



Application for Admissions

3610 Milford Mill Rd. 3rd 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): _____ U.S. Veteran 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 _____

[NURSE TECH/PATIENT CARE TECH - weekdays]

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/GuardianName: _____
(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
NURSE TECHNICIAN/PATIENT CARE TECHNICIAN PROGRAM
STEIN ACADEMY –
SCHOOL OF HEALTH, TECHNOLOGY & CAREER DEVELOPMENT
3610 Milford Mill Rd. 3rd Flr.
Baltimore, MD 21244
TEL: 410-922-4910

NAME OF PROSPECTIVE STUDENT:

FIRST: _____

MIDDLE: _____

LAST: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

SOCIAL SECURITY #: _____

TITLE OF PROGRAM: ___NURSE TECHNICIAN/PATIENT CARE TECHNICIAN___

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

PROGRAM LENGTH: 170 Clock Hours **SESSION :** DAY Clinical Hrs: 7am-3:30pm
 Evening Clinical Hrs: 3pm-11:30pm

PROGRAM SCHEDULING:

DATE TRAINING BEGINS: _____

DATE TRAINING ENDS: _____

HOURS OF INSTRUCTION PER DAY: _____ 5 _____

DAYS REQUIRED EACH WEEK: _____ 5 _____

TOTAL HOURS REQUIRED EACH WEEK:

25

WEEKS REQUIRED TO COMPLETE THE PROGRAM: _____ 7 _____

EXTERNSHIP DAYS: _____ 5 _____ **FOR ABOUT** _____ 1 _____ **WEEK**

***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 Attendance requirement of 80% minimum attendance rate; Successfully pass all the classroom exams (minimum average passing score of 75% or a "C" grade), pass the laboratory skills evaluation, and; Have no outstanding financial obligations with the school.

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

COSTS OF THE PROGRAM IS:

REGISTRATION FEE:	_____ \$100 _____
TUITION:	_____ \$3,000 _____
LAB FEE:	_____ \$100 _____
*BOOKS	_____ \$320 _____
**OTHER COSTS TO BE ASSUMED BY YOU: approx	_____ \$599 _____

**These costs comprise: Uniform - \$100 for 3 pairs or \$35 each ; TB Test -\$17; Physical Exam - \$50; Drug Screen Test - \$45; CPR/First Aid - \$75; Blood Pressure Kit - \$45; Fingerprint & Criminal Background Check

- \$57; Board Registration fee - \$20; and the following immunizations that you could sign a waiver: Hep B - \$52; Varicella - \$66; MMR- \$72.

- 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:

Proportion of total course or program Taught by date of withdrawal*	Tuition Refund
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: _____ Name of Program: ***Nurse Tech/Patient Care
Tech***

Please Print *(First Name)* *(Last Name)*

Signature of STEIN ACADEMY Official
Date: _____

Signature of Student
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 2nd week; and the third and final payment will be due on or before the Friday of the 4th 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 6th and 8th 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: _____

BACKGROUND CHECK INFORMATION FORM

Your program at Stein Academy and your admission to the CNA/GNA, Pharmacy Tech, Nurse Tech/Patient Care Tech or Medical Assistant programs does require a criminal background check.

Admission & Pre-clinical Criminal Background Check:

- (1) Stein Academy uses this check and information resulting from it to alert and/or advise students only about potential problems they may encounter with registration, certifications and/or employment upon graduation from Stein Academy. It is not used to make admissions decision as that is left to the student.
- (2) Stein Academy also uses this check to meet the needs of clinical and/or externship sites that may, and often require it as a condition for allowing students to perform their clinical/externship experience at their facility. The site, and not the school determines who may be excluded, and not allowed to perform their clinical experience at their facility.

Board of Nursing Fingerprinting & Criminal Background Check:

This check is required by the Maryland Board of Nursing and Maryland Board of Pharmacy for those in the CNA/GNA or Nurse Tech./Patient Care Tech. and Pharmacy Tech programs respectively. It is part of the Application Package you will have to submit to the appropriate Board after your graduation from Stein Academy in order to be certified or registered as a CNA/GNA or Nurse Tech./Patient Care Tech. or Pharmacy Tech. The Boards, and only the Boards will determine, based on the information uncovered in the background check, whether or not they will register/certify you. Stein Academy does not know what specific pieces of information the Maryland Board of Nursing or the Maryland Board of Pharmacy looks at or the criteria used by them to determine who qualifies or not.

Note: Since Stein Academy does not know what specific pieces of information the Maryland Board of Nursing or Maryland Board of Pharmacy looks at, or the criteria used by these Boards to determine who qualifies for a Pharmacy Tech Registration or the CNA or Nurse Tech/patient Care Tech certifications or who is denied one, Stein Academy strongly suggests that all students who plan to register for its CNA/GNA, Nurse tech/Patient Care Tech programs or the Pharmacy Technician Program consider the above mentioned possibilities or outcome, in particular, those students who have criminal convictions and/or related matters in their history. The school cannot guarantee that graduates of its Pharmacy Tech Program, or the CNA/GNA or Nurse Tech/Patient Care Tech programs who have criminal convictions will qualify for registration or certification by the Maryland Board of Pharmacy or Maryland Board of Nursing respectively. The Boards tend to handle these types of students on a case-by-case basis. Such students are advised to contact the Board and to make appropriate inquiries before registering for the program at Stein Academy.

I _____ acknowledge receiving this form, and further acknowledge that the contents were fully explained to me by a Stein Academy Official.

Name of Student

Name of Program

Signature of Student

Date

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: _____

Applicant Release and Authorization

The purpose of this form is to notify you that an Investigative Consumer Report will be conducted on you in the course of consideration for employment, promotion or annual review if requested. This report is being provided by Inquiries, Inc.- Post Office Box 67 Easton, MD 21601 – Phone 866-987-3767. I hereby authorize your company or any agent of your company to contact any and all corporations, former employers, educational institutions, law enforcement agencies, city, state, county, and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, driving record, criminal record, and general public records history to the person or company with which this form has been filed. This release also authorizes the client to request a pre-employment and/or random selection 5 or 10 panel Urine Based drug screen. This releases the aforesaid parties from any liability and responsibility for collecting the above information. This release shall remain in effect for the length of my employment. I understand I have the right to obtain a free copy of this Report if; (1) Any adverse action/decision is made based on the information in the consumer report, & (2) If the request is made in writing within 60 days of the adverse action. I believe to the best of my knowledge that all information I have provided is accurate true and correct and that I fully understand the terms of this release.

Please write clearly

Name (Last) _____ (First) _____ (Middle) _____

List any maiden/other name used in the last 7 years _____

Date of birth ____/____/____ Social Security Number ____-____-____

Drivers License # _____ State _____ Sex _____ Race _____

Professional License Held* _____ State _____ Lic.# _____

(*only if requesting a professional license verification)

List your current mailing address as well as any other cities or towns you have lived in the past 7 years:

Street or PO# _____ City _____ State _____ Zip _____

City _____ State _____ Zip _____ Dates ____/____ to ____/____

City _____ State _____ Zip _____ Dates ____/____ to ____/____

City _____ State _____ Zip _____ Dates ____/____ to ____/____

City _____ State _____ Zip _____ Dates ____/____ to ____/____

Your Signature _____ **Today's Date** ____/____/____

*****APPLICANT – DO NOT WRITE BELOW THIS LINE*****

FAX TO: (410) 819-3670

TO BE FILLED OUT BY COMPANY REQUESTING INFORMATION:

Company Name: **STEIN ACADEMY** _____ Branch _____

____ Please start our standard background check (ignore boxes below)
Or select from the following:

____ County Criminal History ____ Statewide Criminal History ____ Civil History ____ Social Security Verification

____ Education/Degree Verification ____ Driving Record ____ National Wants & Warrants ____ Professional License Verification

____ Previous Employer Verification ____ Federal District Criminal Search ____ 5 panel Urine Based drug screen ____ 10 panel Urine Based drug screen

While the information contained in the reports provided has been obtained from public records data sources deemed reliable, its accuracy cannot be guaranteed due to potential human error in the actual recording of the record. Since this information is not owned by Inquiries, Inc. and since public records data on any one individual, group of individuals, company, or companies can be contained in more than one repository Inquiries, Inc. can only rely on its accuracy from the public records data sources presently available at the time of the search. This information is furnished for your exclusive use and accepted by you without any liability on the part of Inquiries, Inc. its sources, officers, agents or employees. Furthermore you agree to indemnify Inquiries, Inc. its sources, agents, and employees of any liability for the use of this information and shall agree that the right to obtain and the purpose for this information, for your exclusive use, is fully within the appropriate law or laws which apply to the permissible purpose of retrieving background information on an individuals criminal records history, and / or workers compensation claim history.

Applicant Release and Authorization

Disclosure to Employment Applicant Regarding Procurement of A Consumer Report

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for employment.

Applicant's Name: _____
(Please Print)

Applicant's Address: _____

City/State/Zip: _____

Signature: _____

Social Security Number: _____

Give copy with Summary of Rights to applicant. Retain a copy for your files.

**A Summary of Your Rights
Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

- You can dispute inaccurate items with the source of the information. If you tell anyone - such as a creditor who reports to a CRA - that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA — usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

**For Questions or
Concerns Regarding:**

CRAs, creditors and others not listed below

National banks, federal branches/ agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)

Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)

Federal credit unions (words "Federal Credit Union" appear in institution's name)

Banks that are state-chartered or are not Federal Reserve System members

Air, surface or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission

Activities subject to the Packers and Stockyards Act, 1921

Please Contact:

Federal Trade Commission
Bureau of Consumer Protection FCRA
Washington, DC 20580 202-326-3761

Office of the Comptroller of the Currency
Compliance Management, MS 6-6
Washington, DC 20219 800-613-6743

Federal Reserve Board
Consumer & Community Affairs
Washington, DC 20551 202-452-3693

Office of Thrift Supervision
Consumer Programs
Washington, DC 20552 800-842-6929

National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314 703-518-6360

Federal Deposit Insurance Corporation
Compliance & Consumer Affairs
Washington, DC 20429 800-934-FDIC

Department of Transportation
Office of Financial Management
Washington, DC 20590 202-366-1306

Department of Agriculture
Office of Deputy Administrator-GIPSA
Washington, DC 20205 202-720-7051

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