FORM D
MEDICAL TERMINOLOGY/ANATOMY ONLINE CLASS
Initial each blank 1 - 11 , sign below and return to Career Coders

1. I understand this class is self-paced and need to be completed within 12 weeks or less of my date of orientation to the Career Coders classroom. I also understand start date cannot be changed once orientation has been performed.

2. I understand orientation date will be provided one-on-one via phone conference call with the student and will be contacted by Career Coders to set up this orientation date. Orientation date will not be scheduled until payment for class has been paid.

3. I understand that extension of class can be authorized at a charge of $25.00 per week after 12 weeks.

4. I understand viewing of classes can only be accessed once.

5. I understand there are no refunds for uncompleted courses

6. I understand there is no set time for classes and is my responsibility to view class and perform testing in a timely manner and set my own schedule.

7. I understand testing for each chapter must be completed to receive a certificate of completion and tests can only be taken once.

8. I understand certificate of completion will be sent upon completion of class and tests and must receive an overall passing grade of 70%.

9. I understand I am responsible to order my book “Exploring Medical Language: A Student-Directed Approach, 7th or 8th Edition - (Text and Audio CD Package)” by Myrna LaFleur Brooks. It is also recommended to purchase a Medical Dictionary but not required.

10. I understand I can contact Career Coders for any additional direction or questions with the Medical Terminology/Anatomy class at MelodyIrvine@CareerCoders.com or (970) 663-0020.

11. I understand homework and textbook assignments are my responsibility to complete and not turned into Career Coders for approval or grading.
Career Coders Catalog has been sent to you that includes refunds, grievances, confidentiality, student conduct and other policies and procedures. The Career Coders catalog can be viewed online at www.careercoders.com in your class assignments.

I have read and agree with Career Coders policies and procedures documented in the Career Coders Catalog □ Yes □ No

_________________________  __________________________
Student Signature                              Date

_________________________  __________________________
Career Coders, LLC by Melody S. Irvine, President                              Date

This completed and signed form must be returned to Career Coders via email, fax or USPS before start of class.

Email: MelodyIrvine@CareerCoders.com
Fax: 970-663-0060
USPS: Career Coders, 292 Marcy Drive, Loveland, CO 80537