

South Granville Business College
GRANVILLE COLLEGE
 Suite 600 & 700 - 549 Howe Street Vancouver, BC V6C 2C2
 Ph: 604-683-8850 | Fax: 604-682-7115
 Email: info@granvillecollege.ca

Healthcare Office Administration Diploma Enrolment Agreement

Granville College is designated by the Private Training Institutions Branch (PTIB)

STUDENT INFORMATION

Last Name	Sanjeev test First Name & Middle Name																
Usual First Name	Personal Education Number (if available)																
H.no-1871/5, Ward no 10, Near Shashi Hospital Mailing Address																	
Mailing Address in Canada (if available and different from above)																	
1234567810 Student Telephone Number	0068.ps@gmail.com Student Email Address																
International Student: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If you are an international student: Citizenship: <u>Indian</u>																	
Do you have a study permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
If you do not have a study permit, do you have a permit, visa or other written authorization to study in Canada other than a study permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																	
Date of Birth: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td>1</td><td>9</td><td>9</td><td>5</td><td>1</td><td>1</td><td>0</td><td>2</td> </tr> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td> </tr> </table>	1	9	9	5	1	1	0	2	Y	Y	Y	Y	M	M	D	D	Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male <input type="checkbox"/> Non-Binary
1	9	9	5	1	1	0	2										
Y	Y	Y	Y	M	M	D	D										

Voluntary Disclosure

***You may voluntarily provide the personal information listed below:**

Do you identify yourself as an Indigenous person, that is, First Nations, Métis, or Inuit? ☐ Yes ☒ No

If you answered "Yes", please indicate if you are: ☐ First Nations ☐ Métis ☐ Inuit

Do you have a long-term physical or mental health condition that limits the kind of activity that you can perform on a daily basis? ☐ Yes ☒ No

PROGRAM INFORMATION

Healthcare Office Administration Diploma

Program Title

880

43

2024-09-16

2025-07-25

Hours of Instruction
During Contract Term

Program Duration in Weeks

Contract Start Date

Contract End Date

Credential Issued on Graduation

☒ Diploma

☐ Certificate

Program Delivery Method

☐ In-class

☐ Distance –
Synchronous*

☐ Distance –
Asynchronous*

☐ Distance – Both
Synchronous and
Asynchronous*

☒ Combined:

DiplomaThe program will consist of balanced distribution, with 50% being delivered in class and the remaining 50% online. More information regarding the schedule will be communicated during the orientation session.

Language of Instruction: English

Required course materials and technological resources not provided by the institution (if applicable):

PROGRAM ADMISSION REQUIREMENTS – MAY NOT BE WAIVED BY THE STUDENT OR THE INSTITUTION

- Provide the College with a transcript and a current resume evidencing the student has graduated from Grade12 (or equivalent) **OR**
- Provide the College with a current resume evidencing the student has a minimum of five years' work experience. **OR**
- Must complete an Admissions Interview and Granville College Entrance Evaluation minimum score of 60%;

For International students or students whose first language is not English, in addition to the admission requirements listed above, the student must also meet one or more of the following language proficiency requirements:

- Provide evidence the student has completed a Test of English as a Foreign Language (TOEFL) with a minimum score of CBT 240 OR iBT91; **OR**
- Provide evidence the student has completed an International English Language Testing System (IELTS) with a minimum score of 6.0 **OR**
- Provide evidence the student has completed a Canadian English Language Proficiency Index Program (CELPIP) – General Test with a minimum score of 7.0 **OR**
- Provide evidence the student has completed a Test of English for International Communication (TOEIC) with a minimum score of 780 **OR**
- Provide evidence the student has completed a Pearson Test of English (PTE) Academic: the computer-based English test with a minimum score of 46. **OR**
- Provide evidence the student has successfully completed grade 12 or post-secondary education in an English instructional school system.
- In addition, all international students are required to obtain a valid study visa to complete the Program.

PROGRAM OUTLINE

See Healthcare Office Administration Diploma attached to this contract as Schedule "A"

START DATE CHANGE/ LOCATION CHANGE NOTICE

See Start Date Change/ Location Change Notice attached to this contract as Schedule "B"

STATEMENT OF STUDENT RIGHTS

Granville College is certified with the Private Training Institutions Branch (PTIB) of the British Columbia Ministry of Post-Secondary Education and Future Skills.

Before you enrol at a certified private training institution, you should be aware of your rights and responsibilities.

You have the right to be treated **fairly** and **respectfully** by the institution.

You have the right to a **student enrolment contract** that includes the following information:

- amount of tuition and any additional fee for your program
- refund policy
- if your program includes a work experience, the requirements to participate in the work experience and the geographic area where it will be provided
- whether the program was approved by PTIB or does not require approval.

Make sure you read the contract before signing. The institution must provide you with a signed copy.

You have the right to access the institution's **dispute resolution process** and to be **protected against retaliation** for making a complaint.

You have the right to make a **claim** to PTIB for a **tuition refund** if:

- your institution ceased to hold a certificate before you completed an approved program
- you were misled about a significant aspect of your approved program.

You must file the claim within **one year** of completing, being dismissed or withdrawing from your program.

For more information about PTIB and how to be an informed student, go to:

<http://www.privatetraininginstitutions.gov.bc.ca/students/be-an-informed-student>

WORK EXPERIENCE (if applicable)

Requirements for participation

Complete all program modules successfully with a minimum of 70% in each module

Estimate of the costs to complete:

Not Applicable

Geographic area or region of the Province where the work experience will be provided:

Lower Mainland, British Columbia

Date(s) on which work experience is intended to be provided:

Number of hours of the work experience:

80 hours

PROGRAM COSTS

Total tuition payable during contract term	\$ 16,500
Application Fee	\$ 1000
Administrative fee	\$ 100
Textbook Fee	\$ 1000
Other	\$ 40
International Student Scholarship	(\$ 9,540)
TOTAL PROGRAM COSTS	\$ 9,100.00

PAYMENT TERMS

Method of payment: ☐ Cash ☐ Cheque ☐ Credit Card ☒ Other: Bank Transfer

Note:

The international tuition fee scholarship (discount) is for financial assistance expecting the student to focus on studies without monetary difficulty. It is offered for the contract period. In case the student withdraws before the end of the contract period or completion of contractual instruction hours, discount/scholarship will be considered NIL and refund calculation will be based on program total cost as mentioned above. In the event that a refund is due, it will be processed and returned to the original form of payment.

REFUND POLICY

APPROVED PROGRAMS – IN-CLASS OR COMBINED DELIVERY

REFUND DUE

Before program start date, institution receives a notice of withdrawal:

<ul style="list-style-type: none"> No later than seven days after student signed the enrolment contract, and Before the program start date 	100% tuition and all related fees , other than application fee. Related fees include: administrative fees, application fees, assessment fees, and fees charged for textbooks or other course materials.
<ul style="list-style-type: none"> At least 30 days before the later of: <ul style="list-style-type: none"> The program start date in the most recent Letter of Acceptance (international students) The program start date in the enrolment contract. 	Institution may retain up to 10% of tuition, to a maximum of \$1,000.
<ul style="list-style-type: none"> More than seven days after the student and institution signed the enrolment contract, and Less than 30 days before the later of: <ul style="list-style-type: none"> The program start date in the most recent Letter of Acceptance (international students) The program start date in the enrolment contract. 	Institution may retain up to 20% of tuition, to a maximum of \$1,300.

After program start date, institution provides a notice of dismissal or receives a notice of withdrawal (applies to all approved programs, other than distance-education-only programs:

<ul style="list-style-type: none"> After the program start date, and up to and including 10% of instruction hours have been provided. 	Institution may retain up to 30% of tuition.
<ul style="list-style-type: none"> After the program start date, and after more than 10% but before 30% of instruction hours have been provided. 	Institution may retain up to 50% of tuition.
<ul style="list-style-type: none"> After the program start date, and 30% or more of the hours have been provided. 	No refund due.
Student does not attend – “no-show” (applies to all students except those enrolled in a program delivered solely by distance education):	
<ul style="list-style-type: none"> A student does not attend the first 30% of the program. 	Institution may retain up to 50% of the tuition paid.
Institution receives a evidence a study permit was denied (applies to international students requiring a study permit):	
<ul style="list-style-type: none"> Before 30% of instruction hours would have been provided, had the student started the program on the later of the following: <ul style="list-style-type: none"> The program start date in the most recent Letter of Acceptance The program start date in the enrolment contract Student has not requested additional Letter(s) of Acceptance. 	100% tuition and all related fees, other than application fee.
APPROVED PROGRAMS – DISTANCE DELIVERY	REFUND DUE
Before program start date, institution receives a notice of withdrawal: <ul style="list-style-type: none"> No later than seven days after student signed the enrolment contract, and Before the program start date 	100% tuition and all related fees, other than application fee.
<ul style="list-style-type: none"> Student has completed no more than 30% of the program. 	Institution may retain up to 30% of the tuition paid.
<ul style="list-style-type: none"> Student has completed more than 30% but less than 50% of the program. 	Institution may retain up to 50% of the tuition paid.
<ul style="list-style-type: none"> Student has completed 50% or more of the program. 	No refund due.
Completed means the student has received an evaluation of their performance for the specified percentage of hours of instruction. If a student completed a portion of a program for which they did not receive an evaluation, that portion should not be included in the calculation of the percentage of the program completed.	
PRIVATE TRAINING INSTITUTIONS BRANCH (PTIB)	
This institution is certified by the PTIB of the Ministry of Post-Secondary Education and Future Skills. Certified institutions must comply with regulatory requirements relating to, among other things, student enrolment contracts, tuition refunds and instructor qualifications. For more information about PTIB, go to www.privatetraininginstitutions.gov.bc.ca .	
Please be advised that under section 61 of the <i>Private Training Act</i> , the Registrar is authorized to collect, use and disclose personal information in accordance with the Registrar's regulatory duties under that Act. Accordingly, this institution is authorized to disclose your personal information to the Registrar for regulatory purposes.	

STUDENT DECLARATION

I consent to the institution sharing my personal information with the Ministry of Post-Secondary Education and Future Skills for research purposes and statistical analysis under the authority of sections 6(2)(a) and 10(1)(a) of the *Personal Information Protection Act (PIPA)*.

I consent to the institution sharing my personal information with Immigration, Refugees and Citizenship Canada for the purposes of the International Student Program under the authority of section 6(2)(a) and 10(1)(a) of the *Personal Information Protection Act (PIPA)*.

Should you have any questions about the collection, disclosure and use of personal information you may contact:
Director, Policy and Institution Certification, Private Training Institutions Branch, Governance, Legislation and Corporate Planning Division, Ministry of Post-Secondary Education and Future Skills, 310-601 Cordova Street W, Vancouver, BC V6B 1G1 or by telephone at (604 569-0019).

Sanjeet test

2024-07-11

Student Signature

Date Signed

Signature of Parent or Legal Guardian

Date Signed

INSTITUTION SIGNATURE

Chamara Perra

2024-07-11

Signature of Institution Representative

Date Signed

Brief Program Description: This program prepares participants to work in the field of healthcare administration and/or as medical office administrator. In the Healthcare Office Administration program, you will take courses carefully designed to provide you with the skills and resources necessary to be successfully employed in a variety of roles in health care. By developing the key skills for a range of tasks, you will be prepared for responsibilities that can arise in any office, and therefore broadening your appeal to potential employers.

Career Occupation *
(If applicable)

- Private and Public Hospitals
- Unit Clerk
- Public Health Offices
- Long Term Care Facilities
- Medical Offices
- Specialists' Offices
- Insurance companies
- Government Offices with medical related departments

Admission Requirements:

- Provide the College with a transcript and a current resume evidencing the student has graduated from Grade 12 (or equivalent) **OR**
- Provide the College with a current resume evidencing the student has a minimum of five years' work experience. **OR**
- Must complete an Admissions Interview and Granville College Entrance Evaluation minimum score of 60%;
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- Provide evidence the student has completed a Test of English for International Communication (TOEIC) with a minimum score of 780
OR
- Provide evidence the student has completed a Pearson Test of English (PTE) Academic: the computer-based English test with a minimum score of 46. **OR**
- Provide evidence the student has successfully completed grade 12 or post-secondary education in an English instructional school system.
- In addition, all International students are required to obtain a valid study visa to complete the Program.

Learning Objectives*

Upon completion of this program the successful student will have reliably demonstrated the ability to:

- Perform office tasks, including scheduling appointments, and documenting and maintaining medical records, while maintaining confidentiality, managing time effectively, showing professionalism, and being ethical.
- Apply and understand commonly used medical terminology.
- Manage the input and retrieval of data using electronic medical record software.
- Create professional documents, letters, and emails that are respectful to the recipients and contain proper paragraphs, proper sentence structure, correctly spelled words and abbreviations, and correct grammar
- Apply critical thinking and problem solving techniques to resolve issues that can be found in a healthcare office.
- Provides person-centred care and assistance that recognizes and respects the uniqueness of each individual client
- Communicates clearly, accurately, and in sensitive ways with clients and families within a variety of community and facility contexts.
- Interacts with other members of the healthcare team in ways that contribute to effective working relationships and the achievement of goals.

**Method(s) of Evaluation ***

Refer to the course outlines.

Completion Requirements *

In order to successfully graduate, students are required to:

- Complete each course/module in the program with a 70% or higher marks;
- Have paid all dues (money owed) in full to the College;

Program Duration:

880 hours

- Instructional Hours – 800 Hours
- CO-OP Work Experience – 80 Hours

Homework Hours:

4-6 hours per course.

Delivery Method(s):

Indicate how the program is delivered

- ☐ In-class instruction
- ☐ Distance education
- ☒ Combined delivery (both in class and distance)

Required Course Materials:

- Essentials of Business Communication, 9th Edition, Mary Ellen Guffey, Dana Loewy, Richard Almonte, ISBN-10: 017672124X, ISBN-13: 9780176721244, COPYRIGHT: 2019 Published.
- Understanding Human Behavior: A Guide for Health Care Professionals, 9th Edition, Alyson Honeycutt Mary Elizabeth Milliken, ISBN-10: 1305959884, ISBN-13: 9781305959880, COPYRIGHT: 2018 Published.
- Ethics in Health Care: A Canadian Focus, Eike-Henner Kluge. 2013.
- Introduction to Health Care, 4th Edition, Dakota Mitchell, Lee Haroun, ISBN-10: 130557477X, ISBN-13: 9781305574779, COPYRIGHT: 2017 Published.
- Management of Health Information: Functions & Applications, 2nd Edition, Leah Grebner Rozella Mattingly, ISBN-10: 1285174887, ISBN-13: 9781285174884, Copy Right Published:2017.
- OSCAR Software.
- Introduction to Health Care Finance and Accounting, 1st Edition, Carlene Harrison, William P. Harrison ISBN-10: 1111308675, ISBN-13: 9781111308674, COPYRIGHT: 2013 Published.
- Administrative Medical Assisting, 8th Edition, Linda L. French, ISBN-10: 1305859170, ISBN-13: 9781305859173, COPYRIGHT: 2018 Published.
- Your Career: How To Make It Happen, 9th Edition, LauriHarwood, Lisa M.D. Owens, Crystal Kadakia, ISBN-10: 1305494830, ISBN-13: 9781305494831, COPYRIGHT:2017 Published.
- Comprehensive Medical Terminology | 4th Edition, BettyDavis Jones, COPYRIGHT: 2011 Published.



Program Organisation*

Title of Course / Work Experience Component*	# of Hours*
COMM101 Business Communication	80
HCOA101 Introduction to Healthcare	80
HCOA102 Medical Office Administration	80
HCOA103 Management of Health Information	80
HCOA104 Human Behavior for Health Professionals	80
HCOA105 Ethics of Healthcare	80
HCOA106 Electronic Healthcare Record	80
HCOA107 Healthcare Finance and Accounting	80
BUSN208 Business Career Development	80
HCOA108 Medical Terminology	80
HCOA 109 CO-OP Work Experience	80
Total Program Hours	880



Schedule B

Information about Possible Start Date Change/Location Change

I, the undersigned, Sanjeev test understand that the start date for my –

Healthcare Office Administration – that I am enrolled for, may be subject to change due to classroom capacity and availability.

I also understand that there might be a change in location for my college premises in future and I have no issues with the same. I shall attend the classes at the new location as informed by the college. By signing below, I consent to the above.

Student Name: Sanjeev test

Signature: *Sanjeev test*

Date: 2024-07-11



Student's Handbook Acknowledgement

I (Student-Please print:) Sanjeev test have read this handbook entirely and hereby accept the rules and regulations noted within.

Signature (Student) Sanjeev test Date: 2024-07-11

Witness (School authority) Chamara Perrera Title: COO

Signature: Chamara Perrera Date: 2024-07-11