
Enrollment Agreement

New York Medical Career Training Center

Manhattan
500 8th Avenue Suite 5N
New York, NY 10018
Tel: 212-947-4444

Queens
136-20 38th Avenue, Ste. 5F
Flushing NY 11354
Tel: 718-460-4340

Long Island
711 Stewart Ave Suite # 203
Garden City, NY 11530
Tel: 516-778-9393

Student Name: _____

Address: _____

Phone: _____ SS#:XXX-XX-_____ D.O.B.:_____ Email:_____

The above listed school and student enter into agreement under which the student will pay tuition and fee as indicated below as well as adhere to the school's rules and regulations as set forth in the school catalog. The school will instruct the student in the curriculum listed below in accordance with Education Law and Commissioner's Regulations. It is understood that this agreement contains all the terms of the contracts and can only be changed in writing by both parties. I have read and understood this Enrollment Agreement, and I acknowledge receipt of an exact copy of it.

Program	Diagnostic Medical Sonographer
Program Total Hours	2,250
School Tuition	\$28,000.00
Books Fee	\$1,500.00
Registration Fee	\$100.00
Total	\$29,600.00
Refund Policy	Described below

Schedule:

MORNINGS 8:30 am – 3:00 pm including 30 minutes lunch break Monday - Friday. 6 hours daily, 30 hours weekly, 12.5 Weeks per Quarter for 75 wks

EVENINGS 5:00pm -9:00pm Monday - Friday. 4 hours daily, 20 hours weekly, 12.5 Weeks per Quarter. for 112.5 wks

WEEKENDS Friday from 5:30pm-09:30pm 4 hours a day, Saturday and Sunday 9:00am-6:00pm. 8 hours daily, 20 hours weekly 12.5 weeks per Quarter for 112.5 weeks

Hours of School Operation: Monday – Friday 8:30 am to 10:00 pm and Saturday – Sunday 9:00 am to 6:00 pm (Open 7 days of the week)

After completing 1,440 class hours, students will attend an externship site for the remaining 810 hours. Externship site hours are 30 hours per week for 27 weeks. The hours of internship may differ from the school hours.

Start Date _____ Expected Graduation Date _____

Method of Payment: Initial Payment of \$1,500 plus a \$100 registration fee. With weekly payments of \$583.33 or monthly payments of \$2,333.33 until balance is paid

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REFUND POLICY LANGUAGE-QUARTERS

- A. A student who cancels within 7 days of signing the enrollment agreement but before instruction begins receives all monies returned with the exception of the non-refundable registration fee.
- B. Thereafter, a student will be liable for
1. the non-refundable registration fee plus
 2. the cost of any textbooks or supplies accepted plus
 3. tuition liability as of the student's last date of physical attendance. Tuition liability is divided by the number of quarters in the program. Total tuition liability is limited to the quarter during which the student withdrew or was terminated, and any previous quarters completed.

a. First Quarter

If termination Occurs	School may keep
Prior to or during the first week	0%
During the second week	25%
During the third week	50%
During the fourth week	75%
After the fourth week	100%

b. Subsequent Quarters

If termination Occurs	School may keep
During the first week	25%
During the second week	50%
During the third week	75%
After the third week	100%

- C. The student refund may be more than that stated above if the accrediting agency refund policy results in a greater refund.

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Although placement assistance service is provided, the school cannot guarantee a job to any student or graduate.

Additional Information:

- ◆ NY Medical Career Training Center reserves the right to dismiss a student whose presence is detrimental to the best interest of the student body or whose conduct during attendance may tend to reflect unfavorably upon NY Medical Career Training Center. Furthermore, if during the course of training NY Medical Career Training Center determines that the student has failed to meet the standard of satisfactory progress, NY Medical Career Training Center reserves the right to terminate the student's training and all unused prepaid fees will be refunded.
- ◆ NY Medical Career Training Center may terminate any student for poor attendance or lack of academic progress
- ◆ A certificate of completion will be issued unless the student has not met all requirements, including the satisfying of all monetary obligations to NY Medical Career Training Center.

By my signature, I agree to the conditions of this agreement. I also verify that I have read and received a copy of the agreement and the school catalog.

Student Signature _____ Date _____

The agent who enrolled me was: _____ Cert. #: _____

Student Signature _____ Date _____

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DISCLOSURE MATERIAL RECEIPT

I have received a copy of the Student Disclosure Material.

Student Signature _____ - Date _____

Authorized Agent Signature _____ - Date _____

Admissions Exit Interview

WWW.NYMEDTRAINING.COM

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Academic and Career Advising Report

This student has met with the Director of the institution on the following:

- _____ 1. The student understands the course offerings and the requirements for the student's training program.
- _____ 2. The student understands the institution's regulations, attendance policy, standards of satisfactory progress, and policies for student conduct and graduation requirements.
- _____ 3. The student has discussed his/her career interests as related to course(s) available.
- _____ 4. The student understands that counseling and tutoring is available for his/her use.
- _____ 5. The student has discussed his/her financial and personal situation concerning transportation, child care, emotional support system, etc.
- _____ 6. The student and Director have discussed the student's prospective benefits from his/her program of student, expectation for the completion and motivation of the student toward training.
- _____ 7. The student and Director have discussed the importance of personal grooming, good study habits, attendance and skill development.
- _____ 8. The student has not been promised employment upon graduation.

I have received a copy of the institution's catalog and am aware that I am responsible for following the institution's policies and regulations as stated in catalog.

Student's Signature

Date

Director's Signature

Date

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Men

- Nonresident alien
- Hispanic/Latino
- Asian
- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Two or more races
- Race and ethnicity unknown

Women

- Nonresident alien
- Hispanic/Latino
- Asian
- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Two or more races
- Race and ethnicity unknown

Hear Us From...

- World Journal
- Internet
- Daily News
- New York Post
- New York Times
- Indian Magazine
- Bangladesh Newspaper
- Pakistan Newspaper
- Spanish Newspaper
- Friends
- Others

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Dear Student

Greetings! Hope this letter finds you and your family well.

As you know about the ongoing concern related to the coronavirus COVID-19, our top priority is the health, safety, and well-being of our students, our instructors, and our staff members. Our thoughts and prayers are with those who are immediately impacted by COVID-19. Keeping the situation in mind, we had to temporarily cancel all our in-person classes. We are offering most of the classes online through – <https://www.zoom.us/>

You have two options –

Option # 1

If you are UNABLE to do the online training/classes, please reply with:

- I, ***(Full Name)***, am unable to do the online classes/training because ***(reason for not being able to do the online class)***. I would like to put my training/classes on hold and when everything goes back to normal, I will return to my regular on campus classes/training.

Option# 2

If you agree/ have agreed to do the online training/classes, please reply with:

- I, ***(Full Name)***, agree to do the online class and will be able to attend the classes or training that I am scheduled for. I understand that this replaces the on-campus training. I further agree to the addendum to the enrollment agreement that I signed before, as stated below –

Addendum to Enrollment Agreement -

Until the current situation due COVID-19 does not allow me to do classroom training, I agree to do the same training online. I further agree this online training replaces my classroom training and this addendum is effective from March 19th 2020. I also agree that when situation permits, I will resume the in-person class sessions for the remaining part of my training, if any.

Student's Signature

Date