effective instruction. In order for faculty members to provide and students to receive effective instruction in classrooms, laboratories, online courses, and other learning areas, Norcross Institute expects students to conduct themselves in an orderly and cooperative manner.

Failure by a student to follow prescribed rules of conduct will subject him or her to disciplinary sanctions by Program Director.

The classroom is an adult learning environment and should be treated as such. As adult learners, students—regardless of age—are expected to conduct themselves accordingly.

As a student in this classroom, I agree to the following:

- Coming to class on time
- Not leaving class early for any reason other than an emergency
- Doing my own work and not plagiarizing
- Upholding the Honor Code by not cheating on assignments, quizzes, and exams or attempting to do so
- Turning off all cell phones prior to entering the classroom, unless given permission from the instructor for an EMERGENCY situation
- Taking proper action for emergency phone calls
- Notifying the instructor prior to missing class, assignments or exams
- Maintaining good personal hygiene
- Respecting other students and their opinions
- Respecting the instructor
- Not exhibiting disruptive behavior in the classroom
- Not discussing grades during class time
- Participating in classroom discussions
- Not talking or playing on personal cell phone during class time
- Being prepared for each class by purchasing the textbooks, reading the assignments, studying for quizzes and exams, and turning all work in on time
- Being responsible for my grades
- Not playing games on personal cell phone or classroom computers while in class
- Not downloading or uploading any computer programs or pornography on school computers
- Reading, understanding and complying with all expectations indicated in the course syllabus and outline
- Complying with and following all class policies and procedures as instituted by individual class instructors

Student Signature

Date

Cancellation and Refund Policy

Due to limited class size, a strict refund policy is in effect at Norcross Institute of Allied Health. It is the responsibility of the student to officially withdraw, in writing, from the classes or program in order to obtain a refund or credit.

1. A student may terminate from a program by submitting **written** notification of withdrawal to NIAH. The official withdrawal date will be the date that a written notification is received. All refunds will be calculated based on the official withdrawal date and total tuition paid at time of withdrawal. **Refunds will be made within 45 days from receipt of written notification.**
2. **Written notification** includes letters sent by mail, fax or e-mail sent to the Administrative office. The date used for refund purposes will be the date the document is received.
3. If a student is involuntarily withdrawn for cause, such as excessive absenteeism, the date used for calculation of tuition and/or refund shall be the last day of attendance.
4. Application fees are non-refundable, unless cancelled within 3 business days. Special ordered items or used items that cannot be resold are also non-refundable.
5. Students who request cancellation within 3 days after signing a student contract and prior to first day of class will be refunded 100% of all monies paid.
6. For a student requesting cancellations more than 3 business days after signing the contract, the tuition to be refunded shall be pro-rated.
7. For a student completing more than 50% of instructional time, the school will not give a refund.
8. Any student who is dismissed for breach of any part of the enrollment agreement or student guidelines will be refunded by the same calculations above.
9. In the event that NIAH has to cancel a program or make substantive changes to a scheduled program, NIAH will make arrangements in a timely manner to accommodate the needs of each student enrolled in the program, OR will refund all money paid by the student for the program of study or course if alternative arrangements determined by NPEC to be equitable to both the institution and the student are not possible.

My signature acknowledges that I have read this document and/or have asked and received clarification on the content and understand the cancellation and refund policy as outlined above.

Student Signature

Date