



CORE HEALTH EDUCATION

KNOWLEDGE IS YOUR KEY TO SUCCESS

STUDENT HANDBOOK

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Certificate of Registration No. 2322



Core Health Education

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Introduction & Mission Statement



“Knowledge is
your key to
SUCCESS.”

We understand that beginning a new chapter in your education can be both exciting and challenging. This handbook is designed to provide you with essential information, resources, and policies to support your success. We are committed to empowering you as you pursue your goals, recognizing that ambition often comes with obstacles. Our mission is to offer steadfast support and encouragement while helping you build the confidence and competence to apply your knowledge and skills in the healthcare field.

Moniqua Russell

Program Director



My journey in healthcare has been shaped by hands-on experience across both clinical and administrative roles. I have worked as a Medical Administrative Assistant, Certified Nursing Assistant, nationally certified Phlebotomist, Paramedical Examiner, Licensed Nurse, Public Notary, and Life and Health Insurance Broker. This diverse background has allowed me to understand healthcare from every angle—patient care, operations, compliance, and professional responsibility.

Today, I am a multi-skilled, multi-licensed businesswoman with experience building and operating multiple ventures, guided by a deep and lasting passion for healthcare. My work across industries has strengthened my leadership, adaptability, and commitment to excellence, all while keeping healthcare education and community impact at the center of what I do.

I founded this program with a clear purpose: to help restore trust in healthcare by properly training, supporting, and empowering the professionals who serve our communities. I believe confidence, competence, and integrity are built through education, mentorship, and real-world preparation—not shortcuts.

As a mentor and coach, I am deeply invested in your success. I don't just teach from theory; I teach from experience. I understand the challenges, responsibilities, and expectations that come with working in healthcare, and I am committed to helping you navigate your journey with clarity and confidence.

I am also a lifelong learner. I continue to pursue education, certifications, and personal growth because healthcare is always evolving—and so should we. Investing in yourself is one of the most powerful decisions you can make. Growth is a choice, and excellence is a habit.

My goal is to provide you with more than a certification. I want to help you build a strong foundation, a professional mindset, and the confidence to serve with skill, compassion, and integrity. Together, we are raising the standard—one trained professional at a time.

Signed,

A Life Learner 4

Nationally Certified Programs

All programs are 40 hours total. Unless noted, each includes 30 hours lecture and 10 hours lab.

Classes are offered in three formats:

- Day Classes: Monday–Friday, 2 weeks
- Evening Classes: Monday–Friday, 2 weeks
- Weekend Classes: Saturday & Sunday, 4 weeks

01 Certified Clinical Medical Assistant (CCMA)

Day Classes: 9:00 AM – 1:00 PM/ Evening Classes: 6:00 PM – 10:00 PM/ Weekend Classes: Saturday: 9:00 AM – 2:00 PM Sunday: 3:00 PM – 8:00 PM/ Hours: 30 lecture + 10 lab

02 Certified Phlebotomy Technician (CPT)

Day Classes: 9:00 AM – 1:00 PM/ Evening Classes: 6:00 PM – 10:00 PM/ Weekend Classes: Saturday: 9:00 AM – 2:00 PM Sunday: 3:00 PM – 8:00 PM/ Hours: 30 lecture + 10 lab

03 Certified EKG Technician (CET)

Day Classes: 9:00 AM – 1:00 PM/ Evening Classes: 6:00 PM – 10:00 PM/ Weekend Classes: Saturday: 9:00 AM – 2:00 PM Sunday: 3:00 PM – 8:00 PM/ Hours: 30 lecture + 10 lab

04 Certified Patient Care Technician (CPCT)

Day Classes: 9:00 AM – 1:00 PM/ Evening Classes: 6:00 PM – 10:00 PM/ Weekend Classes: Saturday: 9:00 AM – 2:00 PM Sunday: 3:00 PM – 8:00 PM/ Hours: 30 lecture + 10 lab

05 Certified Medical Administrative Assistant (CMAA)

Day Classes: 1:30 PM – 5:30 PM/ Evening Classes: 6:00 PM – 10:00 PM/ Weekend Classes: Saturday: 3:00 PM – 8:00 PM Sunday: 9:00 AM – 2:00 PM/ Hours: 40 lecture - No lab

06 Certified Behavioral Health Specialist (CBHS)

Day Classes: 1:30 PM – 5:30 PM/ Evening Classes: 6:00 PM – 10:00 PM/ Weekend Classes: Saturday: 3:00 PM – 8:00 PM Sunday: 9:00 AM – 2:00 PM/ Hours: 40 lecture - No lab

Entrance Requirements, Academic Responsibilities & Academic Progress

Standards of Academic Progress

A record of grades and other appropriate information is kept in each student's permanent record. Students are expected to meet the minimum standards as outlined in the school's satisfactory progress statement. Students who fall below the minimum will be reviewed by the director and satisfactorily if a need is determined.

For students who continue below the minimum standard one of the following actions will be taken:

- Modify the student's program
- Provide academic assistance
- Academic dismissal

Grading

The record of a student's work is entered and reported according to the following grades: 80% or higher required on all quizzes and exams. A grading period is defined as one program length. Programs are typically 2-4 weeks in length.

Satisfactory Progress Policy

Evaluation sessions are part of each program schedule. Instructors use a variety of methods, including observation, interview, and testing, to determine student progress. Students receive number 100 percents or less grades on the course tests and assignments. Grading criteria includes exams, written and practical assignments, hands on skills, and class participation and attendance. A minimum grade of 70% is required to successfully complete each course. Exams or assignments missed or failed must be made up within 14 days. Students making unsatisfactory progress are given options to improve skills. These options include attendance at additional classes, tutorials and practical supervision.

Course Repetitions

A student must repeat any course in which the student fails to meet the requirements of that course. Repeated courses that are satisfactorily completed may have that grade replace the previous failed grade and the hours count as earned. Full fee must be paid for each individual course repeated.

Course Incompletes

Incompletes will be given to any student who does not fulfill the requirements of a course by the end of the program in which they are enrolled. A grade will be substituted for the incomplete if the student successfully completes the unfinished work no later than the end of the 2nd to 4th week of that program. Failure to complete the work in the period stipulated will result in a failing grade.

Graduation Requirements

- Complete and pass all practical and written exams
- Complete documented work and course work within school guidelines
- A cumulative average grade of C or higher is required for all exams and coursework.
- An 80% or higher on all exams and quizzes
- Comply with student policies and regulations.
- Receive certificate of completion from instructor
- Payment in full of tuition and all other fees incurred

Fees & Expenses

For all programs offered, tuition includes all supplies, including course modules, program completion certificate, national exam study materials, unlimited practice test, and national exam fees up to 3 attempts. Tuition is charged for repeated programs. To receive the certificate of completion for the chosen program of study, the student must successfully complete the program. Costs for the program of certification in all programs are listed under the “Tuition fee” section. This is the tuition for students enroll starting February 2025 and will be reviewed annually,

Registration Fee

The registration fee for the programs are **\$50**.

Tuition Fee

Clinical Medical Assistant certification is **\$10,000**

Phlebotomy Technician certification is **\$1,000**

EKG Technician certification is **\$1,200**

Medical Administrative Assistant certification is **\$2,000**

Behavioral Health Specialist certification is **\$9,500**

Patient Care Technician certification is **\$9,600**

Additional Fees or Expenses

Additional fees and expenses that may accrue are retake fees, late payment fees, or school merchandise.

Purchase of Bookstore Items

Purchase of any additional books for supplies may be made either from the bookstore or elsewhere

Tuition Fee Changes

Core Health Education institute reserves the right to change the tuition and fee charges listed in this catalog/handbook. A student will not be subject to any increases announced after the date of that student's enrollment agreement. Current prices are available from the institute upon requests.

Billing and Payments

Tuition is due by the end of the program whether the student submitted a one time payment or opted into payments. All tuition due must be paid by the end of the program or completion of program certification will be held and the national exam seat will not be reserved. When a student's seat is reserved for the national exam at the completion of the training program, an email is sent to the student to be used to log into the portal to access study materials, practice test, and to schedule their national exam. In the event that all tuition due is not paid, the student will not have access to this portal as well.

Refund Policy & Financial Responsibility

Refund Policy Ohio Administrative Rule 3332-1-10

The refund outlined below will be adhered to by Core Health Education

- If the enrollment application is not approved, all payments to the school will be refunded.
- Applicants who cancel their enrollment within 5 days of signing the enrollment agreement will have all fees refunded. Students who cancel after five (5) days but prior to attendance will be refunded all but 25%. Once the student has started school and attended 5 days, full tuition is nonrefundable and due.
- At the time of online enrollment, tuition must be paid in full or a payment of at least 25% of the total cost of tuition must be made. Payment plans include 4 weekly or 2 biweekly payments with the full balance being due by end of the program.
- If a student withdraws the date of withdrawal shall be the last date of recorded attendance.
- The registration fee and costs of any books, supplies purchased are not refundable once the student begins school.
- Refunds shall be made within 30 days of official withdrawal or 30 days of the date of determination of withdrawal if the student does not officially withdraw. This is based on the last date of attendance.
- Tuition refund is based upon the payment of the full amount of the tuition fee.
- If a student withdraws during a term, partial refunds of tuition will be made on a declining basis, depending on the length of time a student has remained enrolled. The following schedule of refunds applies to tuition charges only.
- Tuition refund schedule Administrative Rule 3332-1-10-6B
- A student who starts class and withdraws before the academic term is fifteen percent completed will be obligated for twenty five per cent of the tuition plus the registration fee.
- A student who starts class and withdraws after the academic term is fifteen percent completed but before the academic term is twenty five per cent completed will be obligated for fifty per cent of the tuition plus the registration fee.
- A student who starts class and withdraws after the academic term is twenty five per cent completed but before the academic term is forty per cent completed will be obligated for seventy five per cent of the tuition plus the registration fee.
- A student who starts class and withdraws after the academic term is forty percent complete will not be entitled to a refund of the tuition and fees.
- Student financial responsibility
- Students are responsible for any financial obligations incurred while attending the institute. No certificate will be issued to any student who owes tuition or any other fees to the institute.

Attendance Policy Withdrawal Policy Dismissal Policy & Re-entrance Policy

Attendance Policy

Absence more than 5% of the regularly scheduled course sessions will result in the student receiving an incomplete in that course, until such time as the material missing has been satisfactorily completed. We will work with students to accommodate schedule problems, including providing make up options. Tardiness is also documented. Excessive tardiness or absences are cause for dismissal from the school. Leave of absence not granted.

Nonrefundable

Any student who misses four consecutive class sessions is considered to have officially withdrawn from the school.

Withdrawal

Any applicant or student wishing to permanently terminate enrollment must submit a written or oral statement of intent to school officials. If withdrawing up to five days prior to the beginning of class a full refund is issued, less any nonrefundable enrollment fees. After that date see the refund schedule to determine the amount of tuition refunded.

Student Contact

Positive behavior is expected of all students while enrolled in any program at the institute. Students

Dismissal Policy

Student dismissal is viewed as a last recourse. A student may be dismissed for, but not limited to, the

following reasons:

- Violation of the school rules and policies
- Recurring attendance or tardiness problems
- Poor academic progress
- Failure to make any scheduled tuition payment
- Violation of the student conduct policy

A student violating the school's published policies will be expelled when authorized by the school director. In the event of dismissal, any refund will be made according to our refund policy.

Re-entrance Policy

Students who are dismissed for unsatisfactory conduct will not be permitted to reenter. Students who are dismissed for unsatisfactory performance and who have proven themselves incapable of doing the work required will not be permitted to reenter. If a student has previously withdrawn, all current application and admission procedures must be followed as if the student is a new applicant. Full tuition, at current rates, must be paid.

Grievance Policy & Guidelines



Grievance Policy

Every effort is made to maintain open communications between all people associated with the school. The institute provided an informal complaint procedure. Students are encouraged to contact the instructor to confidentially discuss any student problem or concern. If any concern or problem cannot be resolved with the instructor then the school director can be contacted to schedule an appointment. If a student has gone through this informal procedure and does not think the concern has been reasonably resolved, the student may begin the formal complaint procedure.

Formal Academic & Professional Grievance Guidelines

Student submits a written complaint with the institute director. Director provides written acknowledgement of the complaint to the student. Director investigates and gives the student written response, upon completion of investigation. Students may appeal this decision by the institute to the director of the state board of colleges and schools.

Moniqua Russell

School Director

Core Health Education

4770 Indianola Ave

Building B Unit LL-20

Columbus, Oh 43214

614-342-0679

Corehealtheducationllc@gmail.com

Executive Director

State Board of Career Colleges and Schools

30 East Broad St Ste 2481

Columbus, Oh 43215

877-275-4219 or 614-466-2752

bpsr@scr.state.oh.us

General information

General Information



Program or Faculty Changes

The institute reserves the right to 1 change classes, cancel classes of insufficient size and or add classes, 2 to change, add, or delete courses from a program, and 3 to change faculty its said changes do not alter the overall objectives of a program or increase the requirements needed to graduate.

Placement Assistance

Any student who misses four consecutive class sessions is considered to have officially withdrawn from the school.

Withdrawal

Employment is not guaranteed for a student. However, the institute does provide its graduates assistance in seeking employment. Assistance will normally encompass the following:

- Interview preparation
- Job search training
- Scheduling of interviews
- Assistance in resume preparation

Location

Core Health Education institute located near the intersection of Morse Rd and Indianola Ave, off I 71, is easily accessible from anywhere in Columbus or the surrounding area.

State & Federal Tuition Assistance

Core Health Education does not accept state or federal aid.

Smoking Policy

Core Health Education is a nonsmoking and drug free facility.

Continuing Education Credits

Continuing education credits are not provided to students.

Transfer Credits

This institute does not accept transfer credits, nor grant credits for previous experience.

Scholarships

At this present time, the institute does not award scholarships.

Program Textbooks

Certified Medical Assistant (CMA)

Kinn's Medical Assisting Fundamentals: Administrative and Clinical Competencies with Anatomy & Physiology

[Amazon link (Print)](<https://www.amazon.com/Kinns-Medical-Assisting-Fundamentals-Competencies/dp/0323581269/>)

[Publisher link (Elsevier)](<https://www.elsevier.com/books/kinns-medical-assisting-fundamentals/niedzwiecki/978-0-323-58126-4>)

ISBN-13: 978-0323581264

Price: ~\$100–\$130 (new print); eBook ~\$70–\$90

Certified Medical Administrative Assistant (CMAA)

Medical Office Administration: A Worktext, 4th Edition

[Amazon link (Print)](<https://www.amazon.com/Medical-Office-Administration-Brenda-Potter/dp/0323648714/>)

[Publisher link (Elsevier)](<https://www.elsevier.com/books/medical-office-administration/potter/978-0-323-64871-4>)

ISBN-13: 978-0323648714

Price: ~\$85–\$110 (new print); eBook ~\$65–\$80

Certified EKG Technician (CET)

The Only EKG Book You'll Ever Need, 9th Edition

[Amazon link (Print)](<https://www.amazon.com/Only-EKG-Book-Youll-Ever/dp/1975129187/>)

[Publisher link (Wolters Kluwer)](<https://shop.lww.com/The-Only-EKG-Book-You-ll-Ever-Need/p/9781975129185>)

ISBN-13: 978-1975129185

Price: ~\$50–\$65 (new print); eBook ~\$40–\$55

Certified Phlebotomy Technician (CPT)

Phlebotomy Essentials, 7th Edition

[Amazon link (Print)](<https://www.amazon.com/Phlebotomy-Essentials-Ruth-McCall/dp/1284209948/>)

[Publisher link (Jones & Bartlett)](<https://www.jblearning.com/catalog/productdetails/9781284209945>)

ISBN-13: 978-1284209945

Price: ~\$95–\$120 (new print); eBook ~\$75–\$90

Certified Behavioral Health Specialist

Fundamentals of Case Management Practice: Skills for the Human Services, 5th Edition

[Amazon link (Print)](<https://www.amazon.com/Fundamentals-Case-Management-Practice-Human/dp/1305943270/>)

[Publisher link (Cengage)](<https://www.cengage.com/c/fundamentals-of-case-management-practice-skills-for-the-human-services-5e-summers/9781305943272/>)

ISBN-13: 978-1305943272

Price: ~\$110–\$130 (new print); eBook ~\$60–\$90

Certified Patient Care Technician (CPCT)

Patient Care Technician Certification Exam Review Questions & Answers

[Amazon link (Print)](<https://www.amazon.com/Patient-Technician-Certification-Questions-Answers/dp/1975729432/>)

ISBN-13: 978-1975729439

Price: ~\$25–\$35 (new print)

Supplemental:

Mosby's Textbook for Nursing Assistants, 10th Edition

[Amazon link (Print)](<https://www.amazon.com/Mosbys-Textbook-Nursing-Assistants-Elsevier/dp/032369676X/>)

[Publisher link (Elsevier)](<https://www.elsevier.com/books/mosbys-textbook-for-nursing-assistants/sorrentino/978-0-323-69676-0>)

ISBN-13: 978-0323696760

Price: ~\$110–\$130 (new print); eBook ~\$80–\$100



CORE HEALTH EDUCATION
KNOWLEDGE IS YOUR KEY TO SUCCESS

Enrollment Agreement

Student: _____ Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ S.S. Number: _____

I am hereby enrolling in the following academic school's and my enrollment is subject to the terms and conditions stated in this enrollment agreement.

Program Name: **Clinical Medical Assistant**

Start Date: _____

Program length: 40 Clock Hours. This program is normally completed in 2-4 calendar weeks

Tuition and Fees for Current program:

Payment

Registration Fee.....**\$50.00**

All tuition and fees are payable for one program, 2-4 weeks in length depending on class schedule selected.

Tuition.....**\$9,950.00** (See page 3&4)

Total Cost..... **\$10,000.00**

Payment is due prior to the start of the program and all tuition is due to be paid (Total of program tuition) in full by the end of the program. Weekly payment options available.

Total projected cost of program at current tuition and fee rates: **\$10,000**

Tuition and fee charges are subject to change at the schools discretion. Any tuition or fee increases will become effective for the cohort or program..

Cancellation and Settlement policy

This enrollment agreement may be canceled within five calendar days after the date of signing provided that the school is notified of the cancellation in writing. If such cancellation is made, the school will promptly refund in full all tuition and fees paid pursuant to the enrollment agreement and the refund shall be made no later than thirty days after cancellation. This provision shall not apply if the student has already started academic classes.



Refund Policy

If the student is not accepted into the training program, all monies paid by the student shall be refunded. Refunds for books, supplies and consumable fees shall be made in accordance with Ohio Administrative Code section 3332-1-10.1. There is one (1) academic term for this program that is 40 clock hours in length. Refunds for tuition and refundable fees shall be made in accordance with following provisions as established by Ohio Administrative Code section 3332-1-10:

- (1)** A student who withdraws before the first class and after the 5-day cancellation period shall be obligated for the registration fee.
- (2)** A student who starts class and withdraws before the academic term is 15% completed will be obligated for 25% of the tuition and refundable fees plus the registration fee.
- (3)** A student who starts class and withdraws after the academic term is 15% but before the academic term is 25% completed will be obligated for 50% of the tuition and refundable fees plus the registration fee.
- (4)** A student who starts class and withdraws after the academic term is 25% complete but before the academic term is 40% completed will be obligated for 75% of the tuition and refundable fees plus the registration fee.
- (5)** A student who starts class and withdraws after the academic term is 40% completed will not be entitled to a refund of the tuition and fees.

The school shall make the appropriate refund within thirty days of the date the school is able to determine that a student has withdrawn or has been terminated from a program. Refunds shall be based upon the last date of a student's attendance or participation in an academic school activity.

Complaint or Grievance Procedure

All student complaints should be first directed to the school personnel involved. If no resolution is forthcoming, a written complaint shall be submitted to the director of the school. Whether or not the problem or complaint has been resolved to his/her satisfaction by the school, the student may direct any problem or complaint to the Executive Director, State Board of Career Colleges and Schools, 30 East Broad Street, Suite 2481, Columbus, Ohio, 43215, Phone 614-466-2752; toll free 877-275-4219.



CORE HEALTH EDUCATION
KNOWLEDGE IS YOUR KEY TO SUCCESS

I acknowledge that I have received and understand the school catalog/Student Handbook and agree with and will comply with the school policies and procedures stated. I acknowledge that I have received, read a copy, understand, and will comply to the enrollment agreement.

I understand that if I have questions regarding any of the information or materials provided in the orientation/handbook, I will contact the director or an administrator.

Applicant signature: _____

Date: _____

Parent or Guardian (if applicable): _____ Date: _____

School representative: _____

Date: _____



CORE HEALTH EDUCATION
KNOWLEDGE IS YOUR KEY TO SUCCESS

Enrollment Agreement

Student: _____ Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ S.S. Number: _____

I am hereby enrolling in the following academic school's and my enrollment is subject to the terms and conditions stated in this enrollment agreement.

Program Name: **EKG Technician**

Start Date: _____

Program length: 40 Clock Hours. This program is normally completed in 2-4 calendar weeks

Tuition and Fees for Current program:

Payment

Registration Fee.....**\$50.00**

All tuition and fees are payable for one program, 2-4 weeks in length depending on class schedule selected.

Tuition.....**\$1,150.00** (See page 3&4)

Total Cost..... **\$1,200.00**

Payment is due prior to the start of the program and all tuition is due to be paid (Total of program tuition) in full by the end of the program. Weekly payment options available.

Total projected cost of program at current tuition and fee rates: **\$1,200.00**

Tuition and fee charges are subject to change at the schools discretion. Any tuition or fee increases will become effective for the cohort or program..

Cancellation and Settlement policy

This enrollment agreement may be canceled within five calendar days after the date of signing provided that the school is notified of the cancellation in writing. If such cancellation is made, the school will promptly refund in full all tuition and fees paid pursuant to the enrollment agreement and the refund shall be made no later than thirty days after cancellation. This provision shall not apply if the student has already started academic classes.



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Refund Policy

If the student is not accepted into the training program, all monies paid by the student shall be refunded. Refunds for books, supplies and consumable fees shall be made in accordance with Ohio Administrative Code section 3332-1-10.1. There is one (1) academic term for this program that is 40 clock hours in length. Refunds for tuition and refundable fees shall be made in accordance with following provisions as established by Ohio Administrative Code section 3332-1-10:

- (1)** A student who withdraws before the first class and after the 5-day cancellation period shall be obligated for the registration fee.
- (2)** A student who starts class and withdraws before the academic term is 15% completed will be obligated for 25% of the tuition and refundable fees plus the registration fee.
- (3)** A student who starts class and withdraws after the academic term is 15% but before the academic term is 25% completed will be obligated for 50% of the tuition and refundable fees plus the registration fee.
- (4)** A student who starts class and withdraws after the academic term is 25% complete but before the academic term is 40% completed will be obligated for 75% of the tuition and refundable fees plus the registration fee.
- (5)** A student who starts class and withdraws after the academic term is 40% completed will not be entitled to a refund of the tuition and fees.

The school shall make the appropriate refund within thirty days of the date the school is able to determine that a student has withdrawn or has been terminated from a program. Refunds shall be based upon the last date of a student's attendance or participation in an academic school activity.

Complaint or Grievance Procedure

All student complaints should be first directed to the school personnel involved. If no resolution is forthcoming, a written complaint shall be submitted to the director of the school. Whether or not the problem or complaint has been resolved to his/her satisfaction by the school, the student may direct any problem or complaint to the Executive Director, State Board of Career Colleges and Schools, 30 East Broad Street, Suite 2481, Columbus, Ohio, 43215, Phone 614-466-2752; toll free 877-275-4219.



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I acknowledge that I have received and understand the school catalog/Student Handbook and agree with and will comply with the school policies and procedures stated. I acknowledge that I have received, read a copy, understand, and will comply to the enrollment agreement.

I understand that if I have questions regarding any of the information or materials provided in the orientation/handbook, I will contact the director or an administrator.

Applicant signature: _____

Date: _____

Parent or Guardian (if applicable): _____ Date: _____

School representative: _____

Date: _____



CORE HEALTH EDUCATION
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Enrollment Agreement

Student: _____ Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ S.S. Number: _____

I am hereby enrolling in the following academic school's and my enrollment is subject to the terms and conditions stated in this enrollment agreement.

Program Name: **Medical Administrative Assistant**

Start Date: _____

Program length: 40 Clock Hours. This program is normally completed in 2-4 calendar weeks

Tuition and Fees for Current program:

Payment

Registration Fee.....**\$50.00**

All tuition and fees are payable for one program, 2-4 weeks in length depending on class schedule selected.

Tuition.....**\$1,950.00** (See page 3&4)

Total Cost..... **\$2,000.00**

Payment is due prior to the start of the program and all tuition is due to be paid (Total of program tuition) in full by the end of the program. Weekly payment options available.

Total projected cost of program at current tuition and fee rates: **\$2,000**

Tuition and fee charges are subject to change at the schools discretion. Any tuition or fee increases will become effective for the cohort or program..

Cancellation and Settlement policy

This enrollment agreement may be canceled within five calendar days after the date of signing provided that the school is notified of the cancellation in writing. If such cancellation is made, the school will promptly refund in full all tuition and fees paid pursuant to the enrollment agreement and the refund shall be made no later than thirty days after cancellation. This provision shall not apply if the student has already started academic classes.



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Refund Policy

If the student is not accepted into the training program, all monies paid by the student shall be refunded. Refunds for books, supplies and consumable fees shall be made in accordance with Ohio Administrative Code section 3332-1-10.1. There is one (1) academic term for this program that is 40 clock hours in length. Refunds for tuition and refundable fees shall be made in accordance with following provisions as established by Ohio Administrative Code section 3332-1-10:

- (1)** A student who withdraws before the first class and after the 5-day cancellation period shall be obligated for the registration fee.
- (2)** A student who starts class and withdraws before the academic term is 15% completed will be obligated for 25% of the tuition and refundable fees plus the registration fee.
- (3)** A student who starts class and withdraws after the academic term is 15% but before the academic term is 25% completed will be obligated for 50% of the tuition and refundable fees plus the registration fee.
- (4)** A student who starts class and withdraws after the academic term is 25% complete but before the academic term is 40% completed will be obligated for 75% of the tuition and refundable fees plus the registration fee.
- (5)** A student who starts class and withdraws after the academic term is 40% completed will not be entitled to a refund of the tuition and fees.

The school shall make the appropriate refund within thirty days of the date the school is able to determine that a student has withdrawn or has been terminated from a program. Refunds shall be based upon the last date of a student's attendance or participation in an academic school activity.

Complaint or Grievance Procedure

All student complaints should be first directed to the school personnel involved. If no resolution is forthcoming, a written complaint shall be submitted to the director of the school. Whether or not the problem or complaint has been resolved to his/her satisfaction by the school, the student may direct any problem or complaint to the Executive Director, State Board of Career Colleges and Schools, 30 East Broad Street, Suite 2481, Columbus, Ohio, 43215, Phone 614-466-2752; toll free 877-275-4219.



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I acknowledge that I have received and understand the school catalog/Student Handbook and agree with and will comply with the school policies and procedures stated. I acknowledge that I have received, read a copy, understand, and will comply to the enrollment agreement.

I understand that if I have questions regarding any of the information or materials provided in the orientation/handbook, I will contact the director or an administrator.

Applicant signature: _____

Date: _____

Parent or Guardian (if applicable): _____ Date: _____

School representative: _____

Date: _____



CORE HEALTH EDUCATION
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Enrollment Agreement

Student: _____ Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ S.S. Number: _____

I am hereby enrolling in the following academic school's and my enrollment is subject to the terms and conditions stated in this enrollment agreement.

Program Name: **Phlebotomy Technician**

Start Date: _____

Program length: 40 Clock Hours. This program is normally completed in 2-4 calendar weeks

Tuition and Fees for Current program:

Payment

Registration Fee.....**\$50.00**

All tuition and fees are payable for one program, 2-4 weeks in length depending on class schedule selected.

Tuition.....**\$950.00** (See page 3&4)

Total Cost..... **\$1,000.00**

Payment is due prior to the start of the program and all tuition is due to be paid (Total of program tuition) in full by the end of the program. Weekly payment options available.

Total projected cost of program at current tuition and fee rates: **\$1,000**

Tuition and fee charges are subject to change at the schools discretion. Any tuition or fee increases will become effective for the cohort or program..

Cancellation and Settlement policy

This enrollment agreement may be canceled within five calendar days after the date of signing provided that the school is notified of the cancellation in writing. If such cancellation is made, the school will promptly refund in full all tuition and fees paid pursuant to the enrollment agreement and the refund shall be made no later than thirty days after cancellation. This provision shall not apply if the student has already started academic classes.



CORE HEALTH EDUCATION
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Refund Policy

If the student is not accepted into the training program, all monies paid by the student shall be refunded. Refunds for books, supplies and consumable fees shall be made in accordance with Ohio Administrative Code section 3332-1-10.1. There is one (1) academic term for this program that is 40 clock hours in length. Refunds for tuition and refundable fees shall be made in accordance with following provisions as established by Ohio Administrative Code section 3332-1-10:

- (1)** A student who withdraws before the first class and after the 5-day cancellation period shall be obligated for the registration fee.
- (2)** A student who starts class and withdraws before the academic term is 15% completed will be obligated for 25% of the tuition and refundable fees plus the registration fee.
- (3)** A student who starts class and withdraws after the academic term is 15% but before the academic term is 25% completed will be obligated for 50% of the tuition and refundable fees plus the registration fee.
- (4)** A student who starts class and withdraws after the academic term is 25% complete but before the academic term is 40% completed will be obligated for 75% of the tuition and refundable fees plus the registration fee.
- (5)** A student who starts class and withdraws after the academic term is 40% completed will not be entitled to a refund of the tuition and fees.

The school shall make the appropriate refund within thirty days of the date the school is able to determine that a student has withdrawn or has been terminated from a program. Refunds shall be based upon the last date of a student's attendance or participation in an academic school activity.

Complaint or Grievance Procedure

All student complaints should be first directed to the school personnel involved. If no resolution is forthcoming, a written complaint shall be submitted to the director of the school. Whether or not the problem or complaint has been resolved to his/her satisfaction by the school, the student may direct any problem or complaint to the Executive Director, State Board of Career Colleges and Schools, 30 East Broad Street, Suite 2481, Columbus, Ohio, 43215, Phone 614-466-2752; toll free 877-275-4219.



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I acknowledge that I have received and understand the school catalog/Student Handbook and agree with and will comply with the school policies and procedures stated. I acknowledge that I have received, read a copy, understand, and will comply to the enrollment agreement.

I understand that if I have questions regarding any of the information or materials provided in the orientation/handbook, I will contact the director or an administrator.

Applicant signature: _____

Date: _____

Parent or Guardian (if applicable): _____ Date: _____

School representative: _____

Date: _____



CORE HEALTH EDUCATION
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Enrollment Agreement

Student: _____ Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ S.S. Number: _____

I am hereby enrolling in the following academic school's and my enrollment is subject to the terms and conditions stated in this enrollment agreement.

Program Name: **Behavioral Health Specialist**

Start Date: _____

Program length: 40 Clock Hours. This program is normally completed in 2-4 calendar weeks

Tuition and Fees for Current program:

Payment

Registration Fee.....**\$50.00**

All tuition and fees are payable for one program, 2-4 weeks in length depending on class schedule selected.

Tuition.....**\$9,450.00** (See page 3&4)

Total Cost..... **\$9,500.00**

Payment is due prior to the start of the program and all tuition is due to be paid (Total of program tuition) in full by the end of the program. Weekly payment options available.

Total projected cost of program at current tuition and fee rates: **\$9,500**

Tuition and fee charges are subject to change at the schools discretion. Any tuition or fee increases will become effective for the cohort or program..

Cancellation and Settlement policy

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CORE HEALTH EDUCATION
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Refund Policy

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- (2)** A student who starts class and withdraws before the academic term is 15% completed will be obligated for 25% of the tuition and refundable fees plus the registration fee.
- (3)** A student who starts class and withdraws after the academic term is 15% but before the academic term is 25% completed will be obligated for 50% of the tuition and refundable fees plus the registration fee.
- (4)** A student who starts class and withdraws after the academic term is 25% complete but before the academic term is 40% completed will be obligated for 75% of the tuition and refundable fees plus the registration fee.
- (5)** A student who starts class and withdraws after the academic term is 40% completed will not be entitled to a refund of the tuition and fees.

The school shall make the appropriate refund within thirty days of the date the school is able to determine that a student has withdrawn or has been terminated from a program. Refunds shall be based upon the last date of a student's attendance or participation in an academic school activity.

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Applicant signature: _____

Date: _____

Parent or Guardian (if applicable): _____ Date: _____

School representative: _____

Date: _____



CORE HEALTH EDUCATION
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Enrollment Agreement

Student: _____ Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ S.S. Number: _____

I am hereby enrolling in the following academic school's and my enrollment is subject to the terms and conditions stated in this enrollment agreement.

Program Name: **Patient Care Technician**

Start Date: _____

Program length: 40 Clock Hours. This program is normally completed in 2-4 calendar weeks

Tuition and Fees for Current program:

Payment

Registration Fee.....**\$50.00**

All tuition and fees are payable for one program, 2-4 weeks in length depending on class schedule selected.

Tuition.....**\$9,550.00** (See page 3&4)

Total Cost..... **\$9,600.00**

Payment is due prior to the start of the program and all tuition is due to be paid (Total of program tuition) in full by the end of the program. Weekly payment options available.

Total projected cost of program at current tuition and fee rates: **\$9,600**

Tuition and fee charges are subject to change at the schools discretion. Any tuition or fee increases will become effective for the cohort or program..

Cancellation and Settlement policy

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(3) A student who starts class and withdraws after the academic term is 15% but before the academic term is 25% completed will be obligated for 50% of the tuition and refundable fees plus the registration fee.

(4) A student who starts class and withdraws after the academic term is 25% complete but before the academic term is 40% completed will be obligated for 75% of the tuition and refundable fees plus the registration fee.

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I understand that if I have questions regarding any of the information or materials provided in the orientation/handbook, I will contact the director or an administrator.

Applicant signature: _____

Date: _____

Parent or Guardian (if applicable): _____ Date: _____

School representative: _____

Date: _____



CORE HEALTH EDUCATION
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Student Record Checklist

The following items must be contained in each student record :

- _____ Enrollment Agreement
- _____ Ohio Student Disclosure Form
- _____ High School Transcript (If required for enrollment)
- _____ Attendance records
- _____ Program and course enrollments
- _____ Conduct reports
- _____ Student Progress Reports and Academic Transcripts
- _____ Externship Evaluations (If applicable)
- _____ Record of Tuition and Fees Paid
- _____ Job Placement (Applies to graduates. Schools may also keep separate placement records)

Ohio Administrative Code Section 3332-1-08

(A) All schools shall maintain appropriate student records of the tuition fees paid, basis for admission, program enrollment, daily attendance, student evaluation, and progress toward a degree, diploma or certificate. These records must be maintained for a period of five years by the school, its successors or assigns. Academic records (transcripts) must be retained permanently. Any changes or alterations to student records must be accurately documented and signed by an appropriate school official.

(B) Records of progress, attendance, and conduct must be made available to the student at their request and at a time convenient to the school. All schools shall periodically issue grade and progress reports to enrolled students.

Staff Name: _____ Date: _____

Staff Signature: _____



CORE HEALTH EDUCATION
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2026 Academic Calendar For:

- **Certified Clinical Medical Assistant (CCMA)**
- **Certified Phlebotomy Technician (CPT)**
- **Certified EKG Technician (CET)**

Day Classes (Monday–Friday | 2 Weeks)

Feb 2–13 • Feb 16–27 • Mar 2–13 • Mar 16–27 • Mar 30–Apr 10
Apr 13–24 • Apr 27–May 8 • May 11–22 • May 26–Jun 5 • Jun 8–19
Jun 22–Jul 3 • Jul 6–17 • Jul 20–31 • Aug 3–14 • Aug 17–28
Aug 31–Sep 11 • Sep 14–25 • Sep 28–Oct 9 • Oct 12–23
Oct 26–Nov 6 • Nov 9–20 • Nov 23–Dec 4 • Dec 7–18
Dec 21, 2026 – Jan 1, 2027

Evening Classes (Monday–Friday | 2 Weeks)

Feb 2–13 • Mar 2–13 • Mar 30–Apr 10 • Apr 27–May 8
May 26–Jun 5 • Jun 22–Jul 3 • Jul 20–31 • Aug 17–28
Sep 14–25 • Oct 12–23 • Nov 9–20 • Dec 7–18

Weekend Classes (Saturday & Sunday | 4 Weeks)

Jan 31–Feb 28 • Feb 28–Mar 29 • Mar 28–Apr 26 • Apr 25–May 24
May 23–Jun 21 • Jun 20–Jul 19 • Jul 18–Aug 16 • Aug 15–Sep 13
Sep 12–Oct 11 • Oct 10–Nov 8 • Nov 7–Dec 6
Dec 5, 2026 – Jan 3, 2027



CORE HEALTH EDUCATION
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2026 Academic Calendar For:

- **Certified Patient Care Technician (CPCT)**
- **Certified Medical Administrative Assistant (CMAA)**
- **Certified Behavioral Health Specialist (CBHS)**

Day Classes (Monday–Friday | 2 Weeks)

Feb 2–13 • Feb 16–27 • Mar 2–13 • Mar 16–27 • Mar 30–Apr 10
Apr 13–24 • Apr 27–May 8 • May 11–22 • May 26–Jun 5 • Jun 8–19
Jun 22–Jul 3 • Jul 6–17 • Jul 20–31 • Aug 3–14 • Aug 17–28
Aug 31–Sep 11 • Sep 14–25 • Sep 28–Oct 9 • Oct 12–23
Oct 26–Nov 6 • Nov 9–20 • Nov 23–Dec 4 • Dec 7–18
Dec 21, 2026 – Jan 1, 2027

Evening Classes (Monday–Friday | 2 Weeks)

Feb 16–27 • Mar 16–27 • Apr 13–24 • May 11–22
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Jan 31–Feb 28 • Feb 28–Mar 29 • Mar 28–Apr 26 • Apr 25–May 24
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Sep 12–Oct 11 • Oct 10–Nov 8 • Nov 7–Dec 6
Dec 5, 2026 – Jan 3, 2027



CORE HEALTH EDUCATION
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Observed Federal Holidays

- New Year's Day: Celebrated on January 1
- Martin Luther King, Jr. Birthday: Celebrated on the third Monday in January
- Memorial Day: Celebrated on the last Monday in May
- Juneteenth National Independence Day: Celebrated on June 19
- Independence Day: Celebrated on July 4
- Labor Day: Celebrated on the first Monday in September
- Columbus Day: Celebrated on the second Monday in October
- Veterans Day: Celebrated on November 11
- Thanksgiving Day: Celebrated on the fourth Thursday in November
- Christmas Day: Celebrated on December 25

Student Survey: Class & Instructor

Name of Program: _____ Date: _____

Please answer each question. Place a check mark in the column that best describes your opinion.

| | Completely Satisfied | Very Satisfied | Satisfied | Dissatisfied | Very Dissatisfied |
|---------------------------------------------|----------------------|----------------|-----------|--------------|-------------------|
| THE OVERALL QUALITY OF: | | | | | |
| 1. The instruction you have received | | | | | |
| 2. The program you have been taking | | | | | |
| 3. The instructional equipment you've used | | | | | |
| 4. The school facility | | | | | |
| 5. The services provided by other staff | | | | | |
| THE INTEGRITY OF THE SCHOOL: | | | | | |
| 6. Recruitment practices you experienced | | | | | |
| 7. Recruitment agent which dealt with you. | | | | | |
| 8. Business practices you have experienced | | | | | |
| 9. Administrators you have dealt with | | | | | |
| 10. Response to your concerns or complaints | | | | | |

Would you recommend this school to a friend?

Yes No

Would you recommend this program to a friend?

Yes No

Comments:

Name (optional): _____

Student Survey: Class & Instructor

Name of the Instructor: _____ Date: _____

Please answer each question. Place a check mark in the column that best describes your opinion.

| | Completely Satisfied | Very Satisfied | Satisfied | Dissatisfied | Very Dissatisfied |
|-------------------------------------------|----------------------|----------------|-----------|--------------|-------------------|
| THE ABILITY OF THE INSTRUCTOR | | | | | |
| 1. To make this course interesting | | | | | |
| 2. To make its content understandable | | | | | |
| 3. To organize his/her instruction | | | | | |
| 4. To motivate you and other students | | | | | |
| 5. To stimulate class discussions | | | | | |
| 6. To use examples or demonstrations | | | | | |
| 7. To use varied teaching approaches | | | | | |
| 8. To encourage you to think for yourself | | | | | |
| 9. To summarize what has been taught | | | | | |
| PERSONAL QUALITIES OF THE TEACHER: | | | | | |
| 10. Sensitivity to students' needs | | | | | |
| 11. Sense of humor | | | | | |
| 12. Fairness | | | | | |
| 13. Voice, speech, appearance | | | | | |
| PHYSICAL ASPECTS OF THE CLASSROOM: | | | | | |
| 14. Quality of instructional equipment | | | | | |
| 15. Attractiveness, cleanliness of room | | | | | |
| 16. Ventilation and climate control | | | | | |
| 17. Sufficiency of space per student | | | | | |

Would you recommend this instructor to a friend? Yes No

Would you recommend this course to a friend? Yes No

Comments:

Name (optional): _____