

**P&M GENTLE HANDS**

900 Jorie Blvd Suite 19

Oakbrook IL, 60523

Phone: 773-732-2724

pmgentlehands@gmail.com

gentle-hands-llc.net

*This school is approved by the Division of Private  
Business and Vocational Schools of the " Illinois  
Board of Higher Education" www.ibhe.org*

**ENROLLMENT AGREEMENT**

**STUDENT INFORMATION**

STUDENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBERS: H) \_\_\_\_\_ C) \_\_\_\_\_ W) \_\_\_\_\_ E-MAIL

ADDRESS: \_\_\_\_\_ EMERGENCY

CONTACT: \_\_\_\_\_ RELATIONSHIP:

\_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

**PROGRAM INFORMATION****DATE OF ADMISSION:** \_\_\_\_/\_\_\_\_/\_\_\_\_**PROGRAM / COURSE NAME:** Phlebotomy 101**DESCRIPTION OF PROGRAM / COURSE:**

Our program is designed to train individuals to become skilled in the process of collecting blood samples from patients for medical testing, donations, or research. The program typically combines classroom instruction with hands-on training to ensure students gain both theoretical knowledge and practical experience.

**PREREQUISITE COURSES & OTHER REQUIREMENTS FOR ADMISSION TO PROGRAM / COURSE:**

\*Applicants must be at least 18 years or age. Applicants under the age of 17 will need a parent/guardian to consent approval of course participation

\*Applicants must have a high school diploma or GED submission of official transcripts demonstrating completion of required education.

\*Applicants must complete enrollment forms to start admissions process

\*Misdemeanors or Felonies may not pertain to children, or the medical field

\*Previous medical experience is not required

**PROGRAM / COURSE OBJECTIVES:**

The primary objective of a phlebotomy program is to equip individuals with the necessary knowledge and skills to competently and safely perform venipuncture, ensuring proper specimen collection, handling, and processing for accurate laboratory testing, while also emphasizing patient safety and communication

**PROGRAM INFORMATION (CONTINUED)**

PROGRAM START DATE: \_\_\_\_\_ SCHEDULED END DATE: \_\_\_\_\_

☐☐☐☐ FULL-TIME PART-TIME DAY EVENING

DAYS/EVENINGS CLASS MEETS: (circle) M T W Th F Sa Su TIME CLASS BEGINS: \_\_\_\_9:00A.M

\_\_\_\_\_ TIME CLASS ENDS: \_\_\_\_2:00P.M.\_\_\_\_\_ NUMBER OF WEEKS: \_\_2\_\_\_\_\_ TOTAL

CREDIT or CLOCK HOURS: \_\_30HR\_\_\_\_\_

**FINANCIAL AID:**

Financial aid is not available for phlebotomy stand alone courses. P&M will accept funds from any person or entity on behalf of the enrolling student.

**TUITION & FEES**

NON-REFUNDABLE REGISTRATION FEE: \$ \_\_\_\_250\_\_\_\_\_

TUITION:\$ \_\_\_\_900\_\_\_\_\_

BOOKS & SUPPLIES: \$ \_170\_\_\_\_\_

OTHER:\$ \_\_\_\_180\_\_\_\_\_

Others include:   National Exam Fee  

TOTAL COST FOR   P&M Gentle Hands LLC   PROGRAM / COURSE:  
\$   1500  

## **REFUND / CANCELLATION POLICY**

### **Tuition Refund Policy**

Should the student's enrollment be terminated or should the student withdraw for any reason, all refunds will be made according to the refund schedule

### **Cancellation Policy**

Students who cancel their enrollment within three (3) business days of signing their enrollment agreement are eligible for a full refund of all tuition and fees paid, minus a nonrefundable registration fee.

### **Withdrawal Procedure**

Students must submit a written notification of their intent to withdraw to the school's administration. Refunds will be processed within 30 business days of receiving the withdrawal notification. The school will notify students of their withdrawal status in writing.

## **NOTICE TO STUDENT**

1. Do not sign this agreement before you have read it or if it contains any blank spaces.
2. This agreement is a legally binding instrument and is only binding when the agreement is accepted, signed, and dated by the authorized official of the school or the admissions officer at the school's principal place of business. Read all pages of this contract before signing.
3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.

4. This agreement and the school catalog constitute the entire agreement between the student and the school.
5. Any changes in this agreement must be made in writing and shall not be binding on either the student or the school unless such changes have been approved in writing by the authorized official of the school and by the student or the student's parent or guardian. All terms and conditions of the agreement are not subject to amendment or modification by oral agreement.
6. The school does not guarantee the transferability of credits to another school, college, or university. Credits or coursework are not likely to transfer; any decision on the comparability, appropriateness and applicability of credit and whether credit should be accepted is the decision of the receiving institution.

### **STUDENT'S RIGHT TO CANCEL**

The student has the right to cancel the initial enrollment agreement until (9:00A.M) of the (3rd) business day 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. Cancellations should be submitted to the authorized official of the school in writing.

### **STUDENT ACKNOWLEDGMENTS**

1. I hereby acknowledge receipt of the school's catalog, which contains information describing programs offered, and equipment or supplies provided. The school catalog is included as part of this enrollment agreement, and I acknowledge that I have received a copy of this catalog.  
**Student Initials** \_\_\_\_\_
2. I have carefully read and received an exact copy of this enrollment agreement. **Student Initials** \_\_\_\_\_
3. I understand that the school may terminate my enrollment if I fail to comply with attendance, academic, and financial requirements or if I fail to abide by established standards of conduct, as outlined in the school catalog. While enrolled in the school, I understand that I must maintain satisfactory academic progress as described in the school catalog and that my financial obligation to the school must be paid in full before a certificate or credential may be

awarded.

**Student Initials** \_\_\_\_\_

4. I hereby acknowledge that the school has made available to me all required disclosure information listed under the Consumer Information section of this Enrollment Agreement.

**Student Initials** \_\_\_\_\_

5. I understand that the school does not guarantee transferability of credit and that in most cases, credits or coursework are not likely to transfer to another institution. In cases where transferability is guaranteed, [school name] must provide me copies of transfer agreements that name the exact institution(s) and include agreement details and limitations. **Student Initials** \_\_\_\_\_

6. I understand that the school does not guarantee job placement to graduates upon program completion.

**Student Initials** \_\_\_\_\_

7. I understand that complaints, which cannot be resolved by direct negotiation with the school in accordance to its written grievance policy, may be filed with the Illinois Board of Higher Education, 1 N. Old State Capitol Plaza, Suite 333, Springfield, IL 62701 or at [www.ibhe.org](http://www.ibhe.org). **Student Initials** \_\_\_\_\_

The student acknowledges receiving a copy of this completed agreement, the school catalog, and written confirmation of acceptance prior to signing this contract. The student by signing this contract acknowledges that he/she has read this contract, understands the terms and conditions, and agrees to the conditions outlined in this contract. It is further understood that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. The student and the school will retain a copy of this agreement.

\_\_\_\_\_  
**Student's Signature**                      **Date**

\_\_\_\_\_  
**Program Director's Signature**      **Date**