



ENROLLMENT AGREEMENT

VITAL HEARTS LLC

731 South Pear Orchard Road, Suite 8

Ridgeland, MS 39157

Phone: 601-473-1950

General Email: vitalheartslc@yahoo.com

Website: www.vitalheartslc.org

School Director: Jessica Willis-Ridgeway

Vol.#2 Revised December 2025

VITAL HEARTS LLC

NURSE ASSISTANT PROGRAM (CNA)- CRITERIA FOR ADMISSION

- 17 years old or older to enroll
- Admission Application
- Non-refundable registration fee of \$95
- Valid State ID or Driver's License (**unexpired**)
- Social Security Card
- Pass a criminal background check (**no felonies/pending felonies**)
- Interview
- Must be able to read, speak, and write English
- Not be listed on the Nurse Aide Registry in revoked status or unemployable- (**CNA**)
- Formal tour of Vital Hearts LLC facility (**by appointment only**)
- Access to laptop/PC and reliable internet (**mandatory**)
- Pay tuition (in full) or make payment arrangements
- Negative PPD TB Skin test (less than 3 months old) or current immunizations
- Basic computer knowledge

***Student(s) cannot have felonies or pending felonies**

VITAL HEARTS LLC

PHLEBOTOMY, MEDICAL ASSISTANT, & EKG - CRITERIA FOR ADMISSION

- 17 years old or older to enroll
- Admission Application
- Non-refundable registration fee of \$95
- Valid State ID or Driver's License (**unexpired**)
- Social Security Card
- HS Diploma or GED or be on track to receive within the next 12 months.
- Interview
- Must be able to read, speak, and write English
- Formal tour of Vital Hearts LLC facility (**by appointment only**)
- Access to laptop/PC and reliable internet (**mandatory**)
- Pay tuition (in full) or make payment arrangements

TUITION INCLUDES

- Student ID Badge
- Stethoscope (CNA, MA, PCT)
- Blood pressure cuff (CNA, MA, PCT)
- E-Catalog
- Lab Supplies
- Job Placement Assistance (up to 3 months post-graduation)
- Post-Graduate advising (up to 3 months post-graduation)
- Textbook & Workbook (traditional)
- Externship (some programs may require externship hours)
- Learning Management System (LMS)access
(hybrid/blended classes only)

*List subject to change with or without notice.

ENROLLMENT AGREEMENT

School Name: Vital Hearts LLC

Location: 731 South Pear Orchard Road, Suite 8, Ridgeland, MS 39157

Mailing Address: P.O. Box 4021, Madison, MS 39130

Phone: 601-473-1950 **Website:** www.vitalheartslc.org

First Name:		Middle/Maiden Name:		Last Name:	
Physical Address:	City	State:		Zip:	
Mailing Address: (if different from above)					
Email Address:			Method of Payment:		
Phone: (enter 10 digits #)		Alternate Phone: (enter 10 digits #)			
Emergency Contact: (full name)		Phone:			
Ethnicity:		County:		Sex:	
Date of Birth (mm/dd/yyyy)		Last 4-digits of SS# XXX-XX-_____			
How did you find out about our company?		Have you toured the entire facility? Yes or No		Have you met the staff? Yes or No	
Who conducted your tour of the facility?		Date:		Time:	Initials:
Class Start Date:		Expected Graduation Date:		Student/ID #	
Vital Hearts periodically takes photos and records videos for marketing purposes only. This includes but is not limited to flyers, brochures, television, social media, etc. Do you consent to being recorded via photo or video? Circle one: Yes or No.....Initials: _____					

The above-listed school and student enter into an agreement under which the student will pay tuition and fees as indicated below as well as attest to receiving a copy of the school's rules and regulations as set forth in the school catalog. The school will instruct the student in the curriculum listed below in accordance with Education Law and Commissioner's Regulations.

Program:		
Total Program Hours:		
Total Tuition:		
Fees (application fee-non-refundable)		
Program Length		
Total Program Cost:		Discount:

PROGRAM INFORMATION

- Nurse Assistant: **\$1500.00. 77 hours** (traditional/hybrid)
- Medical Assistant: **\$1900.00. 96 hours**. (hybrid)
- Phlebotomy: **\$925.00. 67.50 hours**. (traditional)
- EKG: **\$1000.00. 64 hours**. (traditional)

HOURS OF OPERATION

Vital Hearts LLC's normal hours of operation are listed below and are by appointment only. We do not accept walk-ins. When classes are in session, please refer to the "Tentative Hours of Operation." This information will be listed on our website, social media, and our facility door.

NORMAL HOURS OF OPERATION

Monday-Friday: 8:00 a.m. – 5:00 p.m. (**on-call**) 5:00 p.m.- 9:30 p.m. (**by appointment only**).

Saturday: By appointment only.

Sunday: Closed

TENTATIVE HOURS OF OPERATION- DAY CLASSES (Traditional/Hybrid)

- Monday-Thursday 8:30 a.m. – 3:30 p.m.
- Friday: 9:00 a.m. – 1:00 p.m.
- Saturday: 9:00 a.m. -1:00 p.m.
- Sunday: Closed

TENTATIVE HOURS OF OPERATION -EVENING CLASSES (Traditional/Hybrid)

- Monday-Friday 5:00 p.m. – 9:30 p.m.

TENTATIVE HOURS OF OPERATION- WEEKEND CLASS (Traditional/Hybrid)

- Saturday: 7:30 a.m. -4:30 p.m.
- Sunday: 7:30 a.m. -4:30 p.m.

****Hours are based on the type of program.**

PAYMENT METHODS

- Pay In Full
- Sponsored (employer, agency)
- Loan (finance company/bank)
- Payment Plan (**50% is due upfront. The remaining balance is due in full approximately three (3) days before your Skills Lab. No exception. (A 4.5% administrative processing fee will be added.)**)

Vital Hearts will gladly accept the following forms of payment:

- Approved Business Check(s)
- Cash w/approval
- DC/CC (Visa, MC, Discover, AMEX)
- PayPal/ PayPal Payment Plan

- Apple Pay
- Cashiers Check/Money Order (from the bank only)
- After Pay

REFUND POLICY

- A. Thereafter, a student will be liable for
1. The non-refundable registration fee plus
 2. The cost of any textbook or supplies accepted plus
 3. Tuition liability as of the student's last date of physical attendance

Tuition liability is divided by the number of terms in the program. Total tuition liability is limited to the term during which the student withdrew or was terminated, and any previous terms completed.

If termination occurs	School may keep	Student Refund
Withdrawal on or before the first (1 st) day of class	0% (non-refundable registration fee)	100%
After the first (1 st) day of classes and during the first ten percent (10%)	10%	90%
After the first ten percent of the period (10%) until the end of the first twenty-five (25%)	50%	50%
After the first twenty-five percent (25%) until the end of the first fifty percent (50%)	75%	25%
After the first fifty percent (50%)	100%	0%

(c) *The student refund may be more than the stated above if the accrediting agency refund policy results in a greater refund.

3.7.1 Refunds for Classes Cancelled by the Institution If tuition and fees are collected in advance of the starting date of a program and the institution cancels the class, one hundred percent (100%) of the tuition and fees collected shall be refunded. The refund shall be made within thirty (30) days of the planned starting date.

3.7.2 Refunds for Students Who Withdraw on or Before First Day of Class If tuition processing fees are collected in advance of the starting date of classes and the student does not begin classes or withdraws on the first day of classes, no more than One Hundred Dollars (\$100.00) of the tuition and processing fees may be retained by the institution. The refund shall be made within thirty (30) days of the class starting date.

3.7.3 Refunds for Students Who Enrolled Prior to Institution Visit Students who have not visited the institution prior to enrollment will have the opportunity to withdraw without penalties within three (3) days following a documented attendance at a regularly scheduled orientation or a documented tour of the facilities and inspection of the equipment. Institutions are required to keep records of students' initial visits and orientation sessions.

3.7.4 Refunds for Students Who Withdraw After Instruction Begins. Contractual obligations beyond twelve (12) months are prohibited. The refund policy for students attending proprietary institutions who incur financial obligations for a period of twelve (12) months or less shall be as follows:

A. After the first day of classes and during the first ten percent (10%) of the period of financial obligation, the institution shall refund at least ninety percent (90%) of the tuition.

B. After the first ten percent (10%) of the period of financial obligation and until the end of the first twenty-five percent (25%) of the period of obligation, the institution shall refund at least fifty percent (50%) of the tuition.

C. After the first twenty-five percent (25%) of the period of financial obligation and until the end of the first fifty percent (50%) of the period of obligation, the institution shall refund at least twenty-five percent (25%) of the tuition; and

D. After the first fifty percent (50%) of the period of financial obligation, the institution may retain one hundred percent (100%) of the tuition.

PAYMENT PLANS

Prior approval from the Vital Hearts LLC Director must be received to select the “Payment Plan” option.

Students must be able to show their ability to pay the remaining balance on the due date. Fifty (**50%**) of your total balance is due when you sign your “Enrollment Agreement.” The remaining balance is due in full approximately **3** three days before the beginning of your **Skills Lab**. Any default on the payment plan is a violation of your Enrollment Agreement and will be the basis for dismissal from the course/or not receiving a Certificate of Completion and will prevent the student from continuing the course. **NO EXCEPTIONS.**

Selecting this option requires students to be prepared to pay their remaining balance on time. If payment(s) are accepted after the due date, a **\$40** late fee will be applied to the overall balance. Late payments are accepted at the discretion of the Director. The student account will be automatically terminated after (**3**) three consecutive days (**72 hours**) of non-payment. **NO EXCEPTIONS.** This includes holidays and weekends.

(A 4.5% administrative processing fee will be added.)

ATTENDANCE POLICY (absences and tardies)

ABSENCES

Students will be allowed two (**2**) absences (excused/unexcused). This only applies to the Theory. Students **ARE NOT ALLOWED** to miss skills or clinicals. **NO EXCEPTIONS!**

When the student returns from an absence of one or more days, the student must submit an excuse to the instructor within 3 days of returning. The instructor will document the absence and submit the excuse to Student Services within three (3) days to be recorded.

- **Absence One (1)** = Student will receive a warning and be placed on probation.
- **Absence Two (2)** = Student will receive an infraction for excessive absences/tardies. Afterward, the student will meet with the Director or staff member to discuss program dismissal in the event he/she receives another absence.
- **Absence Three (3)** = Dismissal.

TARDIES

Tardiness is categorized as follows:

- 1 to 15 minutes late/or early leave will be counted as 15 minutes late.
- 16 to 30 minutes late/or early leave will be counted as 30 minutes late.
- 31 to 60 minutes late/or early leave will be counted as 1 hour late.
- Consistent tardiness may lead to disciplinary action, including written warnings, mandatory meetings with the program director, and potential suspension from the program. We understand that unforeseen circumstances may arise; however, maintaining punctuality is essential for your success in the program and your future healthcare career. Students must complete mandatory clock hours per the State of Mississippi and the program curriculum.
- Students with excessive absences/tardies will **NOT** be permitted to graduate. Excessive absences/tardies are three (3) absences and/or four (4) tardies. Attendance will be recorded daily. Students will be dropped from the program on the 3rd absence. Two (2) tardies are equivalent to one (1) absence, regardless of the amount of time.

The following policy will be implemented with tardies:

- Tardy 1. The student will receive a warning.
- Tardy 2. The student will be placed on probation.
- Tardy 3. The student will meet with the Director.
- Tardy 4. The student will receive the final notice as it pertains to tardiness before program dismissal. Four (4) tardies are equal to 2 missed absences.

Students will be marked absent if they miss 50% or more of a class session. For example, if a class runs from 5:30 p.m. to 9:00 p.m., arriving at 7:15 p.m. means the student has missed 105 minutes and will be counted absent for the entire class.

THIS SPACE WAS INTENTIONALLY LEFT BLANK

DRUG TESTING AND CONSENT RELEASE FORM

I have been accepted into a medical training program _____ conducted by Vital Hearts LLC. My medical training will involve, among other things, my participation in a clinical setting where I will have patient contact.

I understand the need for me to be unimpaired by any type of substance, legal or illegal, that could impede my ability to provide proper patient care.

Based on the above, I hereby consent to submit to urinalysis, hair, or blood tests if I am requested to do so by a representative of Vital Hearts LLC. I understand that such a request will not be made of me unless I am observed exhibiting behavior that a reasonable person could conclude showed me some type of impairment.

Should such testing be requested, I understand and agree to the following:

- Vital Hearts LLC may select the lab or labs to collect and analyze the specimen(s).
- I am responsible for my transportation and costs associated with getting to/from the selected lab.
- I authorize the release of the said tests' results to Vital Hearts LLC.
- I understand that a positive test, or refusal to submit a test, will result in my being immediately removed from my medical training with Vital Hearts LLC (Program: _____) with no refund available to me of the monies paid.
- I fully release and hold harmless Vital Hears LLC and their agents, employees, and/or volunteers from any liability arising in whole or in part out of a collection of specimens, testing, analysis, and use of the information from the said testing in connection with Vital Hearts LLC.
- In signing this, I'm stating that I understand and agree to the terms of this release form.

Printed Name: _____ **Date:** _____

Signature: _____ **Date:** _____ +

CODE OF CONDUCT

It's important to review and understand the specific rules and guidelines of the Vital Hearts LLC Allied Healthcare Program(s)

Failure to adhere to these rules could result in disciplinary actions, including dismissal from the program. Always refer to the school catalog or contact the school administration for the most up-to-date information. The following will not be tolerated at our facility:

Conduct Expectations:

As a student at Vital Hearts, LLC, you are expected to:

1. Respect for Others:

- Show respect to instructors, staff, and fellow students.
- Avoid disruptive behavior, including excessive noise, use of offensive language, or disrespectful gestures.

2. Academic Integrity:

- Uphold the highest standards of honesty and integrity.
- Do not engage in cheating, plagiarism, or any form of academic dishonesty. This includes, but is not limited to, accessing documents without permission and attempting to reproduce.

3. Attendance and Punctuality:

- Attend all scheduled classes, labs, and clinicals.
- Arrive on time and remain for the duration of each session.
- Notify the school in advance in case of an unavoidable absence.

4. Professional Conduct:

- Adhere to the dress code and maintain a professional appearance.
- Refrain from the use of cell phones or other devices during instructional time unless permitted.
- Follow all safety protocols in the classroom, lab, and clinical environments.

5. Use of School Property:

- Respect school property and equipment.
- Refrain from damaging or removing school property without permission.

6. Substance Abuse:

- No possession or use of illegal substances on school grounds or during school activities.
- Students under the influence of drugs or alcohol will face immediate disciplinary action.

7. Sexual behavior

- Students are prohibited from engaging in any form of sexual behavior with or without permission. This includes but is not limited to kissing, touching for sexual pleasure, etc.

8. Discrimination

- Our facility has a zero-tolerance policy for discrimination. This includes but is not limited to discriminating because of gender, color, sexuality, race, religion, etc.

Student Signature: _____ **Date:** _____

Acknowledgment of Student Catalog and Agreement

By signing this form, I acknowledge that I have also received, read, and understand the Vital Hearts LLC Student Catalog. I agree to comply with all policies, procedures, and guidelines outlined in the catalog, including but not limited to those concerning academic standards, code of conduct, tuition fees, and grievance processes.

I understand that the institution reserves the right to make changes to the catalog, including course offerings, policies, and schedules, at any time. It is my responsibility to stay informed of any updates or changes to the catalog, which will be made available by requesting a copy of the most up-to-date catalog. This request can be made by contacting a member of the Vital Hearts LLC team or the Director via email.

My signature below indicates that I agree to abide by the terms and conditions outlined in the catalog throughout my enrollment at Vital Hearts LLC.

Student Signature:

Date:

Agent Name:

Cert.#:

PAYMENT DISPUTE AGREEMENT

I _____ agree to “**NOT**” dispute any “**FALSE**” dispute charges and/or chargebacks against Vital Hearts LLC. I understand that if this happens, legal action will be brought against me.

Vital Hearts LLC will only process any form of payment on file with prior approval from the student or cardholder/account holder (written or verbal).

This includes but is not limited to my payment account(s), whether it is a credit, debit, loan, checking, or savings.

Student Signature

Date:

Authorized Signature

Date

Although placement assistance services may be provided, the school cannot guarantee a job to any student or graduate.

By my signature, I agree to the conditions of this agreement. I also verify that I have read and received a copy of this agreement and the school catalog/handbook.

Student Signature:

Date:

The agent who enrolled me was

Agent Name:

Cert.#:

School Official Signature:

Date:

I have received a copy of the Student Disclosure Material.

Student Signature:

Date:

Authorized Agent Signature:

Date:

END OF ENROLLMENT AGREEMENT