

# **ENROLLMENT AGREEMENT**

440 S. Melrose Dr. Suite 100 Vista, CA 92081 Ph. (760) 232-4050 | Fax (760) 433-3371 Email info@HealthcareAcademyCa.com www.HealthcareAcademyCa.com

# STUDENT INFORMATION

STUDENT NAME:
ADDRESS:
TELEPHONE:
EMAIL:
DATE OF BIRTH:
SOCIAL SECURITY NO:
PROGRAM INFORMATION
PROGRAM/COURSE TITLE:
Emergency Medical Technician
DATE OF ONLINE ENROLLMENT/REG FEE WAS PAID:/(Cancellation period ends 7 days from above date) PROGRAM START DATE: ANTICIPATED END DATE:

TIME CLASS BEGINS: **8AM** TIME CLASS ENDS: **4:30PM** 

TOTAL CREDIT/CLOCK HOURS: 195

# FINANCIAL INFORMATION

	TUITIO	N FEES					
Registration Fee (\$250 Non-	250.00	Uniforms	40.00				
Refundable)							
Tuition	915.00	Equipment	0.00				
STRF Fee (Non-Refundable)	0.50	National Exam (Additional	92.00				
		cost)					
Text Books/ Learning	.00	Live Scan Finger Prints	0.00				
Resources							
Lab Supplies/ Kits	19.50	Tutoring	NA				
Electronic Record Keeping	50.00	CPR	75.00				
Fee							
Promotional Discount (If Applicable)			NA				
TOTAL: \$1350.00							

#### STUDENT'S RIGHT TO CANCEL

Student Initials:

A student has the right to cancel the enrollment agreement and obtain a refund of charges paid through the first class session or seven days after enrollment whichever is later. Refunds are determined by first, deducting non-refundable \$250 deposit, material costs, and fees, then a proration of the remainder amount is disbursed via check within 45 days. The \$50.00 electronic record keeping fee is non refundable to students who have completed 7 days of class. No refund after 60% of attendance is completed.

#### Withdrawal & Transfer Procedures:

A student choosing to withdraw from the school after the commencement of classes is to provide a written notice to the Director of the school to include students' name, date of withdraw, and reason for exit.

A student may be considered for a transfer to an alternate course date prior to their start date.

A student will be withdrawn from the institution if he/she misses 3 consecutive instructional days without prior consent or for nonpayment of tuition.

The dated signature below, reflecting the agreement of both parties, begins a (6) six month contractual binding time period covered in which both parties are held to the agreement. By the close of the business day, on this date, a new

period covered in which both parties	are neid to the agreen	nent. by the close of	the business day, on this	uale, a new
contract/enrollment agreement must	pe completed.			



#### **NOTICES AND DISCLOSURES**

#### **Financial Disclosures**

- 1. If the student obtains a loan to pay for an educational program, the student is responsible for repaying the full amount of the loan including interest, less the amount of any refund due to the student. Students receiving federal student financial aid funds are entitled to a refund of any money not paid from federal financial aid funds. At this time our institution does not offer title IV (financial aid) federal, or state funding.
- 2. In the event a student obtains a state, federal, or personal loan, and defaults the following may occur: The agency may take legal action against the student which may include applying any income tax refund to the balance owed on the loan, or the student may not be eligible for any further financial aid or government assistance until the loan is repaid.
- 3. You may assert against the holder of the promissory note you signed, in order to finance the cost of education, all of the claims and defenses that you could assert against this institution, up to the amount you have already paid under the promissory note.
- 4. "The State of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic loss suffered by a student in an educational program at a qualifying institution, who is or was a California resident while enrolled, or was enrolled in a residency program, if the student enrolled in the institution, prepaid tuition, and suffered an economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be paid on your behalf, if you are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of your tuition.

  You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if you are not a

"It is important that you keep copies of your enrollment agreement, financial aid documents, receipts, or any other information that documents the amount paid to the school. Questions regarding the STRF may be directed to the Bureau for Private Postsecondary Education, 1747 N. Market Blvd. Ste 225 Sacramento, CA 95834, *toll free at (888) 370-7589*, (916) 431-6959 or (888) 370-7589.

To be eligible for STRF, you must be a California resident or enrolled in a residency program, prepaid tuition, paid or deemed to have paid the STRF assessment, and suffered an economic loss as a result of any of the following:

- 1. The institution, a location of the institution, or an educational program offered by the institution was closed or discontinued, and you did not choose to participate in a teach-out plan approved by the Bureau or did not complete a chosen teach-out plan approved by the Bureau.
- 2. You were enrolled at an institution or a location of the institution within the 120 day period before the closure of the institution or location of the institution, or were enrolled in an educational program within the 120 day period before the program was discontinued.
- 3. You were enrolled at an institution or a location of the institution more than 120 days before the closure of the institution or location of the institution, in an educational program offered by the institution as to which the Bureau determined there was a significant decline in the quality or value of the program more than 120 days before closure.
- 4. The institution has been ordered to pay a refund by the Bureau but has failed to do so.

California resident, or are not enrolled in a residency program."

- 5. The institution has failed to pay or reimburse loan proceeds under a federal student loan program as required by law, or has failed to pay or reimburse proceeds received by the institution in excess of tuition and other costs.
- 6. You have been awarded restitution, a refund, or other monetary award by an arbitrator or court, based on a violation of this chapter by an institution or representative of an institution, but have been unable to collect the award from the institution.
- 7. You sought legal counsel that resulted in the cancellation of one or more of your student loans and have an invoice for services rendered and evidence of the cancellation of the student loan or loans.

To qualify for STRF reimbursement, the application must be received within four (4) years from the date of the action or event that made the student eligible for recovery from STRF.

A student whose loan is revived by a loan holder or debt collector after a period of noncollection may, at any time, file a written application for recovery from STRF for the debt that would have otherwise been eligible for recovery. If it has been more than

four (4) years since the action or event that made the student eligible, the student must have filed a written application for recovery within the original four (4) year period, unless the period has been extended by another act of law.

This is a non-refundable charge. The current charge is \$0.00.

#### IMPORTANT INFORMATION

- 1. Although the school will provide placement assistance, the school does not guarantee job placement to graduates upon program completion or upon graduation.
- 2. The school reserves the right to reschedule the program start date when the number of students reserved does not meet the program's minimum number of students to continue.
- 3. If the student is enrolling in a distance education program where the instruction is not offered in real time, the first lesson and any materials will be delivered to the student within 7 days of admission acceptance.
- 4. The student financial obligation to the school must be paid in full before a certificate may be awarded.
- 5. The school reserves the right to terminate a students' training for unsatisfactory progress, nonpayment of tuition, or failure to abide by the established standards of conduct.
- 6. The school does not cover the cost of living expenses, or travel expenses.
- 7. HAC does not operate any dormitory housing, and does not assist in securing housing.
- 8. Tutoring services may be available to those who feel they need additional coaching or training. The tutoring is sometimes conducted by HAC staff, or by an outside educator specialized in the field. This would be an additional cost to a student who utilizes the service. Please direct inquiries about tutoring to your instructor.
- 9. Proof of education is required to enroll. This includes high school diploma, GED, or college transcript. The Ability to Benefit test is not provided or accepted at this time.

# TRAINING INFORMATION

Theory/Classroom training will be held on campus at:

440 S Melrose Dr. Suite 100 Vista, CA 92081

Clinical field training locations vary between programs and classes. The time of day, and dates that clinicals are assigned may vary depending on availability of the facility. In the event the facility is undergoing a state inspection or survey, the students will be dismissed until further notice to resume.

#### Our current clinical partnerships include the following locations:

AirCare Ambulance, 2105 Camino Vida Roble Ste A, Carlsbad, CA 92011

# NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION

The transferability of credits you earn at Healthcare Academy of California is at the complete discretion of an institution you may wish to seek to transfer. Acceptance of the degree, or certification you earn in the *Emergency Medical Technician Program* is also at the discretion of the institution of which you may seek to transfer. If the transferring institution does not accept the degree, or certification that you earn at this institution, you may be required to repeat some or all of your coursework at that institution. For this reason, you should make certain that your attendance at this institution would meet your educational goals. This may include contacting any institution you may seek to transfer after attending Healthcare Academy of California, to determine if the degree, or certification will transfer.

The institution does not currently hold any articulation agreements with any other institution. We do not accept or offer credits earned by work experience, assessments, or credit earned at other institutions. Our programs are inclusive of state required training hours and skills to obtain specific certification or licensure. Therefore, we do not have any fees in relation to incoming or outgoing credit transfers.

# Contact information of the Bureau of Private Post-Secondary Education

Any question a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to the Bureau of Private Post-Secondary Education (BPPE) at 1747 N. Market Blvd. Ste 225 Sacramento, CA 95834 P.O. Box 980818, West Sacramento, CA 95798-0818, <a href="https://www.bppe.ca.gov">www.bppe.ca.gov</a>, or toll free at (888) 370-7589.

A student or any member of the public may file a complaint about this institution with the Bureau of Private Post-Secondary Education by calling (888) 370-7589, or by completing a complaint form which can be obtained on the bureau's website <a href="https://www.bppe.ca.gov">www.bppe.ca.gov</a>.

# **Notice of Receipt**

#### **CHARGES:**

TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE: 1350

ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM: 1350

TOTAL CHARGES THE STUDENT IS REQUIRED TO PAY UPON ENROLLMENT: 250

Prior to signing this enrollment agreement, you must be given a catalog/brochure, and a school performance fact sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the school performance fact sheet relating to the completion rates, placement rates, license examination passage rates, and salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement.

I certify that I have received the catalog, school performance fact sheet and information regarding completion rates, placement rates, license examination passage rates, salary and wage information, and the most recent three-year cohort default rate, if applicable, included in the school performance fact sheet, and have signed initialed, and dated the information provided in the school performance fact sheet.

Student Initials:

This agreement is a l	legally binding instrun	nent. Both sides	of the contract a	are binding only when
the agreement is acc	epted, signed, and da	ated by the author	orized official of	the school or the
administrators. Read	all terms before sign	ina.		

You are entitled to an exact copy of this agreement and any disclosure pages you sign.

If the student receiving this document does not understand what is written herein due to an English language comprehension deficiency, the student has the right to a verbal explanation of the terms set forth. Signing the document institutes that the student understands and agrees to the terms set forth.

# STUDENT ACKNOWLEDGMENT:

I understand this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my right and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me.

Signature of Student	<b>Date</b>
Signature of School Official	Date



# **ENROLLMENT AGREEMENT**

440 S. Melrose Dr. Suite 100 Vista, CA 92081 Ph. (760) 232-4050 | Fax (760) 433-3371 Email info@HealthcareAcademyCa.com www.HealthcareAcademyCa.com

# STUDENT INFORMATION

STUDENT NAME:
ADDRESS:
TELEPHONE:
EMAIL:
DATE OF BIRTH:
SOCIAL SECURITY NO:
PROGRAM INFORMATION
PROGRAM/COURSE TITLE:
Nurse Assistant Training Program
DATE OF ONLINE ENROLLMENT/REG FEE WAS PAID:///////

PROGRAM START DATE:	
ANTICIPATED END DATE:	

TIME CLASS BEGINS: 7AM TIME CLASS ENDS: 3:30PM
TOTAL CREDIT/CLOCK HOURS: 168



# FINANCIAL INFORMATION

	TUITIO	N FEES					
Registration Fee (\$250 non-	300.00	Uniforms	50.00				
refundable)							
Tuition	1115.00	Equipment	0.00				
STRF Fee (non-refundable)	0.50	State Exam Registration Fee	125.00				
Text Books/ Learning	89.50	Live Scan Finger Prints	70.00				
Resources							
Lab Supplies/ Kits	0.00	Tutoring	NA				
Electronic Record Keeping	50.00	CPR	NA				
Fee							
Promotional Discount (If Applicable)							
TOTAL: \$1800.00							

#### STUDENT'S RIGHT TO CANCEL

A student has the right to cancel the enrollment agreement and obtain a refund of charges paid through the first class session or seven days after enrollment (day of registration and applied fee) whichever is later. Refunds are determined by first, deducting non-refundable \$250 of the deposit, material costs, and fees, then a proration of the remainder amount is disbursed via check within 45 days. The \$50.00 electronic record keeping fee is non refundable to students who have completed 7 days of class. No refund after 60% of attendance is completed.

# Withdrawal & Transfer Procedures:

A student choosing to withdraw from the school after the commencement of classes is to provide a written notice to the Director of the school to include students' name, date of withdraw, and reason for exit.

A student will be withdrawn from the institution if he/she misses 3 consecutive instructional days without prior consent or for nonpayment of tuition. A student may be considered for a transfer to an alternate course date prior to their start date based on availability.

The dated signature below, reflecting the agreement of both parties, begins a (6) six month contractual binding time period covered in which both parties are held to the agreement. By the close of the business day, on this date, a new contract/enrollment agreement must be completed.

Student Initials:			
Student Initials:			
Student Initials:			
Student Initials:			
	Student Initials:		

#### **NOTICES AND DISCLOSURES**

# **Financial Disclosures**

- 5. Students receiving federal student financial aid funds are entitled to a refund of any funds not paid from federal student financial aid. If the student obtains a loan to pay for an educational program, the student is responsible for repaying the full amount of the loan including interest, less the amount of any refund due to the student.
- 6. In the event a student obtains a state, federal, or personal loan, and defaults the following may occur: The agency may take legal action against the student which may include applying any income tax refund to the balance owed on the loan, or the student may not be eligible for any further financial aid or government assistance until the loan is repaid.
- 7. You may assert against the holder of the promissory note you signed, in order to finance the cost of education, all of the claims and defenses that you could assert against this institution, up to the amount you have already paid under the promissory note.
- 8. The State of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic loss suffered by a student in an educational program at a qualifying institution, who is or was a California resident while enrolled, or was enrolled in a residency program, if the student enrolled in the institution, prepaid tuition, and suffered an economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be paid on your behalf, if you are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of your tuition.

  You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if you are not a

You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if you are not a California resident, or are not enrolled in a residency program."

"It is important that you keep copies of your enrollment agreement, financial aid documents, receipts, or any other information that documents the amount paid to the school. Questions regarding the STRF may be directed to the Bureau for Private Postsecondary Education, 1747 N. Market Blvd. Ste 225 Sacramento, CA 95834, (916) 431-6959 or (888) 370-7589. To be eligible for STRF, you must be a California resident or enrolled in a residency program, prepaid tuition, paid or deemed to have paid the STRF assessment, and suffered an economic loss as a result of any of the following:

- 1. The institution, a location of the institution, or an educational program offered by the institution was closed or discontinued, and you did not choose to participate in a teach-out plan approved by the Bureau or did not complete a chosen teach-out plan approved by the Bureau.
- 2. You were enrolled at an institution or a location of the institution within the 120 day period before the closure of the institution or location of the institution, or were enrolled in an educational program within the 120 day period before the program was discontinued.
- 3. You were enrolled at an institution or a location of the institution more than 120 days before the closure of the institution or location of the institution, in an educational program offered by the institution as to which the Bureau determined there was a significant decline in the quality or value of the program more than 120 days before closure.
- 4. The institution has been ordered to pay a refund by the Bureau but has failed to do so.
- 5. The institution has failed to pay or reimburse loan proceeds under a federal student loan program as required by law, or has failed to pay or reimburse proceeds received by the institution in excess of tuition and other costs.
- 6. You have been awarded restitution, a refund, or other monetary award by an arbitrator or court, based on a violation of this chapter by an institution or representative of an institution, but have been unable to collect the award from the institution.
- 7. You sought legal counsel that resulted in the cancellation of one or more of your student loans and have an invoice for services rendered and evidence of the cancellation of the student loan or loans.

To qualify for STRF reimbursement, the application must be received within four (4) years from the date of the action or event that made the student eligible for recovery from STRF.

A student whose loan is revived by a loan holder or debt collector after a period of noncollection may, at any time, file a written application for recovery from STRF for the debt that would have otherwise been eligible for recovery. If it has been more than four (4) years since the action or event that made the student eligible, the student must have filed a written application for recovery within the original four (4) year period, unless the period has been extended by another act of law.

This is a non-refundable charge. The current charge is \$0.00.

#### IMPORTANT INFORMATION

- 10. Although the school will provide placement assistance, the school does not guarantee job placement to graduates upon program completion or upon graduation.
- 11. The school reserves the right to reschedule the program start date when the number of students reserved does not meet the program's minimum number of students to continue.
- 12. If the student is enrolling in a distance education program where the instruction is not offered in real time, the first lesson and any materials will be delivered to the student within 7 days of admission acceptance.
- 13. The student financial obligation to the school must be paid in full before a certificate may be awarded.
- 14. The school reserves the right to terminate a students' training for unsatisfactory progress, nonpayment of tuition, or failure to abide by the established standards of conduct.
- 15. The school does not cover the cost of living expenses, or travel expenses.
- 16. HAC does not operate any dormitory housing, and does not assist in securing housing.
- 17. Tutoring services may be available to those who feel they need additional coaching or training. The tutoring is sometimes conducted by HAC staff, or by an outside educator specialized in the field. This would be an additional cost to a student who utilizes the service. Please direct inquiries about tutoring to your instructor.
- 18. Proof of education is required to enroll. This includes high school diploma, GED, or college transcript. The Ability to Benefit test is not provided or accepted at this time.

## TRAINING INFORMATION

Theory/Classroom training will be held on campus at:

440 S Melrose Dr. Suite 100 Vista, CA 92081

Clinical field training locations vary between programs and classes. The time of day, and dates that clinicals are assigned may vary depending on availability of the facility. In the event the facility is undergoing a state inspection or survey, the students will be dismissed until further notice to resume.

# Our current clinical partnerships include the following locations:

Encinitas Nursing and Rehabilitation Center, 900 Santa Fe Drive, Encinitas, CA 92024

La Paloma Healthcare Center, 3232 Thunder Drive, Oceanside, CA 92056

La Fuente Post Acute, 247 E Bobier Drive, Vista, CA 92084

Bayshire Carlsbad, 3140 El Camino Real, Carlsbad, CA 92008

# NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION

The transferability of credits you earn at Healthcare Academy of California is at the complete discretion of an institution you may wish to seek to transfer. Acceptance of the degree, or certification you earn in the *Nurse Assistant Training Program* is also at the discretion of the institution of which you may seek to transfer. If the transferring institution does not accept the degree, or certification that you earn at this institution, you may be required to repeat some or all of your coursework at that institution. For this reason, you should make certain that your attendance at this institution would meet your educational goals. This may include contacting any institution you may seek to transfer after attending Healthcare Academy of California, to determine if the degree, or certification will transfer.

The institution does not currently hold any articulation agreements with any other institution. We do not accept or offer credits earned by work experience, assessments, or credit earned at other institutions. Our programs are inclusive of state required training hours and skills to obtain specific certification or licensure. Therefore, we do not have any fees in relation to incoming or outgoing credit transfers.

# Contact information of the Bureau of Private Post-Secondary Education

Any question a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to the Bureau of Private Post-Secondary Education (BPPE) at 1747 N. Market Blvd. Ste 225 Sacramento, CA 95834 P.O. Box 980818, West Sacramento, CA 95798-0818, <a href="https://www.bppe.ca.gov">www.bppe.ca.gov</a>, or toll free at (888) 370-7589.

A student or any member of the public may file a complaint about this institution with the Bureau of Private Post-Secondary Education by calling (888) 370-7589, or by completing a complaint form which can be obtained on the bureau's website <a href="https://www.bppe.ca.gov">www.bppe.ca.gov</a>.

## **Notice of Receipt**

#### **CHARGES:**

TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE: 1800
ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM: 1800
TOTAL CHARGES THE STUDENT IS REQUIRED TO PAY UPON ENROLLMENT: 250

Prior to signing this enrollment agreement, you must be given a catalog/brochure, and a school performance fact sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the school performance fact sheet relating to the completion rates, placement rates, license examination passage rates, and salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement.

I certify that I have received the catalog, school performance fact sheet and information regarding completion rates, placement rates, license examination passage rates, salary and wage information, and the most recent three-year cohort default rate, if applicable, included in the school performance fact sheet, and have signed initialed, and dated the information provided in the school performance fact sheet.

_								Ĺ					
S	tu	d	е	n	t	ı	n	Ī	t	İ	a	IS	ì

This agreement is a legally binding instrument. Both sides of the contract are binding only when the agreement is accepted, signed, and dated by the authorized official of the school or the administrators. Read all terms before signing.

You are entitled to an exact copy of this agreement and any disclosure pages you sign.

If the student receiving this document does not understand what is written herein due to an English language comprehension deficiency, the student has the right to a verbal explanation of the terms set forth. Signing the document institutes that the student understands and agrees to the terms set forth.

# STUDENT ACKNOWLEDGMENT:

I understand this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my right and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me.

Signature of Student	<b>Date</b>
Signature of School Official	



# **ENROLLMENT AGREEMENT**

440 S. Melrose Dr. Suite 100 Vista, CA 92081 Ph. (760) 232-4050 | Fax (760) 433-3371 Email info@HealthcareAcademyCa.com www.HealthcareAcademyCa.com

# STUDENT INFORMATION

STUDENT NAME:
ADDRESS:
TELEPHONE:
EMAIL:
DATE OF BIRTH:
SOCIAL SECURITY NO:
PROGRAM INFORMATION
PROGRAM/COURSE TITLE:
DATE OF ONLINE ENROLLMENT/REG FEE WAS PAID: / /

(Cancellation period ends 7 days from above date)
PROGRAM START DATE: \_\_\_\_\_
ANTICIPATED END DATE: \_\_\_\_\_

TIME CLASS BEGINS: **7AM**TIME CLASS ENDS: **3:30PM**TOTAL CREDIT/CLOCK HOURS: **40** 



#### FINANCIAL INFORMATION

TUITION FEES				
Registration Fee (Non-	250.00	Uniforms	0.00	
Refundable) applied toward				
tuition.				
Tuition	100.00	Equipment	0.00	
STRF Fee	0.50	State Exam	NA	
Text Books/ Learning	49.50	Live Scan Finger Prints	NA	
Resources				
Lab Supplies/ Kits	0.00	Tutoring	NA	
Electronic Record Keeping	0.00	CPR	NA	
Fee				
Promotional Discount (If Applicable)			NA	
TOTAL: \$400.00				

#### STUDENT'S RIGHT TO CANCEL

A student has the right to cancel the enrollment agreement and obtain a refund of charges paid through the first class session or seven days after enrollment whichever is later. Refunds are determined by first, deducting non-refundable \$200 deposit, material costs, and fees, then a proration of the remainder amount is disbursed via check within 45 days. No refund after 60% of attendance is completed.

### Withdrawal & Transfer Procedures:

A student choosing to withdraw from the school after the commencement of classes is to provide a written notice to the Director of the school to include students' name, date of withdraw, and reason for exit.

A student may be considered for a transfer to an alternate course date prior to their start date.

A student will be withdrawn from the institution if he/she misses 3 consecutive instructional days without prior consent or for nonpayment of tuition.

The dated signature below, reflecting the agreement of both parties, begins a (6) six month contractual binding time period in which both parties are held to the agreement. By the close of the business day, on this date, a new contract/enrollment agreement must be completed.

CANCELLATION DATE:	
Student Initials:	

#### **NOTICES AND DISCLOSURES**

#### **Financial Disclosures**

- 9. Students receiving federal student financial aid funds are entitled to a refund of any funds not paid from federal student financial aid. If the student obtains a loan to pay for an educational program, the student is responsible for repaying the full amount of the loan including interest, less the amount of any refund due to the student.
- 10. In the event a student obtains a state, federal, or personal loan, and defaults the following may occur: The agency may take legal action against the student which may include applying any income tax refund to the balance owed on the loan, or the student may not be eligible for any further financial aid or government assistance until the loan is repaid.
- 11. You may assert against the holder of the promissory note you signed, in order to finance the cost of education, all of the claims and defenses that you could assert against this institution, up to the amount you have already paid under the promissory note.
- 12. The State of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic loss suffered by a student in an educational program at a qualifying institution, who is or was a California resident while enrolled, or was enrolled in a residency program, if the student enrolled in the institution, prepaid tuition, and suffered an economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be paid on your behalf, if you are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of your tuition.
  - You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if you are not a California resident, or are not enrolled in a residency program."

"It is important that you keep copies of your enrollment agreement, financial aid documents, receipts, or any other information that documents the amount paid to the school. Questions regarding the STRF may be directed to the Bureau for Private Postsecondary Education, 1747 N. Market Blvd. Ste 225 Sacramento, CA 95834, (916) 431-6959 or (888) 370-7589. To be eligible for STRF, you must be a California resident or enrolled in a residency program, prepaid tuition, paid or deemed to have paid the STRF assessment, and suffered an economic loss as a result of any of the following:

- 1. The institution, a location of the institution, or an educational program offered by the institution was closed or discontinued, and you did not choose to participate in a teach-out plan approved by the Bureau or did not complete a chosen teach-out plan approved by the Bureau.
- 2. You were enrolled at an institution or a location of the institution within the 120 day period before the closure of the institution or location of the institution, or were enrolled in an educational program within the 120 day period before the program was discontinued.
- 3. You were enrolled at an institution or a location of the institution more than 120 days before the closure of the institution or location of the institution, in an educational program offered by the institution as to which the Bureau determined there was a significant decline in the quality or value of the program more than 120 days before closure.
- 4. The institution has been ordered to pay a refund by the Bureau but has failed to do so.
- 5. The institution has failed to pay or reimburse loan proceeds under a federal student loan program as required by law, or has failed to pay or reimburse proceeds received by the institution in excess of tuition and other costs.
- 6. You have been awarded restitution, a refund, or other monetary award by an arbitrator or court, based on a violation of this chapter by an institution or representative of an institution, but have been unable to collect the award from the institution.
- 7. You sought legal counsel that resulted in the cancellation of one or more of your student loans and have an invoice for services rendered and evidence of the cancellation of the student loan or loans.

To qualify for STRF reimbursement, the application must be received within four (4) years from the date of the action or event that made the student eligible for recovery from STRF.

A student whose loan is revived by a loan holder or debt collector after a period of noncollection may, at any time, file a written application for recovery from STRF for the debt that would have otherwise been eligible for recovery. If it has been more than four (4) years since the action or event that made the student eligible, the student must have filed a written application for recovery within the original four (4) year period, unless the period has been extended by another act of law.

This is a non-refundable charge. The current charge is \$0.00.

#### IMPORTANT INFORMATION

- 19. Although the school will provide placement assistance, the school does not guarantee job placement to graduates upon program completion or upon graduation.
- 20. The school reserves the right to reschedule the program start date when the number of students reserved does not meet the program's minimum number of students to continue.
- 21. If the student is enrolling in a distance education program where the instruction is not offered in real time, the first lesson and any materials will be delivered to the student within 7 days of admission acceptance.
- 22. The student financial obligation to the school must be paid in full before a certificate may be awarded.
- 23. The school reserves the right to terminate a students' training for unsatisfactory progress, nonpayment of tuition, or failure to abide by the established standards of conduct.
- 24. The school does not cover the cost of living expenses, or travel expenses.
- 25. HAC does not operate any dormitory housing, and does not assist in securing housing.
- 26. Tutoring services may be available to those who feel they need additional coaching or training. The tutoring is sometimes conducted by HAC staff, or by an outside educator specialized in the field. This would be an additional cost to a student who utilizes the service. Please direct inquiries about tutoring to your instructor.
- 27. Proof of education is required to enroll. This includes high school diploma, GED, or college transcript. The Ability to Benefit test is not provided or accepted at this time.

### TRAINING INFORMATION

Theory/Classroom training will be held on campus at:

440 S Melrose Dr. Suite 100 Vista, CA 92081

Clinical field training locations vary between programs and classes. The time of day, and dates that clinicals are assigned may vary depending on availability of the facility. In the event the facility is undergoing a state inspection or survey, the students will be dismissed until further notice to resume.

# Our current clinical partnerships include the following locations:

La Fuente Post Acute, 247 E Bobier Drive, Vista, CA 92084

The student will be awarded 26 continuing education units (ceu's) at the completion of the course.

# NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION

The transferability of credits you earn at Healthcare Academy of California is at the complete discretion of an institution you may wish to seek to transfer. Acceptance of the degree, or certification you earn in the <u>Home Health Aide Program</u> is also at the discretion of the institution of which you may seek to transfer. If the transferring institution does not accept the degree, or certification that you earn at this institution, you may be required to repeat some or all of your coursework at that institution. For this reason, you should make certain that your attendance at this institution would meet your educational goals. This may include contacting any institution you may seek to transfer after attending Healthcare Academy of California, to determine if the degree, or certification will transfer.

The institution does not currently hold any articulation agreements with any other institution. We do not accept or offer credits earned by work experience, assessments, or credit earned at other institutions. Our programs are inclusive of state required training hours and skills to obtain specific certification or licensure. Therefore, we do not have any fees in relation to incoming or outgoing credit transfers.

# Contact information of the Bureau of Private Post-Secondary Education

Any question a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to the Bureau of Private Post-Secondary Education (BPPE) at 1747 N. Market Blvd. Ste 225 Sacramento, CA 95834 P.O. Box 980818, West Sacramento, CA 95798-0818, <a href="https://www.bppe.ca.gov">www.bppe.ca.gov</a>, or toll free at (888) 370-7589.

A student or any member of the public may file a complaint about this institution with the Bureau of Private Post-Secondary Education by calling (888) 370-7589, or by completing a complaint form which can be obtained on the bureau's website <a href="https://www.bppe.ca.gov">www.bppe.ca.gov</a>.

# **Notice of Receipt**

#### **CHARGES:**

Signature of School Official

TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE: 400
ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM: 400

TOTAL CHARGES THE STUDENT IS REQUIRED TO PAY UPON ENROLLMENT: 250

Prior to signing this enrollment agreement, you must be given a catalog/brochure, and a school performance fact sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the school performance fact sheet relating to the completion rates, placement rates, license examination passage rates, and salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement.

I certify that I have received the catalog, school performance fact sheet and information regarding completion rates, placement rates, license examination passage rates, salary and wage information, and the most recent three-year cohort default rate, if applicable, included in the school performance fact sheet, and have signed initialed, and dated the information provided in the school performance fact sheet. Student Initials: This agreement is a legally binding instrument. Both sides of the contract are binding only when the agreement is accepted, signed, and dated by the authorized official of the school or the administrators. Read all terms before signing. You are entitled to an exact copy of this agreement and any disclosure pages you sign. If the student receiving this document does not understand what is written herein due to an English language comprehension deficiency, the student has the right to a verbal explanation of the terms set forth. Signing the document institutes that the student understands and agrees to the terms set forth. STUDENT ACKNOWLEDGMENT: I understand this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my right and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me. Signature of Student **Date** 

Date