



MEDICAL INSTITUTE OF NORTHEAST GEORGIA

Medical Institute of Northeast Georgia LLC. 1215c Tuscany Drive, Braselton, GA 30517 Phone (678) 425 MING Fax (678) 963-0223 www.ming101.com

ENROLLMENT AGREEMENT - CONTRACT

Medical Administrative Assistant Hybrid Medical Assistant

Beginning Date: Medical Assistant Phlebotomy Surgical Tech Dental Assistant

I understand that upon acceptance by Medical Institute of Northeast GA. LLC. this document constitutes a legal and binding contract. I am applying for admission in the program and will receive a certificate of completion in that program upon graduation.

Mr./Miss/Mrs. First Middle Last Area Code/Telephone Number

Address: Number and Street City State Zip

E-mail Address:

Birth Date: Marital Status: Soc. Sec. #:

High School attended: City/State Last Grade Completed Year Graduated or Year of GED

Name of Parent, Guardian, or Spouse: Name Address Telephone Number

To whom should all communication be sent:

APPLICATION FEE (Not applied to tuition) \$ Tuition \$ (Additional Fees) \$ TOTAL COST \$ Student ID: (First 4 letters of Last Name & Last 4 Numbers of SS)

BALANCE OF TUITION WILL BE PAID AS FOLLOWS:

- Balance to be paid in full before entrance Check Cash Money Order Credit Card
Balance to be paid in installments of each week, bi-weekly, monthly on or before the day of each month
Other Sources (specify).

I understand I am responsible for any amounts due, (Initials) I have read and accept the "Enrollment Terms" of this 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 Medical Institute of Northeast GA. LLC. offers job placement assistance, but does not guarantee a job or a starting salary upon graduation.

Applicant's Signature Date of Enrollment

Parent/Guardian Director

Date of Acceptance Accepted by Director

NOTICE OF CANCELLATION

YOU MAY CANCEL ENROLLMENT, 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 MEDICAL INSTITUTE OF NORTHEAST GEORIGIA LLC. 1215-C TUSCANY DRIVE, BRASELTON, GA 30517

Date: Buyer's Signature:

READ THE SECOND PAGE BEFORE SIGNING

CANCELLATION POLICY: A full refund of all monies paid will be made to any student who cancels the enrollment contract within 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.

REFUND POLICY MEDICAL INSTITUTE OF NORTHEAST GEORGIA

- Student may cancel within 72-hours cancellation privilege to receive a full refund.
- A student who cancels the Enrollment Agreement in writing before the first day of class will be given a full refund minus the Application fee.
- A student who attends class and then cancels at any point (up until 50% of the class has been attended), will receive a prorated refund on the time attended and already paid. After 50% of class has been attended no refunds will be given. Students will be held responsible for any monies still owed to Medical Institute of Northeast Georgia and will be billed accordingly. The effective date of the termination for refund calculations will be the last recorded date of attendance or the date of receipt of written notice from the student— whichever is earlier.

The effective date of termination will be:

- The day following 3 days of absence (without special approval given from administration);
- The date the student fails to return from a leave of absence;
- The date the student notifies the school of withdrawal in writing.
- The last day of attendance if the student is terminated from the school for any other purposes.

If tuition is collected in advance of entrance, and if after expiration of the 72-hours cancellation privilege, the student does not begin class, not more than \$100 shall be retained by the school. The student will be issued instructional supplies, books or materials at the time these materials are required by the program. Once these materials have been opened and used, no refund will be granted for those supplies.

A refund of tuition and fees is due and refundable in each of the following cases:

- An applicant is not accepted for enrollment.
- If the student's enrollment was procured as a result of any misrepresentation in advertising, promotional materials of the school, or misrepresentations by the owner or representative of the school.
- If a course is discontinued
- Refunds will be totally consummated within 30 days after the effective date of termination on students who withdraw or who are terminated by the school. Refunds, when due, are made without requiring a request from the student. Upon request by a student or any state or federal department, the institution shall provide an accounting for such amounts retained within five workdays. 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, Externships, Certificates or National Test will not be issued unless financial obligations to the school have been met. Students may be required to take a placement exam for any course other than CNA.

GRADUATION AND PLACEMENT: When a student has passed with 70% or greater and completed all subjects required in the program of study indicated in this agreement, said student will be awarded a certificate 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 Medical Institute of Northeast Georgia 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. Medical Institute of Northeast Georgia makes no guarantee of job placement or amount of earnings.

GRIEVANCE POLICY: Medical Institute of Northeast Georgia provides a prompt and equitable process for resolving student grievances. The procedure is available to any student who believes that a 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. The student's concern shall be put in writing no later than 30 days from incident and either given/mailed to the school Director (Cami Camacho), or emailed to the school Director at cami@ming101.com. If the issue is not resolved to the student's satisfaction, the student may meet with the School Director who shall review the grievance with all parties concerned. The School Director has to make a final decision on the grievance within 30 days of the official meeting with the student. The student will be notified in writing of the school's final decision.

The school Directors decision is considered final at the institutional level. Should you need further assistance after that you can contact State of Georgia Nonpublic Post-Secondary Education Commission (GNPEC). Complaints are to be filed through <http://gnpec.georgia.gov/student-resources/student-complaints>

State of Georgia Nonpublic Post-Secondary Education Commission
2082 E. Exchange Place, Suite 220
Tucker, GA 30084 Phone 770-414-3300 website: www.gnpec.georgia.gov

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 I do understand this Enrollment Agreement. I understand this Enrollment Agreement must be accepted by Medical Institute of Northeast Georgia and I 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.

(Signature)

(Date)



MEDICAL INSTITUTE OF NORTHEAST GEORGIA

Student Information Form

PLEASE PRINT CLEARLY

Date _____ Student ID _____

Name _____
 First Name MI Last Name Other (Maiden)

Street Address _____

City _____ State _____ Zip _____ How long? _____

Mailing Address (if different) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email address (Must have) _____

Social Security # _____ Date of birth _____
 Driver's License # _____ State of Issue _____

PROGRAM OF STUDY	
Medical Assistant	<input type="checkbox"/>
Phlebotomy Only	<input type="checkbox"/>
Surgical Tech	<input type="checkbox"/>

How did you hear about MING?	
Check all that apply	
Referral	<input type="checkbox"/>
FACEBOOK/TWITTER/TUMBLER	<input type="checkbox"/>
Flyer	<input type="checkbox"/>
Website	<input type="checkbox"/>
Walk in	<input type="checkbox"/>
Other: _____	

Start Date _____ Days: M T W R F S S

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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EDUCATIONAL DATA

	Yes	No	If yes list date
Have you graduated from high school?			
If no, do you have your GED?			

Highest grade completed: _____ Year graduated: _____

Name & address of your high school: _____

High School Name _____ City _____ State _____

Yes	No
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Is English your primary language?

If no, what is your primary language?

Have you ever taken English classes?

Have you attended any other technical courses?

If so, please list courses taken, school name, and date of attendance:

Do you hold any State Health Licenses?

No	Yes
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If yes, what licenses and ID numbers?

References

List below two persons who have knowledge of your work performance within the last four years. Please include professional references only.

Name - First, Last:

Telephone Number:

Address:

City, state, zip:

Occupation:

Number of Years Acquainted:

Name - First, Last:

Telephone Number:

Address:

City, state, zip:

Occupation:

Number of Years Acquainted:

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for acceptance.

I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or terms for my immediate expulsion from the program.

Initials

I permit MING 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 MING, 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.

Initials

I also understand that I am to abide by all policies and procedures of MING. I understand that the information supplied by me, regarding my: Education (including an authorization to release transcripts), Credit History, Criminal History, Medical and Professional Licensing, Residence History, and References, will be utilized as part of the processing procedures. A background and credit check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living. I will hold no person liable for giving or receiving information in this investigation. I release from liability all persons, companies, and corporations supplying that information. I release and indemnify Medical Institute of Northeast Georgia, LLC against any liability that might result from making such background checks. A copy of this form is as valid as the original.

Initials

EMERGENCY CONTACT INFORMATION

1. Name	_____	Phone #	_____
2. Name	_____	Phone #	_____

By signing below, I certify that I have received a current copy of MING's Policy & Procedures Manual, including grievance and refund policies.

APPLICANTS SIGNATURE

DATE



MEDICAL INSTITUTE OF NORTHEAST GEORGIA

STUDENT AND EMPLOYEE MEDIA RELEASE AGREEMENT

I HEREBY GRANT PERMISSION TO MING TO USE MY TESTIMONIAL REGARDING THE SCHOOL FOR ANY TYPE OF USAGE, EITHER PRINT OR NON-PRINT.

I FURTHER GRANT MY PERMISSION TO MEDICAL INSTITUTE OF NORTHEAST GEORGIA TO USE MY PICTURE OR EDITED PARTS OF MY PICTURE ON ANY TYPE OF MEDIA FOR MASS PRODUCTION INCLUDING, BUT NIOR NOT LIMITED TO:

- SCHOOL WEBSITE
- SCHOOL COLLATERAL, I.E., BROCHURES, PAMPHLETS, PHONEBOOK, ECT.
- ANY ELECTRONIC PROMOTIONAL MATERIALS
- ANY PRINTED PROMOTIONAL MATERIALS
- ANY WRITTEN OR ORAL COMMUNICATION

SIGNATURE OF STUDENT

DATE

PRINTED NAME OF STUDENT

STUDENT ID



**MEDICAL INSTITUTE OF
NORTHEAST GEORGIA**

Medical Institute of Northeast Georgia, LLC

STUDENT RECEIPT OF SCHOOL CATALOG

I _____ **HAVE RECEIVED**
A COPY OF THE Medical Institute of Northeast Georgia, LLC.
SCHOOL CATALOG.

STUDENT SIGNATURE

DATE

PRINTED NAME

Student ID



MEDICAL INSTITUTE OF NORTHEAST GEORGIA

Student Code of Conduct/Attendance

You are part of a professional training program. The Medical Institute of Northeast Georgia has high standards for your behavior and performance.

1. You will come to class prepared and ready for class on time
2. You will follow the Instructors' directions at all times
3. You will maintain class focus by participating and cooperating. Interruptions, unnecessary talking, or not participating are not permitted.
4. You will communicate with staff, students, and the public in a respectful and professional manner.
5. You will act ethically and legally - Alcohol and illegal drug use is prohibited
6. You will resolve all disputes by:
 - a. Working with your instructor
 - b. Submitting class evaluation form after the end of each grading period.
7. You will assist in organizing and maintaining your classroom space and equipment. If you do not meet these standards you may:
 - a. Not receive credit for class
 - b. Be suspended after an administrative review
 - c. Be withdrawn from the program.

Attendance and Make-up Classes

I understand the attendance for the entire program is required in order to graduate. For every hour that I am absent I must make-up what I have missed hour for hour. I further understand that I will be withdrawn from my program if I miss 3 consecutive days or accumulate more than 15% of absences from the program, even if I make up these hours.

Externship/Clinicals

I understand that I must complete all academic requirements, including make-up hours, before I will be permitted to participate in externship/clinicals. I also understand I will not be allowed to attend clinicals/externship if I am not current on my payments.

State Testing/National Testing

I understand that I will not be allowed to test for my State license or National Certification if I am not current on my payments. Once I have completed the class and have paid in full I will receive a certificate of completion for the class.

I understand and agree to follow these standards.

Print Name

Signature

Date

Student ID



MEDICAL INSTITUTE OF
NORTHEAST GEORGIA

Background Check

Name

First

Middle

Last

Current Street Address:

City/State/Zip Code:

Social Security Number:

Date of Birth

AUTHORIZATION TO RELEASE CRIMINAL HISTORY INFORMATION REPORTS, DRUG OFFENSE, VIOLENCE REPORTS, CREDIT BUREAU REPORTS, AND/OR MOTOR VEHICLE REPORTS, I ACKNOWLEDGE I MAY BE SUBJECT TO A "CONSUMER REPORT" and/or AN "INVESTIGATIVE CONSUMER REPORT" (which may include information about my character, general reputation, personal characteristics and/or mode of living, and which can involve personal interviews with sources such as neighbors, friends and associates.) For and in consideration of my being considered for Employment or Advancement, I hereby authorize the Company designated below to make inquiries to MAF Background Screening ("MAFBS"), a consumer reporting agency, concerning my Employment suitability and qualification; including: (i) any public record of any incidents of crimes of violence or dishonesty; (ii) any incidents of employment dishonesty, or other employment related acts of violence or drug related offenses or drug test results reported to MAFBS by any employer where such acts occurred; or (iii) any credit bureau reports; any driving record history. I further authorize any governmental agency where such information is on file, or any company ("Prior Company") where such incident or credit transaction occurred, and MAFBS to disseminate such report(s) to Company. During any period(s) while I may be engaged by Company, I hereby authorize Company to make further like inquiries to MAFBS as Company may from time to time, deem necessary for Employment purposes. I also hereby authorize MAFBS, any such governments agency, any such credit bureau and any such Prior Company to issue such reports in response to Company's inquiry(jes). I waive any further notice with respect to Company's inquiries or with respect to such governmental agency's, such Prior Company's, such credit bureau's or MAFBS's dissemination of any such report(s). I hereby generally release and fully discharge MAFBS every such government's agency, every such credit bureau, and every such Prior Company from and against any and all liability with respect to, or arising from, the release or dissemination of any such information for such purposes. I understand and agree that my Employment or retention may be determined, in whole or in part, based on the report(s) so issued to Company by MAFBS. I have been informed and I understand that I may obtain a copy of such report and that I may dispute the accuracy or completeness of the information reported to Company by writing or calling MAFBS at the address or telephone numbers listed below.

Company's Certification: Company hereby certifies to MAF Background Screening that it is requesting a consumer report(s) on the applicant named above and that Company will use that report(s) for PERMISSABLE purposes.

MAF BACKGROUND SCREENING 800-226-4483
134 S Tampa St, Tampa FL 33602

(X)

Signature of Applicant

Date Signed



MEDICAL INSTITUTE OF NORTHEAST GEORGIA

Medical Institute of Northeast Georgia, LLC. Tuition Payment Plan Agreement Form

Student's Name: _____

First

MI

Last

SSN: _____ - _____ - _____

Program of Study: _____

Address:

Street

City

State

Zip

Home Phone: _____

Cell Phone: _____

Email Address: _____

Total Tuition: \$ _____

Paid in Full

Make Payments

Number of Payments: _____

Weekly Payment Due: \$ _____
(No additional fees)

Bi-Weekly Payment Plan amount Due: \$ _____
(Additional \$35 monthly fee added excluding Phlebotomy)

Monthly Payment Plan Amount due: \$ _____
(Additional \$35 monthly fee added)

Terms and Conditions:

1. I agree to pay my tuition balance under the terms of this agreement.
2. I understand that if I choose a payment plan through Medical Institute of NE Georgia, there is a \$35 monthly service fee automatically added into the payment plan (excluding phlebotomy). If I pay in full or choose the weekly payment plan so my tuition is paid in full by the end of class, there are not any additional service fees.
3. I agree to pay all my installments on time understanding that this means on or before the first day of class for the week.
4. If I pay by check and it is returned for any reason, then I will pay the penalty and late fee plus the \$35 or 10% returned check fee depending on whichever is higher.
5. Any changes I want to make to my payment plan must be done on or before the due date.
6. Tuition payments received are first applied against the oldest outstanding amounts.
7. Any special circumstances that may affect my payment schedule must be communicated in writing and approved by MING management.
8. The interest rate of 18% (1.5% per month) will be charged on all accounts not paid as agreed. If my account gets sent to collections, I understand that I am responsible for the additional filing fees, court cost, and attorney fees.
9. If I have an outstanding balance, prior to the final test, then I will not be allowed to attend externship/clinical, and I will not be allowed to test for my National Certification or State Test if I am not current on my payments.

I agree, and have read and understood all the above terms and conditions.

Student Signature: _____ Date: _____



MEDICAL INSTITUTE OF NORTHEAST GEORGIA

Phlebotomy Consent Form

The purpose of this consent form is to inform students about phlebotomy procedures performed in student labs at Medical Institute of Northeast Georgia LLC.'s Medical Assisting and Phlebotomy Tech programs.

The following procedures are performed at MING:

1. **Phlebotomy** – the inserting of a needle into the arm/hand of another person for the purpose of withdrawing blood.
2. **Finger Stick** – the inserting of a lancet into the finger of another person for the purpose of withdrawing blood.

Risks Associated with Phlebotomy and Finger Sticks

While rare, there are risks associated with phlebotomy and finger sticks.

Risk from having blood drawn:

- Development of a hematoma at the site of venipuncture. This risk is minimized with good venipuncture technique and by maintaining appropriate pressure for an adequate period at the site of the venipuncture.
- Drop in blood pressure so that you may feel dizzy and even possibly faint. It is important that you notify the phlebotomist if you feel any adverse symptoms at all during the procedure so that the venipuncture can be immediately stopped and appropriate action taken.

Risk to the blood drawer:

- The main risk is transmission of communicable disease, i.e. HIV, Hepatitis C and Hepatitis B, in handling body fluids and needles. This risk is minimized by adhering to universal precautions, which are taught in the medical laboratory technician program. It is a risk common to all health care professionals.

Informed Consent

As a student of Medical Institute of Northeast Georgia, I am aware of the possible risks and benefits associated with phlebotomy and finger stick procedures. I agree to abide by the safety rules and regulations declared by the school and instructors as they relate to my participation in these procedures. I have made the program director and the appropriate instructor aware of any pre-existing condition (such as seizure disorder, bleeding disorder, pregnancy, etc.) that I have that might put me or others at risk through my participation. I have read and understand the terms of this agreement and I hereby consent to the choices I have made above as my own free act.

Student Name (print): _____

Student Signature: _____ Date: _____

Medical Care and Financial Responsibility

In the event of an accident or medical emergency, it is the student's decision whether or not to seek medical care or go to an ER dept. If the incident involved blood or body secretion contamination, it is recommended that the student immediately obtain an HIV, Hepatitis B, and Hepatitis C determination (testing fees may apply). This can be done through a regular family medical care provider.

Medical care is the financial responsibility of the student. If a student chooses to seek medical care, go to an emergency department, or obtain HIV or Hepatitis testing, the student is responsible for these costs.

I understand my medical care options and financial responsibility if I choose to seek medical care in case of an accident or medical emergency.

Student Name (print): _____ Date of Birth: _____

Student Signature: _____ Date: _____



MEDICAL INSTITUTE OF NORTHEAST GEORGIA

Please initial beside each item below acknowledging you received orientation and understand what you initial below.

- ___ All Student Parking is located next door on the gravel lot for all day-time classes. If you are parked in front of the buildings, and not in the gravel lot, you may be towed at your own expense.
 - ___ All Students - We are a smoke free building. However, if you need to smoke, please do so beside the building. There is a flower pot with sand to use. Please do not throw cigarette buds in the parking lot.
 - ___ ALL Student - If you fall 30 days delinquent you will not be able to continue with classes until you are current. Any missed time will have to be made up, and any missed mods will have to be taken when offered again. Please understand this will delay your completion date. Any accounts past the contract time will be sent to court for collections (interest, late fees, filing fees, etc will be added)
 - ___ ALL Students not current on payments will not be allowed to go to externship until account is current. Students will not be allowed to take Nationals until paid in full if their account has not been paid on time as agreed.
 - ___ MA - If you fail your weekly MOD exam you will not be able to retake until the following has been done. 1. The entire portion of your study guide relating to that MOD must be completed and signed off on by your instructor (from the beginning of the definition page to the end of where the publisher offers a game). 2. In addition, you will not be able to make up a failed exam until the full completion of all the weekly MODS first. 3. If you fail the make-up exam you must retake that particular MOD over again when it is offered.
- SURGICAL TECH – If you miss a class or a test you must make it up. Please see your instructor to make arrangements to do so.

I acknowledge I received Orientation from Medical Institute of Northeast Georgia and understand the above policies. I understand additional information in greater detail is in the student Catalog and Handbook I received should I need further explanation.

Student Name (PRINT CLEARLY)

Phone Number

Course

Start Date

Student Signature

Date

GNPEC Student Disclosure Form

Name of School: _____

Address of School: _____

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 retention, graduation, and placement rates for each of the preceding year as well as the most recent Georgia licensure test results, if applicable, for the program I am entering. Although collected, the data may not be available for students during the 2016-2017 academic year.

_____ 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 institutions 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 US-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.



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You will also need to attach a copy the following items:

1. Driver's License
2. Social Security Card
3. High School Diploma or GED

\$100 Application fee for Surgical Tech or Medical Assisting (\$50 for Phlebotomy) can be paid through paypal on our website, or you can call in the payment over the phone. This needs to be paid when your application is submitted.

When paying the tuition for your class you can call it in over the phone, pay in person with cash, money order, cashier's check, check, mc, visa or discover. You can also request a paypal invoice be sent to you by emailing info@ming101.com

Uniforms are not included in tuition. You will need solid black scrubs (top and bottom) and any color tennis shoes or nursing shoes for class.