Payment Agreement – Phlebotomy Workforce Development

The cost of the program is **$800.00.** This fee covers the supplies for the course, including malpractice insurance, ID badge, and the National Healthcare Association exam fee, as well as all associated study material. You will be responsible for separately purchasing your textbook, and scrubs. Scrubs must be worn for all classes and clinical work. Payment plans may be accepted at the discretion of the instructor. In addition, credit cards are accepted. There will be a **$7.50** convenience fee every time the card is ran. A minimum payment of $100.00 will be required for all students prior to beginning the first night of class. The balance of the tuition must be paid in full before the start of class week 12. For any payment plan a copy of your credit card and/or voided check will be required. Any remaining balances will be applied to the credit card. **THERE WILL BE NO REFUNDS**. The entire $700.00 cost is due regardless of whether you complete the entire coursework, clinical work or pass the exam. In the event of any action to enforce rights under this Agreement, including, but not limited to the collection of any unpaid fees, the prevailing party shall be entitled its costs and expenses, including reasonable attorney’s fees, incurred in connection with such action.

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial: \_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employer Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_**

**Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1 – Phlebotomy Workforce Development Course $700.00

**Payment Terms:** Paid in Full Payment Plan

**Please attach the following for payments:** \_\_\_\_Driver License \_\_\_Voided Check \_\_\_Credit Card

**BALANCE MUST BE PAID IN FULL BY November 30, 2018, IF BALANCE IS NOT PAID IN FULL IN WILL BE CHARGED TO PAYMENT METHOD ON FILE. BY YOUR SIGNATURE BELOW YOU AGREE TO THESE TERMS AND CONDITIONS.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**