



EXPRESS

TRAINING SERVICES

"Getting your career on the right track"

Phlebotomy National Exam Prep Workshop

Name: _____
First Middle Initial Last

Address: _____
Number Street

City St Zip Email

Birthdate: ____/____/____ Phone # _____
MM/DD/YYYY

Do you have a medical certification or licensure (i.e. CNA certification, any other medical certification or licensure)?
 Yes No (You **must** provide **proof** of current certification or licensure to take this course)

Are you a United States high school graduate or do you hold equivalent credentials (e.g. GED)?
 Yes No

You will be taking an exam through NCCT. From NCCT's application:

9 Felony Conviction Policy

Certification of individuals who have been convicted of certain crimes may present a particular risk to the public and typically preclude employment in the healthcare industry. These crimes include areas of moral turpitude, which has been described as an **"act of baseness, vileness or depravity in the private and social duties which a man owes to his fellowmen or to society in general, contrary to the accepted and customary rule of right and duty between man and man."** These crimes include but are not limited to: murder, embezzlement, fraud, larceny, arson, counterfeiting, assault with a dangerous or deadly weapon, kidnapping, manslaughter, rape and acts of terrorism. Applicants who have been convicted of the above crimes or other crimes of moral turpitude will not be considered for certification. NCCT reserves the right to refuse applicants and perform criminal background checks at any time.

Applicants who have been convicted of crimes not identified in the above categories, who have satisfied all court requirements and have three (3) years without further incidence, may be considered for certification. These crimes include but are not limited to: crimes involving controlled substances or synthetics, including unlawful possession or distribution, or intent to distribute, and DUI.

Applicants must submit court documentation of arrest record or a statement of charges and a statement of satisfaction of sentence. Please include dates. Documentation should be submitted to NCCT at the same time your application is submitted.

- Failure to disclose felony status will result in permanent disqualification and/or revocation of any certification granted.
- NCCT reserves the right to authenticate any documentation submitted.
- NCCT will notify you of the decision. If approved, you may schedule your exam.

I have never been convicted of a felony

I have been convicted of a felony; have met all court obligations and three (3) years' time has passed since this obligation has been satisfied without further incident. I have submitted the required documentation as part of the application process.

If you check the second box ("I have been convicted..."), you must sign a waiver form before being allowed to enroll.

Cancellation and Refund Policy

Should student be terminated or cancel for any reason, all refunds will be made according to the following schedule:

1. Cancellation must be made in person or by mail
2. All monies will be refunded, with the exception of the \$100 registration fee, if the student cancels within three (3) business days after signing the Application Form and making initial full payment, providing the start date is more than three (3) business days away.
3. A deposit may be submitted to hold your seat. The deposit is non-refundable under any circumstances. Deposits must be via credit card, cash or money order. If a deposit is made, the balance of the money is due no later than the first workshop session. If the balance is not paid, a student may be removed from the workshop and forfeit the deposit.
4. All payments will be forfeited if the student does not provide proof of current medical certification or licensure by the first day of the scheduled workshop.

5. If student is late, all fees will be forfeited.

Book

The book for the class is not included in the fee. By signing the agreement below, you acknowledge you will have the book on the first day of class, or will be removed from the class. Information about the current book which will be used can be found on the web site or from calling Express Training Services.

Fees

Individual fees:

___ Phlebotomy National Exam Prep Workshop (does not include book) \$ 900

Workshop starts on _____ at _____ am/pm

Notice to Student: Do not sign this contract before you read it, or if it contains any blank spaces. You will be provided an exact copy of the contract you sign. Keep it to protect your legal rights. This agreement constitutes a binding contract upon acceptance by Express Training Services, Inc..

Student Signature Date

Parent/Guardian Signature if Student is under 18 years old Date

Accepted by Express Training Services, Inc. official Date

Mail or bring by completed application, with payment, to:

Express Training Services, Inc.
3631 SW Archer Rd., Suite A
Gainesville, FL 32608

Please include cashier's check, money order, or credit card number/expiration date if mailing application. **Do not mail cash!** You will not be registered until full payment is received. Please call us at 352-338-1193 if you have any questions.

We do not accept personal checks!