



# The Medical Management Institute<sup>TM</sup>

MMIclasses.com - Phone: 866.892.2765 - Fax: 678.669.2483 - 11660 Alpharetta Hwy, Suite 545A, Roswell, GA, 30076

## ENROLLMENT AGREEMENT

Medical Management Institute  
11660 Alpharetta Hwy  
Suite 545A  
Roswell, GA 30076  
Phone: 866.892.2765  
Fax: 678.669.2483  
www.mmiclasses.com

### Student Information

Student Name: \_\_\_\_\_  
Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone, Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_  
Emergency/Alternate Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Please read the following disclosure and retain a copy for your records.**

### Student Financial Obligation – Payable in Advance/Interest Free Student Loans

Full Tuition Payment Plan: Tuition must be paid in full at time of registration in order to qualify for the Full Tuition Payment Plan. All monies must be received before grades or certificates can be mailed to the student. By completing the enrollment process, you agree to pay the tuition in full, unless payment plan arrangements have been made.

### Prerequisites

No prerequisite.

### Course Description

All courses are described in detail in the Student Handbook as well as in the "Certificate Programs" section at [www.mmiclasses.com](http://www.mmiclasses.com)

### Course of Study

This agreement is for the education services provided at The Medical Management Institute. Each student who registers for the program will be given six (6) months to complete the program. Once the final exam is started, the student will have 24 hours to complete the exam. If this is not successfully completed within the allotted time frame, the student will need to re-enroll in the following years program. To successfully complete an exam a student must receive a 76% or higher. Once any certification exam is successfully completed you will become certified. If the

exam is not successfully completed students will be allowed one free retest that must be started within one month of the previous exam.

### **Legal Responsibility**

Once submitted, this agreement will serve as a legally binding contract. Your acceptance of this agreement indicates and acknowledges that you have been given reasonable time to read and understand it, and that you have had the opportunity to read, understand and clarify how the program works and what is expected of you as a student. You acknowledge that you have found all material facts concerning the Institute that would affect your decision to enroll to be satisfactory. Likewise, The Medical Management Institute agrees to abide by the guidelines set forth in the MMI Student / ARHCP Member Handbook.

### **Student's / Buyer's Right to Cancel**

The student/buyer has a right to cancel enrollment in the certification program and obtain a refund for purchased materials within 90 calendar days from the date of enrollment (restrictions and proration may apply; please see Handbook for specific details). Course materials must be returned using traceable means where a signature can be obtained in case the package is lost (ex. FedEx, UPS, Certified US Mail, courier, etc). The Medical Management Institute will not accept responsibility for the loss or damage of uninsured packages. You acknowledge that all cost expectations, cancellation, and refund policies have been explained in detail and are clear. In order to cancel this enrollment agreement and receive a refund, you must return all of the program materials with a written request to withdraw, via certified mail to:

The Medical Management Institute  
Attn: Withdrawals  
11660 Alpharetta Hwy  
Suite 545-E  
Roswell, GA 30076

No refunds will be processed until all materials are received, including but not limited to study guides, cd's, exams, and other materials included in the program, and a letter of intent to withdraw from the course of study.

### **Length of Enrollment**

By submitting this agreement, you understand that you have six months to study and prepare for the certification exam and have access to MMI instructor support during the period of enrollment. If a student does not begin the exam within the allotted six month time period, the student will forfeit their enrollment and be required to enroll in the following years program to receive certification. Certification exams are updated once per year and are effective February 1st of each year.

### **Notice to Buyer:**

1. Do not sign this agreement before you have read it or if it contains any blank spaces.
2. This agreement is a legally binding instrument. Both sides of the contract is binding only when the agreement is accepted, signed, and dated by the authorized official of the school or the admissions officer at the school's principal place of business. Read document in its entirety before signing.
3. You are entitled to an exact copy of this agreement and any disclosure pages you sign.
4. This agreement and the school catalog constitute the entire agreement between the student and the School.
5. Although the School will provide job-search assistance, the school does not guarantee job placement to graduates upon program completion or upon graduation.

6. The school reserves the right to reschedule the program start date with the number of students scheduled is too small.
7. The School reserves the right to terminate a students' training for unsatisfactory progress, nonpayment of tuition or failure to abide established standards of conduct.
8. The School does not guarantee the transferability of credits to a college, university or institution. Any decision on the comparability, appropriateness and applicability of credit and whether they should be accepted is the decision of the receiving institution.

**Student Acknowledgments:**

1. I hereby acknowledge receipt of the School's catalog/handbook dated \_\_\_\_\_, which contains information describing programs offered, and equipment/supplies provided and/or needed. The School catalog/handbook is included as part of this Enrollment Agreement and I acknowledge that I have received a copy of this catalog/handbook.

\_\_\_\_\_ *Student initials*

2. I have carefully read and received an exact copy of this enrollment agreement.

\_\_\_\_\_ *Student initials*

3. I understand that the school may terminate my enrollment if I fail to comply with attendance, academic, and financial requirements or if I fail to abide by established standards of conduct, as outlined in the School catalog. While enrolled in the school, I understand that I must maintain satisfactory academic progress as described in the school catalog and that my financial obligation to the school must be paid-in-full before a certificate may be awarded.

\_\_\_\_\_ *Student initials*

4. I understand that the school does not guarantee job placement to graduates upon program completion or upon graduation.

\_\_\_\_\_ *Student initials*

5. I understand that complaints, which can not be resolved by direct negotiation with the school in accordance to its written grievance policy, may be filed with the Nonpublic Postsecondary Education Commission at 2082 East Exchange Place Suite 220 Tucker, GA 30084-5305. All student complaints must be submitted in writing.

\_\_\_\_\_ *Student initials*

**Contract Acceptance**

I, the undersigned, have read and understand this agreement and acknowledge receipt of a copy. It is further understood and agreed that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. I also understand that if I default upon this agreement I will be responsible for payment of any collection fees or attorney fees incurred by The Medical Management Institute and/or ARHCP.org.

My signature below signifies that I have read and understand all aspects of this agreement and do recognized my legal responsibilities in regard to this contract.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date

**Representative's Certification**

I hereby certify that \_\_\_\_\_ has been interviewed by me and in my judgment, meets all requirements for acceptance as a student in the \_\_\_\_\_ course at The Medical Management Institute as described in the school catalog. I further certify that there have been no verbal or written agreements or promises other than those appearing on this agreement.

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date