



Better Business Bureau Serving Eastern Missouri and Southern Illinois
15 Sunnen Dr. Suite 107
Saint Louis, MO 63143
Tel: [REDACTED] Fax: [REDACTED]

September 29, 2006

Redacted by HELP Committee

Allied Medical College
Redacted by HELP Committee
Maryland Heights, MO 63043

RE: Case # ^{Redacted} : [REDACTED] [REDACTED]

Location Involved: 13723 Riverport Drive Suite 103, Maryland Heights MO 63043

The Better Business Bureau offers you the opportunity to preserve consumer goodwill by addressing the issues presented in the complaint on the reverse side.

The BBB takes no position as to the validity of the complaint. Our goal is to help you and the consumer resolve this issue in a mutually satisfactory manner.

In the interest of time and good customer relations, please provide the BBB your position in this matter by **October 13, 2006**. Your prompt response greatly enhances the chances for a successful resolution.

We encourage you to use our ONLINE COMPLAINT system to respond to this complaint. The following URL (website address) below will take you directly to this complaint and you will be able to enter your response directly on our website:

[^{Redacted}](http://www.contactbbb.org/complaint/view/)

If you are unable to respond using the internet, then please respond by telephone, fax or in writing to the address above.

We look forward to your prompt attention to this matter.

Sincerely,

Dispute Resolution Department

B1-300

2AEG-HELP-05-00000149

Better Business Bureau Serving Eastern Missouri and Southern Illinois

COMPLAINT ACTIVITY REPORT Case # Redacted

Consumer Info: [Redacted]

Business Info: Allied Medical College
13723 Riverport Drive Suite 103
Maryland Heights, MO 63043

Location Involved: (Same as above)

Consumer's Original Complaint:

In February 2006, I signed up for Criminal Justice classes through this company. I paid \$14,000. I found out that this school is accredited by the Accrediting Bureau of Health Education Schools as an institutional and specialized accreditor focusing on health care education and training. Talking to other schools and employers, I'm finding out that no one will accept the credits nor the degree from Allied College because of who they are accredited by and because the curriculum does not meet the standards of a criminal justice degree. There isn't any hands-on training or field trips like I was told when I was touring the school. I think the tuition is outrageous considering the fact that I get nothing for my money, besides books and lectures.

Purchase Date: [Redacted]

Sales Person Title: **President**

Sales Person First Name: [Redacted by HE]

Sales Person Last Name:

Sales Person Suffix: **Ms.**

CSR Title: **President**

CSR First Name: [Redacted by HELF]

CSR Last Name:

CSR Suffix: **Ms.**

Payment Made: **YES**

Purchase Price: **26000.0000**

Payment Method: **Loans and Cash**

Consumer's Desired Resolution:

I would like this company to refund \$14,000.

BBB Processing

09/15/2006	web	BBB	Complaint Received by BBB
09/28/2006	SAN	BBB	Complaint Reviewed by BBB Operator
09/28/2006	Otto	EMAIL	C1 - Send Acknowledgement to Consumer - Non-Mbr
09/28/2006	Otto	BBB	B1 - Inform Business of Complaint - Non-Mbr

2AEG-HELP-05-00000150

EXHIBIT 1

2AEG-HELP-05-0000151



Allied College is institutionally accredited by the Accrediting Bureau of Health Education Schools which is listed by the U.S. Department of Education as a nationally recognized accrediting agency under the provisions of Chapter 33, Title 38, U.S. Code, and subsequent legislation. ABHES is located in Falls Church, Virginia.

Accrediting Bureau of Health Education Schools
7777 Leesburg Pike, Suite 314N
Falls Church, VA 22043
703-917-9503



Allied College maintains memberships in the:
Missouri Association of Private Career Schools
National Association of Health Career Schools

Allied College is approved to operate by the:
Missouri Coordinating Board for Higher Education

Allied College is approved for:
Division of Vocational Rehabilitation
Veterans Administration

Allied College is conveniently located in beautiful Northwest St. Louis County. Situated in the pristine location of Riverport Lakes, the campus is minutes away from the major highways 70, 370, and 270. Additional access to the campus is made easy through Maryland Heights Expressway and easy access to public transportation. The school currently occupies over 33,000 square feet at the beautiful location of 13723 Riverport Drive and is fully accessible to persons with disabilities. Parking is available at no additional charge to the student. Spacious accommodations overlooking the lake include multiple reception areas, offices, 10 Laboratories (Medical Phlebotomy, Dental, Surgical, Massage, Computer, and Billing & Coding), 7 classrooms, a freestanding Massage Therapy Clinic, a library, and a student break area. Upon your visit to the Campus, you will see that the College utilizes the latest equipment and modern techniques.

Allied College - North Campus is controlled by the following individuals:
Dennis Pobiak, CEO, High-Tech Institute, Inc.
Bill Hillard, President, High-Tech Institute, Inc.
Sheila Enksen, Associate Vice-President, High-Tech Institute, Inc.
Heidi Wind, Campus President, Allied College North Campus

2AEG-HELP-05-00000152

EXHIBIT 2

2AEG-HELP-05-00000153



13723 Riverport Drive, Ste. 103, Maryland Heights, MO 63043
(314) 595-3400

APPLICATION FOR ENROLLMENT AND ENROLLMENT AGREEMENT

PLEASE PRINT OR TYPE

School Security #

Applicant Level (Name)

First Middle Last

Address

Enrolling for: (check one)	Weeks	Months (Approx.)	Clock Hours	Semester Credit Hours
DIPLOMA:				
<input type="checkbox"/> Dental Assistant	26	9	720	31.5
<input type="checkbox"/> Medical Billing & Coding	26	9	720	30.5
<input type="checkbox"/> Massage Therapy	36	12	870	39
<input type="checkbox"/> Medical Assistant	26	9	716	30
<input type="checkbox"/> Pharmacy Technician	36	12	720	31.5
<input type="checkbox"/> Surgical Technologist	61	17	1340	55

ASSOCIATE OF APPLIED SCIENCE DEGREE:				
<input type="checkbox"/> Dental Assistant	64	18	1270	51.5
<input type="checkbox"/> Medical Billing & Coding	64	18	1270	61
<input type="checkbox"/> Massage Therapy	72	19	1310	60
<input type="checkbox"/> Medical Assistant	54	16	1036	60
<input type="checkbox"/> Pharmacy Technician	64	18	1270	61.5
<input type="checkbox"/> Surgical Technologist	72	19	1320	71
<input checked="" type="checkbox"/> Criminal Justice	72	19	1300	72

Other classes: _____ Weeks _____ Semester Credit Hours
 Registration Fee: _____ Program Fee: _____ What is Your Payment Method?

PROGRAM CHARGES BY ENROLLMENT PERIOD

	1 st Academic Year	2 nd Academic Year	Period Remaining	Total
Registration Fees	\$110.00	\$110.00	\$110.00	\$330.00
Books, Supplies, and Materials	\$110.00	\$110.00	\$110.00	\$330.00
Exam Fees	\$110.00	\$110.00	\$110.00	\$330.00
TOTAL COURSES	\$330.00	\$330.00	\$330.00	\$990.00

Tuition Deposit **TOTAL DUE**

The undersigned hereby certifies that the only part of the cash deposits made for the purpose of the above program at Allied College, Missouri, is for the purpose of the above program. The undersigned hereby certifies that the cash deposits made for the purpose of the above program are for the purpose of the above program. The undersigned hereby certifies that the cash deposits made for the purpose of the above program are for the purpose of the above program.

Allied College offers four sessions throughout the day. Students are assigned exact sessions during registration at the School's discretion.

CLASS HOURS ARE MONDAY - FRIDAY:
 I. 7:15 a.m. - 10:45 a.m. II. 11:15 a.m. - 2:45 p.m. III. 3:15 p.m. - 6:45 p.m. IV. 7:15 p.m. - 10:45 p.m.

Agency of Applicant: _____ Name of Agency: _____ (Phone of Agency): _____
 Address: _____ City: _____ State: _____ Zip: _____

THE TERMS AND CONDITIONS OF THIS AGREEMENT ARE NOT SUBJECT TO AMENDMENT OR MODIFICATION BY ORAL AGREEMENT. I, THE UNDERSIGNED PURCHASER OF THE COURSE OF TRAINING, HAVE READ, UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS CONTAINED HEREIN AND WITH MY SIGNATURE I CERTIFY HAVING RECEIVED AN EXACT COPY OF THIS AGREEMENT AND A COPY OF THE SCHOOL CATALOG, AND FURTHER ACKNOWLEDGE THAT NO VERBAL STATEMENTS HAVE BEEN MADE CONTRARY TO WHAT IS CONTAINED IN THIS APPLICATION.

Signed: _____ Title: _____ School: _____ Date: _____

As the authorized representative of Allied College, I have read the application and certify that I have read the application, understand the requirements and standards of the School, and recommend admission to the undersigned as a Student. I further state that I have made no verbal statements or promises which are contrary to the terms and conditions of this application.

Redacted _____ Date: 3/21/06

Authorized Representative: _____ Title: _____

50-109-06-05 White - School Yellow - Futures/FA Pink - Student
 Additional Information on Reverse Side (pg. 1 of 2)

STUDENT SUMMARY

Student Name: [Name]
Grade: [Grade]
School: [School Name]
The School does not discriminate on the basis of race, sex, or ethnicity in its educational programs and activities.

Academic Performance: [Details]
Behavior: [Details]
Attendance: [Details]
The School does not discriminate on the basis of race, sex, or ethnicity in its educational programs and activities.

REFERRAL POLICY

When a student is referred to a specialist, the school will provide the student with the necessary support and services to ensure a successful outcome.

Additional information regarding the student's progress and any necessary interventions.

Parental involvement and communication with the school.

Table 1: Breakdown of Student's Free Governmentally Provided Services

Category	Number of Services Provided	Number of Students Served
Specialized Instruction	100	100
Behavioral Support	150	150
Language Services	200	200
Other Services	100	100

Summary of the data presented in the table above.

Additional details regarding the student's progress and any necessary interventions.

Parental involvement and communication with the school.

APPENDIX A: [Title]
Additional information regarding the student's progress and any necessary interventions.

EXHIBIT 3

2AEG-HELP-05-00000156

APPLIED COLLEGE NORTH STUDENT'S LIST OF UNDERSTANDING

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Name: _____
 Address: _____
 (if applicable)

(A)

1. I understand that the purpose of the course is to provide a comprehensive understanding of the subject matter and to develop the skills necessary to apply this knowledge in a practical setting.

2. I understand that the course is designed to be challenging and to require a significant amount of time and effort to complete. I am committed to meeting these demands and to achieving the best possible results.

3. I understand that the course is a prerequisite for further study in the field and that it is essential for my academic and professional success. I am motivated by the opportunity to gain a solid foundation in this subject.

4. I understand that the course is a key component of my education and that it will provide me with the knowledge and skills necessary to succeed in my chosen career path. I am committed to the learning process and to the development of my professional skills.

5. I understand that the course is a challenging and rewarding experience that will provide me with the opportunity to learn from my peers and from my instructors.

6. I understand that the course is a key component of my education and that it will provide me with the knowledge and skills necessary to succeed in my chosen career path.

7. I understand that the course is a challenging and rewarding experience that will provide me with the opportunity to learn from my peers and from my instructors. I am committed to the learning process and to the development of my professional skills.

8. I understand that the course is a key component of my education and that it will provide me with the knowledge and skills necessary to succeed in my chosen career path. I am committed to the learning process and to the development of my professional skills.

9. I understand that the course is a challenging and rewarding experience that will provide me with the opportunity to learn from my peers and from my instructors.

10. I understand that the course is a key component of my education and that it will provide me with the knowledge and skills necessary to succeed in my chosen career path. I am committed to the learning process and to the development of my professional skills.

11. I understand that the course is a challenging and rewarding experience that will provide me with the opportunity to learn from my peers and from my instructors.

12. I understand that the course is a key component of my education and that it will provide me with the knowledge and skills necessary to succeed in my chosen career path. I am committed to the learning process and to the development of my professional skills.

Redacted

Signature: _____
 Name: _____
 Address: _____
 City: _____

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