



SAAD EDUCATION

WELCOME to the SAAD (*Accelerated*) MEDICAL ASSISTANT COURSE

GENERAL RULES AND GUIDELINES

1. **TUITION & FEES:** Unless sponsored by your employer or an agency, **tuition is \$1,995.00**, with a **\$500.00** deposit **due at registration**. This includes a \$20 CPR fee. Payment plans are available as indicated on the attached **Payment Plan Commitment Form**. Deposit fees can be paid by cash, money order or credit card (Visa, MC, Discover, Amex) and **must be paid in full at the time of registration**. The **Certification Exam fee is \$140 (due at registration)** and must also be **paid in full**, by all students. **Students must commit to a 2 month accelerated program with self study and clinical rotations done throughout the program.* **Total due upon registration is \$640.00 which includes the certification**
2. **CLASS SCHEDULE:** Each class is eight (8) weeks (32) days, Monday through Friday from 8:00 a.m. to 5:00 p.m.
3. **LATE POLICY:** You must be on time each day and not miss a day. If you miss a day of class or if you are more than 15 minutes late on any day, you may make it up in the next cycle (usually the next month). Your Certificate of Completion will be issued when the class is completed and/or your balance is paid in full.. **Please notify instructor in advance by email if you will be late for class or will be absent.** Email: (SHARNITA.WASHAM@SAADHEALTHCARE.COM).
4. **SCHOOL REFUND POLICY:** If you decide to cancel your enrollment within 72 hours before enrollment, all money paid will be refunded to you. If you decide to cancel from a class after 72 hours of enrollment date, but before classes begin, we will refund your monies except for a **\$30.00** processing fee. If you cancel after classes begin, you will have the option to enroll in the next available class without penalty, should space allow or you will be afforded a prorated refund of the prepaid fees except for the \$30.00 processing fee. A full refund is only available as defined in **Ala. Code #16-46-1(7) and (8) (1975)**.
5. **CERTIFICATION EXAM:** Satisfactory completion of the Saad Medical Assistant Course will qualify you to apply to take the Certification Exam. Upon completion of the MA Course, you will be given an examination application to complete. **To take the exam, you must be at least 18 years of age. The cost of the exam is \$140 and must be paid in full at the time of Registration as noted in Section 1. NOTE: If you have ever been convicted of a FELONY you are automatically ineligible to take the Certification Exam and you may want to reconsider taking the MA Course.**
6. **PHYSICAL REQUIREMENTS:** All students must have evidence of a current **TB Test** or a recent **Chest X-Ray before starting class**. TB Tests can be obtained at Saad Healthcare for a charge of \$10.00 upon request. Students must also submit to **Pre-Drug Screening** at the start of class and agree to **random drug testing** throughout the course to maintain a drug-free school and workplace.
7. **SUPPLIES:** Please bring your own supplies (pen/pencil, notebook, highlighters). Blood pressure and stethoscopes are required and are available for purchase in Saad Medical Equipment store at a discounted rate to students of 30.00. Laptops will be provided during school hours.
8. **LUNCH & PARKING:** Lunch is to be taken off premises or out back at the picnic table. There is absolutely no smoking or eating allowed on the side stairs. Reserved student parking is on the **South** side of the building, in the farthest two lanes away from the building.
9. **CELL PHONE USAGE: POSITIVELY NO CELL PHONES OR PAGERS MAY BE USED INSIDE THE BUILDING.**
10. **DRESS CODE: Professional scrubs; leather tennis shoes or nursing shoes only.** No open toe or open heel; absolutely no crocs with holes (See additional information about **Dress Code** attached).
11. **ADMISSION POLICY:** Saad Healthcare is a private organization and admission to the school is at the sole discretion of the Administration. Saad Healthcare hereby retains the sole right to grant or deny admission to any applicant for any reason including, but not limited to, safety, liability, health, educational environment, or other concerns relating to normal class participation and attendance.



**SAAD MEDICAL ASSISTANT COURSE
INDIVIDUAL REGISTRATION INFORMATION**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ SS NUMBER: _____

YEAR OF HIGH SCHOOL GRADUATION OR GED: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE NUMBER: _____

ANY MEDICAL DIAGNOSIS THAT MAY HINDER YOUR FULL PARTICIPATION IN CLASS
YES _____ NO _____ (IF YES, MEDICAL RELEASE IS REQUIRED).

LIST ANY MEDICATIONS CURRENTLY TAKING _____

DATE: _____

STUDENT SIGNATURE: _____



Saad Medical Assistant Course
Tuition Payment Plan Commitment
8 Week Course

PAYMENT OPTION 1

**Pay tuition and certification exam
fee in full: \$2,135.00.**

Tuition: \$ 1,995.00
Exam Fee: 140.00
\$ 2,135.00

Student Signature

PAYMENT OPTION 2

**Pay \$500 deposit and \$140 certification exam
fee at start of class, with optional Weekly,
Bi-Weekly, or Monthly payments until
balance of \$1,495 is paid in full:**

Tuition Deposit: \$500.00
Exam Fee: \$140.00
Total to start class: \$640.00

Student Signature:

Plus

Payment plan options: (Choose One)

Weekly: 8 @ 186.88 = \$1,495.00
Biweekly: 4 @ 373.75 = \$1,495.00
Monthly: 2 @ 747.50 = \$1,495.00

Student Signature:

Coordinator of Education

Date



DRESS CODE FOR CLASS PARTICIPATION

1. Clean, solid color scrubs are required for all classes.
2. Leather tennis shoes or nursing shoes are acceptable footwear. No open toe, open back, or open heel shoes; no crocs with holes.
3. No Perfume is allowed in the classroom or in the clinical setting.
4. All clothing must fit properly. Overly tight scrubs, or scrubs that are too loose, are not permitted.
5. Nails should be short, smooth and clean with no polish. Hair should be one color and must not be dyed in conspicuously unnatural colors (ex: rainbow colors, blue, pink, green, etc.). Hair style should be professional, worn pulled back or pinned up. Jewelry is limited to your wedding band, a clinical watch with second hand, and earrings (limited to **one pair of stud (post) earrings** no larger than 3mm).
6. No visible body piercings or tattoos are allowed, including but not limited to nose rings, eyebrow rings, tongue studs and earlobe spacers. Tattoos on the face, scalp, legs, feet, arms, torso and neck must be covered.
7. Lab Coats (either fabric or disposable) are to be worn when performing venipunctures. Lab coats will be buttoned up at all times.
8. If in doubt, DON'T.

GENERAL CODE OF CONDUCT

1. I understand that I must attend the entire three (3) week school.
2. I further understand that I can not be absent from any class time or clinical experience time.
3. I understand that all personal electronics, such as cell phones and pagers, must be turned off in the building.
4. I further understand that personal electronics are not to be taken to the clinical experience facility.
5. I understand that I must have a watch with a sweep second hand.
6. I understand that if I wear or need eyeglasses, I will bring same to class and the clinical experience setting so that I may fully participate.



**STUDENT ACKNOWLEDGEMENT
SIGNATURE SHEET**

By my signature below, I acknowledge that I have received a copy of **Saad MA School Phlebotomy Class Welcome Packet** which includes the **General Information Sheet, Dress Code for Classroom Participation and General Code of Conduct**. I will familiarize myself with this information and attest that I **understand** and that I **agree to comply with these policies**.

I also understand that, if I have any questions or do not understand any provisions of this Welcome Packet, I should consult my instructor for answers or clarification.

By signing this statement, I acknowledge my complete understanding and acceptance of these terms.

STUDENT _____ **SIGNATURE:** _____
DATE: _____

WITNESS: _____ **DATE:** _____



**ACCELERATED MEDICAL ASSISTANT COURSE
EMERGENCY INFORMATION**

The information contained herein is confidential, will be used in case of an emergency situation and will only be maintained until conclusion of the MA Class.

Student Name		Social Security Number	
Emergency Contact Name	Emergency Contact Phone Number	Relationship	
Emergency Contact Name	Emergency Contact Phone Number	Relationship	
List Medications Currently Taking			
Medication	Dosage	When take	
Medication	Dosage	When take	
Medication	Dosage	When take	
Medication	Dosage	When take	
List any Illnesses (Asthma, Diabetes, Epilepsy, etc.) and the doctor's name treating you .			
Illness	Dr. Name	Phone Number	
Illness	Dr. Name	Phone Number	
Illness	Dr. Name	Phone Number	
Illness	Dr. Name	Phone Number	