



**TN Professional Training Institute Enrollment Agreement**  
**Medical Assisting Course – *Clinical Medical Office Assistant***  
**1630 S. Church Street, Suite 302 Murfreesboro, TN 37130**  
615.631.8440 - [www.TNPTI.com](http://www.TNPTI.com) - [info@tnpti.com](mailto:info@tnpti.com)

Registration Date: \_\_\_\_\_  
Student's First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ DL # \_\_\_\_\_ DL State: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Male / Female  
Name of High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Graduation Date: \_\_\_\_\_  
Student Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Pre-enrollment Checklist: Please initial each section when completed**

- \_\_\_\_\_ Complete the in person or virtual tour of TN Professional Training Institute.
- \_\_\_\_\_ Received an institutional catalog and if provided electronically, understands that the student may request a hard copy of the catalog at any time.
- \_\_\_\_\_ Was given the time and opportunity to review the institutional policies in the catalog.
- \_\_\_\_\_ Knows the length of the program for full- time and part-time students in academic terms and actual calendar time.
- \_\_\_\_\_ Has been informed of the total tuition and other fees of the program.
- \_\_\_\_\_ Has been informed of the estimated cost of books and any required purchases.
- \_\_\_\_\_ Has been given a copy of the institutional refund policy.
- \_\_\_\_\_ Has executed a Transferability of Credits Disclosure Statement in compliance with Tenn. Code Ann. 49-7-14 and understands the specific limitations should the institution have articulation agreements.
- \_\_\_\_\_ Understands that any person claiming damage or loss as a result of any act or practice by this institution that is a violation of the Title 49, Chapter 7, Part 20 or Rule Chapter 1540-01-02 may file a complaint with the Tennessee Higher Education Commission, Division of Postsecondary State Authorization (DPSA). DPSA's address is 404 James Robertson Pkwy., Parkway Towers Suite 1900, Nashville, TN 37243 and the telephone number is (615) 741-5293.
- \_\_\_\_\_ Has been informed that there is no cash discount policy.
- \_\_\_\_\_ Has received the most recent withdrawal, completion, and placement data as calculated by the TN Higher Education Commission.

Signature of Director/Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_



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**Student Information:**

Student's First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

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

**Employer Information:**

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

**Emergency Contact:**

(1) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

(2) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I have voluntarily provided the above contact information and authorize TN Professional Training Institute and its representatives to contact any of the above on my behalf in the event of an emergency.

I give consent and authorize TN Professional Training Institute and its representatives to call emergency services on my behalf in the event it should be needed. If services are required school is not responsible for medical costs.

Signature of Director/Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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

**TN Professional Training Institute Enrollment Agreement**  
**Medical Assisting Course - *Clinical Medical Office Assistant***

**Program Title:** Medical Assisting – Clinical Medical Office Assistant Full Time (4 weeks)

**Circle Status:**

Full Time (4 Week)

Class Start Date : \_\_\_\_\_ End Date: \_\_\_\_\_ Projected Date of Completion: \_\_\_\_\_

**Program Length:** 160 HOURS

Projected Date of Completion: \_\_\_\_\_

\_\_\_\_\_ (Initial) I understand that I am enrolling in a 160 hr class beginning \_\_\_\_\_ and ending \_\_\_\_\_.

The projected graduation date is: \_\_\_\_\_ (last date of class).

\_\_\_\_\_ (Initial) I understand that the total cost of the program is \$3600 which includes all equipment, materials and fees with the exception of scrubs.

\_\_\_\_\_ (Initial) I understand that I am responsible for providing my own scrubs (approximate cost \$50)

\_\_\_\_\_ (Initial) I understand by initializing I have the right to receive a signed copy of this agreement and the institution is obligated to provide an exact signed copy of this agreement.

The TN Professional Training Institute is authorized by the Tennessee Higher Education Commission. This authorization must be renewed each year and is based on an evaluation of minimum standards concerning quality of education, ethical business practices, and fiscal responsibility.

# **TN Professional Training Institute Enrollment Agreement**

## **Medical Assisting Course - *Clinical Medical Office Assistant***

### **Admissions Requirements:**

Students wishing to enroll in the TN Professional Training Institute's 160 Hour Medical Assisting Program must meet these admissions criteria:

- Must be 18 years of age or older, as required by the Tennessee State Board
- In good standing with no felony convictions. Misdemeanors are not immediate disqualifiers.
- Willing and able to work with patients while giving the best patient care possible.
- Must be a high school, G.E.D or HiSET graduate and submit OFFICIAL transcripts indicating date of graduation or completion before beginning class. These may be emailed to: [info@TNPTI.com](mailto:info@TNPTI.com) or mailed to: TNPTI at 1630 South Church Street, Suite 302 Murfreesboro, TN 37130

### **Attendance Requirements:**

TN Professional Training Institute's Medical Assisting program is an intensive, accelerated, 160 hour program. Students who miss any class time may be moved to the next session at the discretion of the instructor.

### **Progress (Grades):**

The instructor will keep a daily log of the student's grades and will communicate with students their updated grades on a daily basis. However, students are ultimately in charge of keeping track of their own progress in the class and TNPTI is not responsible for students who forget to check their email, messages, etc.

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

## **TN Professional Training Institute Enrollment Agreement** **Medical Assisting Course - *Clinical Medical Office Assistant***

### **TNPTI Dress Code:**

- All students must wear black scrubs during classroom hours.
- All students must wear closed toe and closed heel shoes during classroom hours.
- The students must wear their hair up if hair length is longer than shoulder length.
- Acrylic nails are not permitted during classroom hours. Natural nails can be painted in French tip or in a clear color. Colored nail polish other than clear is not permitted.
- Lab coats provided by the school should be worn during clinical/lab hours.
- PPEs should be worn at all times during clinical hours.

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

### **Code of Conduct:** *All TNPTI students must abide by the TNPTI Code of Honor.*

The TN Professional Training Institute is an institution where students can learn in a polite, respectful, and productive environment. We ask that all students hold true to these standards to maintain this level of learning for all.

- Be respectful of the property and of each other. Try to arrive 10 minutes early for classes.
- All TNPTI students will abide by the TNPTI Code of Honor.
- TNPTI provides complimentary beverages and occasionally food for students to enjoy. Students are also allowed to respectfully consume snacks and drinks during classroom sessions only. Please do not abuse these privileges!
- When in a clinical environment, students will refrain from chewing gum, eating, and drinking during this time.
- To maintain a professional clinical environment, TNPTI students are asked to code any visible tattoos/body art - additionally, jewelry is restricted to only one (1) piercing (per lobe) per ear and one (1) wedding band/ring if applicable.

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

# TN Professional Training Institute Enrollment Agreement

## Medical Assisting Course - *Clinical Medical Office Assistant*

### **TNPTI Code of Honor:**

**Code Defined:** It is presumed that any student who enrolls at TN Professional Training Institute is willing to conform to a pattern of mutual trust and honor and shall deal honorably with all members of the TNPTI community. It must be understood that it is the responsibility of each student, faculty, and staff member to preserve, nurture and strengthen this spirit of honor.

TNPTI students shall at all times refrain from and discourage all attempts at lying, cheating, stealing, plagiarism and vandalism. When a violation of the Honor Code is detected, the student(s) involved will be brought to the attention of the instructor and the Institutional Director or the Executive Director, who will come to a mutual agreement upon the disciplinary action appropriate for the action against the TNPTI code of honor.

### **Violations Defined:**

**"Lying"** is defined as any attempt to deceive, falsify, or misrepresent the truth in any matter involving program business. Program business includes but is not limited to, financial aid information, excuses for absences, statements to professors in order to reschedule tests or assignments and responses to the queries of TNPTI staff.

**"Cheating"** is defined as the employment of or rendering of any illicit aid in any assigned work.

**"Stealing"** is defined as the appropriation of money or property belonging to another person, organization, or the school or the borrowing of property without the knowledge of the owner.

**"Plagiarism"** is defined as presenting as one's own work the words or ideas of an author or fellow student. Students should document quotes through quotation marks and footnotes or other accepted citation methods. Ignorance of these rules concerning plagiarism is not an excuse. When in doubt, students should seek clarification from the instructor who made the assignment.

**"Vandalism"** is defined as intentional, malicious damage to university property or property belonging to others.

**Penalties:** The directors may, for any first offense violation of the TNPTI Code of Honor, impose immediate dismissal of the student for the remainder of the program (depending on the severity of the violation). Dismissed students will not receive a refund for tuition monies paid.

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

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**Medical Assisting Course - *Clinical Medical Office Assistant***

**Graduation Placement Data 2021 - 2022 Reporting Year:**

For the TN Professional Training Institute’s Medical Assistant – Clinical Medical Office Assistant Program, I have been informed that for the students who graduated, the job placement rate is N/A %, or in the past 12 months N/A were placed in their field of study out of N/A students who graduated from this program.

TNPTI’s Medical Assisting Course is a new program as of 2023 and does not have complete data. I acknowledge that I have this statement.

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

\*Please sign that you read this statement.

**Receipt of Enrollment Contract:**

I, \_\_\_\_\_ (student name), verify that I have reviewed this enrollment contract with a TNPTI staff member, that I understand it in entirety, and I understand that I have received an exact signed copy of this entire enrollment contract.

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

Signature of Director/Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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**Medical Assisting Course - *Clinical Medical Office Assistant***

**Photograph & Video Release Form:**

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or videotape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published, or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse commercial settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- Commercial presentations
- Online music video platforms (YouTube, Vimeo, etc.)
- Television or broadcast media distribution

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public business settings.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for entertainment purposes.

Full Name (Print) \_\_\_\_\_

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



## TN Professional Training Institute Enrollment Agreement Medical Assisting Course - *Clinical Medical Office Assistant*

**Effective November 14<sup>th</sup>, 2022, TNPTI tuition (\$4,999.00) payment options are as follows:**

**Option 1:** Pay in Full \$3,600.00

**Option 2: Mia Share - Payment Plan**

Pay for your tuition over time with a Payment Plan. You will make fixed payments until your tuition is paid. Learn more and sign up below.

Calculate your payments: <https://tnpti.mia-share.com/tuition-flyer>

**\*20 weeks - \$130.00/ week with a \$1000 deposit**

**Option 3: Climb Credit - Student Loan**

You can apply with a \$0 down payment and get roughly a \$220 monthly payment Apply online at: <https://climbcredit.com/apply/tnpti>

**Option 4: PayPal or PayPal Credit** (see [www.TNPTI.com](http://www.TNPTI.com))

**Option 5: American Job Center - Financial Assistance**

If you are interested in financial assistance, please create a profile at [www.jobs4tn.gov](http://www.jobs4tn.gov) and then you may apply in person at the American Job Center in your county. This is a need-based program and once you apply, someone from the AJC will contact you to see if you qualify.

**Option 6: SkillUp Tennessee - Financial Assistance**

You may apply online at: <http://skillup.tennessee.edu/> and click on participants. This is a need-based program for SNAP participants.

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

Signature of Director/Representative: \_\_\_\_\_ Date: \_\_\_\_\_

## TN Professional Training Institute Enrollment Agreement Medical Assisting Course - *Clinical Medical Office Assistant*

### **Refund & Cancellation Policy:**

Students enrolling in the TN Professional Training Institute's Medical Assisting course **are eligible for a full refund** if the student withdraws from the TN Professional Training Institute on or before the first day of classes or fails to begin classes. The refund shall equal the sum of all amounts paid or to be paid by or on behalf of the student for the period of enrollment, less an administrative fee of one hundred dollars (\$100.00).

If, after classes have commenced, a student who has enrolled in the TN Professional Training Institute's Program withdraws, drops out, is expelled or otherwise fails to attend classes after the first day and until 20% of the course is in session, the student shall be refunded twenty percent (20%) of all amounts paid or to be paid by or on behalf of the student for the period, less an administrative fee of one hundred dollars (\$100.00).

If, after classes have commenced, a student who has enrolled in the TN Professional Training Institute's Program withdraws, drops out, is expelled, or otherwise fails to attend classes after 20% of the course is in session, the student is responsible one hundred (100%) of the tuition, fees and other charges assessed the TN Professional Training Institute **and will not be issued a refund.**

**The refund request must be made in writing via email to [Sarah@tnpti.com](mailto:Sarah@tnpti.com) within 10 days of the first day of missed class.**

I have read the above policy, and understand the information contained within.

Full Name (Print) \_\_\_\_\_

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