



## Application for Admissions

3610 Milford Mill Rd. 3<sup>rd</sup> Flr. Baltimore, MD 21244; Tel: 410-922-4910

### Certificate Program you are applying:

- |   |                  |             |
|---|------------------|-------------|
| <input type="checkbox"/> Certified Nursing Assistant  | Beginning: _____ | Time: _____ |
| <input type="checkbox"/> Phlebotomy Technician        | Beginning: _____ | Time: _____ |
| <input type="checkbox"/> Pharmacy Technician          | Beginning: _____ | Time: _____ |
| <input type="checkbox"/> EKG Technician               | Beginning: _____ | Time: _____ |
| <input type="checkbox"/> Medical Assistant            | Beginning: _____ | Time: _____ |
| <input type="checkbox"/> Nurse Tech/Patient Care Tech | Beginning: _____ | Time: _____ |

1. Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

2. Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

3. Telephone #: (\_\_\_\_\_) \_\_\_\_\_ Alternate Telephone #:(\_\_\_\_\_) \_\_\_\_\_

4. E-mail Address: \_\_\_\_\_

5. Birth date: \_\_\_\_\_ (Age): \_\_\_\_\_  Yes: \_\_\_  No \_\_\_  
(Month) (Day) (Year)

6. High School Graduate Of: \_\_\_\_\_  
(School) or (GED) (State) (Year)

7. Religious Preference (optional): \_\_\_\_\_ Marital Status: Married \_\_\_ Single \_\_\_

8. Social Security Number \_\_\_\_\_ U.S. Citizen?  Yes: \_\_\_  No \_\_\_

9. Permanent Resident: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(County) (State) (Zip)

10. Gender:  Male  Female  Unknown, Male assigned  Unknown, Female assigned

### 11. Ethnic/Racial Status (required for federal and state accounting purposes only):

Asian \_\_\_\_\_ African American/Black \_\_\_\_\_ Native Hawaii/Pacific Islander \_\_\_\_\_  
White \_\_\_\_\_ American Indian/Alaskan native \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_

12. Have You Earned Previous College Credit?  Yes \_\_\_\_\_  No \_\_\_\_\_ Hours of Credit \_\_\_\_\_

**[ PHLEBOTOMY TECH FORM ]**

Name of College Where Credit Was Earned \_\_\_\_\_

12. Did either of your parents graduate from a 4-year institution? Yes \_\_\_\_\_ No \_\_\_\_\_

13. Have You Ever Been Convicted of a Felony? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please note, depending on the program, that you may be denied participation in clinical or externship. You may also be denied Certification or registration by some professional boards. You may also be denied employment by some employers.

\*\* Also note that you may face similar problems as just stated above for felonies if you have a positive drug test result.

14. How did you find out about Stein Academy? (Please check)

- TV  Radio  Internet/web  Friend/Co-worker  Former Student  Banner in front of school
- From US Higher Education website  Form Workforce Development  The Baltimore Sun  Employment Guide  PennySaver  Job Finder  Other Source. Please list: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION (for minors and applicants under 18 years)**

Parent/Guardian Name: \_\_\_\_\_  
(Last) (First) (Middle)

2. Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

3. Home Phone #: (\_\_\_\_) \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

4. Primary E-mail: \_\_\_\_\_ Secondary E-mail: \_\_\_\_\_

All Entering Students Are Required To Submit, in addition to other admission requirements, a copy of a photo ID and a copy of their High School Certificate or GED and a copy of their Social Security Card.

Attendance is required at the first class meeting. Students who do not attend the first meeting of each class in which they are registered may be dropped from the class.

**FOR FURTHER INFORMATION, contact: Admissions: (410) 922-4910**

I certify that the information given is correct and complete. I understand that submission of false information is grounds for denial of admission, re-enrollment or immediate suspension if enrolled. If accepted as a student at Stein Academy, I agree to abide by the rules and regulations of the college regarding conduct, financial and other obligations. By signing this statement, I also hereby authorize the release of my drug screening results and other pertinent records to Stein Academy.

*Students under 18 years of age and employer requirements:* Please note that employer requirements and/or federal and state laws vary and may adversely affect your employment. In other words, students who are under the age of 18 may be denied employment after graduation and/or participation in certain externship or internship programs as a result of their age. They may also be denied certification or registration with certain professional boards. The student should consider these realities and discuss it carefully with their parents or guardians before registering for any of our programs.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date

**STUDENT ENROLLMENT AGREEMENT**  
**PHLEBOTOMY TECHNICIAN PROGRAM**  
**STEIN ACADEMY –**  
**SCHOOL OF HEALTH, TECHNOLOGY & CAREER DEVELOPMENT**  
3610 Milford Mill Rd. 3<sup>rd</sup> Flr.  
Baltimore, MD 21244  
TEL: 410-922-4910

NAME OF PROSPECTIVE STUDENT:

*FIRST:* \_\_\_\_\_

*MIDDLE:* \_\_\_\_\_

*LAST:* \_\_\_\_\_

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

*TELEPHONE NUMBER:* \_\_\_\_\_

*SOCIAL SECURITY #:* \_\_\_\_\_

*TITLE OF PROGRAM:* \_\_\_\_\_ *PHLEBOTOMY TECHNICIAN* \_\_\_\_\_

*PROGRAM LENGTH:* \_\_\_\_\_ 60 \_\_\_\_\_ Clock Hours

**\*\*\*DO NOT COMPLETE THIS SECTION! Go to Page 2.\*\*\***

PROGRAM SCHEDULING:

*DATE TRAINING BEGINS:* \_\_\_\_\_

*DATE TRAINING ENDS:* \_\_\_\_\_

*HOURS OF INSTRUCTION PER DAY:* \_\_\_\_\_ 4 \_\_\_\_\_

*DAYS REQUIRED EACH WEEK:* \_\_\_\_\_ 2 \_\_\_\_\_

*TOTAL HOURS REQUIRED EACH WEEK:* \_\_\_\_\_ 8 \_\_\_\_\_

*WEEKS REQUIRED TO COMPLETE THE PROGRAM:* \_\_\_\_\_ 7.5 \_\_\_\_\_

*CLINICAL HOURS (if applicable):* \_\_\_\_\_ N/A \_\_\_\_\_

*CLINICAL DAYS:* \_\_\_\_\_ N/A \_\_\_\_\_ *FOR ABOUT* \_\_\_\_\_ *WEEKS*

\*\*\*NOTE: Upon Satisfactory completion of the program, a certificate will be awarded.

Upon successful completion of the program, I will receive a Certificate of Completion. Successful completion requires that I meet the graduation requirements for the program.

Stein Academy acknowledges that job placement and job salaries cannot be guaranteed.

**COSTS OF THE PROGRAM ARE:**

**REGISTRATION FEE:** \_\_\_\_\_ **\$50** \_\_\_\_\_

**TUITION:** \_\_\_\_\_ **\$1200** \_\_\_\_\_

**\*BOOKS** \_\_\_\_\_ **\$110** \_\_\_\_\_

**\*LAB FEE** \_\_\_\_\_ **\$100** \_\_\_\_\_

**\*\*OTHER COSTS TO BE ASSUMED BY YOU: approx** \_\_\_\_\_ **\$45** \_\_\_\_\_

*\*\*These costs comprise: \$35 a pair for uniform (\$100 for 3pairs)*

- *I understand that I may purchase my books, supplies, and materials either from the school or on the open market provided that they meet the requirements of the program.*

**Note:** Tuition must be paid-in-full on or before the first day of class!

**ADDITIONAL FEES:**

The following fees will also apply:

Tuition Installment Payment Servicing Fee	\$20
Insufficient Funds (“bounced check”) Fee	\$35
Lost Student ID Replacement Fee	\$10
Replacement of lost or destroyed certificate (Authenticated copy)	\$10
Replacement of lost or destroyed certificate (Replacement of original document)	\$30
Copy of transcript (first copy has no charge)	\$10
Document Fee, per request regardless of number	\$15
Pre-admission Test	\$35

**SCHOOL REFUND POLICY**

1. All monies paid by the student will be fully refunded if the student chooses not to enroll in or to withdraw from the school within seven calendar days after having signed the enrollment contract.
2. If the student chooses not to enroll after the seven-day cancellation period, but before the first day of instruction the registration or enrollment fee will be retained by the school.
3. If after the seven – day cancellation period expires, a student withdraws after instruction begins, refunds shall be based on the total contract price of the course or program and shall include all fees, except the application, registration or enrollment fee and any charges for materials, supplies, or books which have been purchased by, and are the property of the student. The minimum refund that a school shall pay a student who withdraws or is terminated after the 7-day cancellation period has expired and after the instruction has begun, is as follows:

<b>Proportion of total course or program Taught by date of withdrawal*</b>	<b>Tuition Refund</b>
Less than 10%	90% refund
10% up to but not including 20%	80% refund
20% up to but not including 30%	60% refund
30% up to but not including 40%	40% refund
40% up to 50%	20% refund
More than 50%	No Refund

**\*\*Please Note:** *Stop payment on a check, failure to pay bill that is due or failure to attend classes does not constitute withdrawal.*

**\*Note:**

1. If the school closes, cancels or discontinues a course or program, the school will refund to each currently enrolled student all monies paid by the student for tuition and fees.
2. The school requests written notification of cancellation or withdrawal. Send all requests to the School Director or Administrator.
3. Refunds are based on the last date of attendance. The last date of attendance is the last date the student attended scheduled instructions.

4. All refunds due will be paid within 60 days of the student’s last day of attendance.
5. In the case of an official leave of absence, if a student fails to return to training by the end of the leave of absence, a refund due a student shall be based on the date of withdrawal or termination and paid within 60 days of the scheduled last day of the leave of absence.
6. Books purchased are the property of the student and are not refundable, except within the seven – day cancellation period.

**\*NOTE:**

1. I understand that if the school closes, cancels or discontinues a course or program, the school will refund to me, if I am currently enrolled, all monies paid for tuition and fees and all monies for which I am liable for tuition and fees currently enrolled.
2. I understand that the school requests written notification of cancellation or withdrawal. Send all requests to the School Director or Administrator.
3. I understand that refunds are based on the last date of attendance.
4. I understand that in the case of an official leave of absence, if I fail to return to training by the end of the leave of absence, a refund due me shall be based on the date of withdrawal or termination and paid within 60 days of the scheduled last day of the leave of absence.
5. I understand that all refunds due me will be paid within 60 days of my last day of attendance.
6. I understand that books purchased are my property and are not refundable, except within seven – day cancellation period.

I have received an exact copy of this enrollment contract, and I have been advised to keep this document as well as copies of all financial documents.

In order to be binding, this contract must be signed by the applicant, guardian, if applicable, and the school official.

I understand that this enrollment contract may be extended or modified only with the written consent of both myself and the school.

- A FINAL NOTE: (1) You are advised to keep all documents regarding your enrollment and financial obligations.  
 (2) If you are a minor, you must get your parent or guardian’s permission and signature before you can be enrolled.  
 (3) By signing this contract, you hereby agree that you have received the school’s current catalog.  
 (4)By signing this contract, you hereby agree that you have received a copy of the enrollment contract.  
 (5) I fully understand and agree that in order for the enrollment contract to be binding, the contract must be signed by the applicant, the guardian (if you are a minor) and the school official.  
 (6) I fully understand and agree, furthermore, that the enrollment contract may be extended or modified only with the written consent of both the student and the school.

**Name of Student:** \_\_\_\_\_  
*Please Print (First Name) (Last Name)*

**Name of Program:** PHLEBOTOMY TECH-

\_\_\_\_\_  
 Signature of STEIN ACADEMY Official

\_\_\_\_\_  
 Signature of Student

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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Signature of Parent/Guardian

Date: \_\_\_\_\_

**STUDENT ENROLLMENT AGREEMENT**  
**PHLEBOTOMY TECHNICIAN PROGRAM**  
**STEIN ACADEMY –**  
**SCHOOL OF HEALTH, TECHNOLOGY & CAREER DEVELOPMENT**  
3610 Milford Mill Rd. 3<sup>rd</sup> Flr.  
Baltimore, MD 21244  
TEL: 410-922-4910

NAME OF PROSPECTIVE STUDENT:

**FIRST:** \_\_\_\_\_

**MIDDLE:** \_\_\_\_\_

**LAST:** \_\_\_\_\_

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

**TELEPHONE NUMBER:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_

**TITLE OF PROGRAM:** PHLEBOTOMY TECHNICIAN

**PROGRAM LENGTH:** 48 Clock Hours

**\*\*\*DO NOT COMPLETE THIS SECTION! Go to Page 2.\*\*\***

PROGRAM SCHEDULING:

**DATE TRAINING BEGINS:** \_\_\_\_\_

**DATE TRAINING ENDS:** \_\_\_\_\_

**HOURS OF INSTRUCTION PER DAY:** 4

**DAYS REQUIRED EACH WEEK:** 2

**TOTAL HOURS REQUIRED EACH WEEK:** 8

**WEEKS REQUIRED TO COMPLETE THE PROGRAM:** 6

**CLINICAL HOURS (if applicable):** N/A

**CLINICAL DAYS:** N/A **FOR ABOUT** \_\_\_\_\_ **WEEKS**

\*\*\*NOTE: Upon Satisfactory completion of the program, a certificate will be awarded.

Upon successful completion of the program, I will receive a Certificate of Completion. Successful completion requires that I meet the graduation requirements for the program.

Stein Academy acknowledges that job placement and job salaries cannot be guaranteed.

**COSTS OF THE PROGRAM ARE:**

**REGISTRATION FEE:** \_\_\_\_\_ **\$50**

**TUITION:** \_\_\_\_\_ **\$1,050**

**\*BOOKS** \_\_\_\_\_ **\$110**

**\*SUPPLIES** \_\_\_\_\_ **\$25**

**\*\*OTHER COSTS TO BE ASSUMED BY YOU: approx** \_\_\_\_\_ **\$45**

*\*\*These costs comprise: \$35 a pair for uniform (\$100 for 3pairs)*

- *I understand that I may purchase my books, supplies, and materials either from the school or on the open market provided that they meet the requirements of the program.*

**Note:** Tuition must be paid-in-full on or before the first day of class!

**ADDITIONAL FEES:**

The following fees will also apply:

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**\*NOTE:**

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I understand that this enrollment contract may be extended or modified only with the written consent of both myself and the school.

- A FINAL NOTE: (1) You are advised to keep all documents regarding your enrollment and financial obligations.
- (2) If you are a minor, you must get your parent or guardian’s permission and signature before you can be enrolled.
  - (3) By signing this contract, you hereby agree that you have received the school’s current catalog.
  - (4)By signing this contract, you hereby agree that you have received a copy of the enrollment contract.
  - (5) I fully understand and agree that in order for the enrollment contract to be binding, the contract must be signed by the applicant, the guardian (if you are a minor) and the school official.
  - (6) I fully understand and agree, furthermore, that the enrollment contract may be extended or modified only with the written consent of both the student and the school.

**Name of Student:** \_\_\_\_\_  
Please Print (First Name) (Last Name)

**Name of Program:** PHLEBOTOMY TECH-

\_\_\_\_\_  
Signature of STEIN ACADEMY Official

\_\_\_\_\_  
Signature of Student

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

Date: \_\_\_\_\_

**STEIN ACADEMY**  
**HIPAA AWARENESS STATEMENT**

Dear Allied Health Student:

Notification of privacy practices in accordance with the Health Insurance Portability and Accountability Act (HIPAA) was distributed and discussed during the classroom portion of my program. It is your responsibility as a student registered in one or more of Stein Academy's healthcare or allied health – related programs to be able to define the HIPAA regulations. You should be able to describe how the regulation affects you in your position as a student in our health care or allied health program such as Pharmacy Technician, Nursing Assistant, Nurse Tech, Medical Assistance, Phlebotomy Tech, EKG Tech.

Please review the HIPAA notification as summarized below.

**HIPPA AWARENESS**  
**PATIENT RECORD CONFIDENTIALITY AGREEMENT**

I, \_\_\_\_\_ as an enrolled Student/Faculty member at Stein Academy understand that as part of my clinical/externship experience at the CLINICAL/EXTERNSHIP/HEALTHCARE FACILITY CONTRACTED BY STEIN ACADEMY FOR CLINICAL/EXTERNSHIP EXPERIENCE, and during the course of my participation in the program, I may come in contact with medical records of patients and/or their clients.

I understand that under the United States and State of Maryland laws, and the Health Insurance Portability and Accountability Act (HIPAA) in particular, the unauthorized disclosure of medical record information is unlawful and could subject myself to civil and/or criminal penalties, I, therefore, pledge to STEIN ACADEMY and the CLINICAL/EXTERNSHIP/HEALTHCARE FACILITY that I will not reveal the name, address or any pertinent, personal, or medical information that exists on any medical record(s) which I will come in contact with during the course of my clinical/externship experiences unless allowable under the CLINICAL/EXTERNSHIP/HEALTHCARE FACILITY'S policy and/or applicable laws.

**HIPAA Statement**

I, \_\_\_\_\_ have read and fully understand the HIPAA regulations and statement noted above.  
(Please Print your name)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



**MEDICAL & CRIMINAL RECORDS RELEASE  
AUTHORIZATION FORM**

I, \_\_\_\_\_, hereby, authorize Stein Academy to release copies of my medical records, including results of my criminal background and drug test to personnel and officials of School, the Clinical sites or Externship sites, if applicable to my program) for the purpose of determining my eligibility for registration, and/or to qualify to perform my clinical or Externship requirements at their facility.

Name of Student: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

# STEIN ACADEMY

## TUITION INSTALLMENT AGREEMENT

Stein Academy's installment payment program requires payment for tuition, lab/supplies and installment payment servicing fee to be made in installments as provided the student during enrollment/registration. The number of installments for the **CNA, Nurse Tech/Patient Care Tech, Phlebotomy Tech and EKG Tech** programs is 3. For all programs the first payment/installment is due **on or before the first day of class**. For the CNA, Nurse Tech/Patient Care Tech, Phlebotomy Tech and EKG Tech the second payment is due on or before the Friday of the 2<sup>nd</sup> week; and the third and final payment will be due on or before the Friday of the 4<sup>th</sup> week. The final payment for the CNA and Nurse Tech/Patient Care Tech programs must be made before clinical. The number of installments for the **Medical Assistant and Pharmacy Tech** programs is 5. For the Medical Assistant and Pharmacy Tech Programs the fourth and fifth payments will be due on or before the Friday of the 6<sup>th</sup> and 8<sup>th</sup> weeks respectively. All payments will be made before clinical or externship.

**Note:\* A \$20 "Installment Payment Servicing Fee" will be added to your first payment.**

In consideration of your special situation, Stein Academy has accepted to extend to you the privilege of paying your tuition in installments following the terms listed below.

**NAME OF PROGRAM:** \_\_\_\_\_

### ***TERMS:***

I, \_\_\_\_\_ with Social Security:# \_\_\_\_\_ agree to the following terms regarding my tuition obligation to Stein Academy:

- (1) That I will not be permitted to write the final exams or participate in externships and clinical until the final tuition and other financial obligations to the school are fulfilled by me; and that as a result I will not be able to complete the program on a timely basis.
- (2) That in the event that I am not able to complete the payment by the due date Stein Academy reserves the right to employ all available legal means to collect the amounts outstanding.
- (3) I understand that Stein Academy may employ collection agencies to recover any amounts due, including reporting delinquencies to the credit bureau.
- (4) I understand that if I complete my tuition payment *after the due date*, that it will be at the discretion of Stein Academy to determine whether I continue the program; and that in any such event, Stein Academy does not guarantee that I will complete the program within the original time scheduled for the program.
- (5) That Stein Academy will not provide any letter of recommendation, certificate or references on my behalf until all outstanding financial obligations are met.
- (6) That the amount reflected in this installment agreement is for tuition only and does not include fees, cost of books or other non-tuition-relate costs.
- (7) That Stein Academy reserves the right to remove me from class for none payment or completion of tuition.

### **PAYMENT FORMS:**

All installment payments must be made by:

**Money Order**       **Certified/Company Check**       **Visa**       **MasterCard**       **Debit Card**

There is a \$35 fee for all dishonored checks. This amount will be added to student's outstanding obligation to the school.

Please note that installment payment plan and the terms is provided to you at the discretion of Stein Academy

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_

ZIP Code \_\_\_\_\_

Signature of Student/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# **STEIN ACADEMY**

## **Assumption of Risk for Invasive Procedures**

Students of Stein Academy healthcare programs including Phlebotomy Tech., Medical Assistant, Nursing Assistant, EKG Tech, and Nurse Tech/Patient Care Tech Training Programs are required to learn and practice skills and procedures prior to performing them on patients. The undersigned agrees that he/she understands that students practice these skills on each other and this activity may be accompanied by potential dangers as identified below:

- I understand and acknowledge that as a part of the training program, I will be required to learn skills necessary for practice in the lab/clinical/externship setting.
- I understand that these skills may include fingersticks and injections.
- I understand that students will practice these invasive procedures on each other.
- I understand that, prior to the skill practice, students will receive instruction from Stein Academy instructors regarding the skills to be practiced including information on safety and the potential dangers inherent in such procedures.
- I understand and acknowledge that such activities by their very nature can be very dangerous and involve the risk of serious injury/illness and/or death.
- I understand that the risk of injury/illness may include, but is not limited to blood born pathogen infections, phlebitis, thrombophlebitis, septicemia, hemorrhage, tissue sloughing, nerve damage and loss of limb.
- I understand that I may be subject to drug screening during the course.

I agree to assume liability and responsibility for any and all potential risks, which may be associated with participation in such educational activities. Moreover, I understand and agree that I will indemnify and hold harmless Stein Academy, its Board of Directors, Instructors, Employees, and that other students shall not be held liable for injury or illness which is incidental to or associated with the preparation for and the participation in these learning activities and which may be sustained by me.

Date: \_\_\_\_\_

Student's Printed Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

**STUDENT CONTACT/EMERGENCY CONTACT INFORMATION FORM**

NAME OF PROSPECTIVE STUDENT:

*FIRST:* \_\_\_\_\_

*MIDDLE:* \_\_\_\_\_

*LAST:* \_\_\_\_\_

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

\_\_\_\_\_ Zip: \_\_\_\_\_

*TELEPHONE NUMBER:* \_\_\_\_\_

*E-mail:* \_\_\_\_\_

*SOCIAL SECURITY #:* \_\_\_\_\_

**EMERGENCY CONTACT:**

#1  
NAME: \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

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

E-mail: (if known) \_\_\_\_\_

#2  
NAME: \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

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

E-mail: (if known) \_\_\_\_\_

Today's Date: \_\_\_\_\_

Your Signature: \_\_\_\_\_

# ENTRY SURVEY OF STUDENTS

Name of Student: \_\_\_\_\_ Name of Program: \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number (cell): (\_\_\_\_\_) \_\_\_\_\_ Telephone Number (home): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How did you find out about Stein Academy? (Please check)

- TV
- Radio
- Internet/web
- Friend/Co-worker
- Former Student
- Banner in front of school     Flyers
- From US Higher Education website
- From Workforce Development
- NEWSPAPER    Employment Guide     City Paper    Baltimore Sun    Pennysaver    Job Finder
- Job Fair    High School Guidance Counselor
- Other Source. Please list: \_\_\_\_\_

## CURRENT STATUS

Where do you currently work? Name of Company/organization/Employer:

\_\_\_\_\_

Address of your employer: \_\_\_\_\_  
\_\_\_\_\_

Your Title or Position: \_\_\_\_\_

Date you were hired/Started Work: \_\_\_\_\_

How long have you worked with this company/organization? \_\_\_\_\_

About how much do they start workers with where you work,?: \_\_\_\_\_

Work/Employer's Phone Number: \_\_\_\_\_

Name of your Supervisor: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**You can also check us online at [www.steinacademy.com](http://www.steinacademy.com)**