



## NA ENROLLMENT AGREEMENT

Sacramento Campus  
9837 Folsom Blvd  
Sacramento, CA 95827

Auburn Campus  
11600 Education St  
Auburn, CA 95603

Paradise Campus  
555 Pearson Road  
Paradise, CA 95969

Patterson Campus  
200 N 7th Street  
Patterson, CA 95363

Red Bluff Campus  
645 Antelope Blvd., Suite 13  
Red Bluff, CA 96080

Turlock Campus  
2125 N. Olive Avenue  
Turlock, CA 95382

Student Name

Social Security No.

Telephone No.

Street Address

City

State

Zip Code

**A student or a member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling (888) 370-7589 toll-free or by completing a complaint form, which can be obtained on the bureau's internet web site [www.bppe.ca.gov](http://www.bppe.ca.gov).**

**Any questions or problems concerning this school which have not been satisfactorily answered by the school may be directed to the:**

**Bureau for Private Postsecondary Education  
2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833  
Phone (888) 370-7589, Fax (916) 263-1897  
[www.bppe.ca.gov](http://www.bppe.ca.gov)**

Prior to signing this enrollment agreement, you must be given a catalog or 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 completion rates, placement rates, license examination passage rates, salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement.

\_\_\_\_\_ (Student's Initials/Date) I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, salary or 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.

\_\_\_\_\_ **Date by Which I Can Cancel Without Penalty**

### “NOTICE”

**THIS IS A LEGALLY BINDING CONTRACT. YOUR SIGNATURE CERTIFIES THAT YOU HAVE READ, UNDERSTOOD, AND AGREED TO YOUR RIGHTS AND RESPONSIBILITIES, AND THAT THE INSTITUTION'S CANCELLATION AND REFUND POLICIES HAVE BEEN CLEARLY EXPLAINED TO YOU.**

**YOU ARE RESPONSIBLE FOR PAYING THE COST OF THIS PROGRAM. IF YOU GET A STUDENT LOAN, YOU ARE RESPONSIBLE FOR REPAYING THE LOAN AMOUNT PLUS ANY INTEREST. THIS AGREEMENT IS NOT BINDING UNLESS SIGNED BY THE STUDENT AND/OR HIS OR HER GUARDIAN AND THE SCHOOL'S REPRESENTATIVE.**

EDUCATIONAL INSTITUTION: College of Medical Arts

PROGRAM TITLE OR EDUCATIONAL SERVICE: Nursing Assistant Training Program

A TOTAL OF 150 CLOCK HOURS ARE REQUIRED TO COMPLETE THE PROGRAM/EDUCATIONAL SERVICE.

PERIOD COVERED BY THE ENROLLMENT AGREEMENT: \_\_\_\_\_ TO: \_\_\_\_\_.

START DATE OF THE PROGRAM/EDUCATIONAL SERVICE IS: \_\_\_\_\_.

COMPLETION DATE (DATE THIS ENROLLMENT AGREEMENT GOES THROUGH) IS: \_\_\_\_\_.

**TUITION, FEES, AND EXPENSES**

Tuition	<b>\$1,580<sup>00</sup></b>
Credits	<b>N/A</b>
Educational Credits, Discounts, Scholarships	
Potentially Refundable Fees and Charges	<b>\$145<sup>00</sup></b>
State Certification Exam Fee	\$105 <sup>00</sup>
Workbook	\$40 <sup>00</sup>
Non-Refundable Fees and Charges	<b>\$225<sup>00</sup></b>
Application Fee	\$75 <sup>00</sup>
Resource Materials	\$50 <sup>00</sup>
Uniform, ID Badge	\$50 <sup>00</sup>
Equipment and Expendable Supplies	\$25 <sup>00</sup>
Malpractice Insurance	\$25 <sup>00</sup>
Student Tuition Recovery Fund (rate of \$0 <sup>00</sup> per \$1,000)	\$0 <sup>00</sup>
<b>TOTAL CHARGES you are obligated to pay</b>	<b>\$1,950<sup>00</sup></b>

\_\_\_\_\_ **Tuition:** Tuition is pro-rated upon course withdrawal. Refer to Refund Provision on Page 3 of this Agreement.

**TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE:**  
\_\_\_\_\_ \$500.00

\_\_\_\_\_ **ESTIMATED TOTAL CHARGES**

FOR THE ENTIRE EDUCATIONAL PROGRAM: \_\_\_\_\_ \$1,950.00

TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT: \_\_\_\_\_ \$500.00

<b>SCHEDULE OF PAYMENTS:</b> Payments will begin on (Date) _____ and end on (Date) _____	
Payments to be made on:	Date: _____ Application Fee: \$ <u>75</u> . <u>00</u>
	Date: _____ Amount: \$ _____ . _____
	Date: _____ Amount: \$ _____ . _____
	Date: _____ Amount: \$ _____ . _____
	Date: _____ Amount: \$ _____ . _____

**“NOTICE”**

I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me. My signature on this agreement acknowledges that there is not misrepresentation of identity, and I have been given reasonable time to read and understand it. As a student I pledge to uphold high standards of academic honor. I acknowledge that I have been given a written statement of the refund policy and procedures, which includes a description of the course of education service and material facts concerning the school, program or course of instruction which are likely to affect my decision to enroll. Immediately upon signing this agreement, I understand that I will be given a copy of it to retain.

\_\_\_\_\_  
Student and/or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Gordon Decklemeier, Director of Admissions

\_\_\_\_\_  
Date

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**STUDENT'S RIGHT TO CANCEL:** The student has the right to cancel this enrollment agreement and obtain a refund of charges paid through the fifth business day after attendance at the first class session or the seventh day of enrollment, whichever is later. You may cancel this enrollment agreement or withdraw from the College of Medical Arts and obtain an applicable refund by providing a written notice to the College of Medical Arts, 1652 9837 Folsom Blvd, Suite B, Sacramento, CA 95827.

**REFUND PROVISIONS:** You have the right to cancel this Agreement for a course of instruction including any equipment such as books, materials and supplies or any other goods related to the instruction offered in this Agreement, until midnight of the first day after the first class you attended. Business day means a day on which you were scheduled to attend a class session.

Cancellation shall occur when you give written notice of cancellation at the address of the School shown on the top of the first page of the Enrollment Agreement. You can do this by mail, hand delivery or telegram. The written notice of cancellation, sent by mail, is effective when deposited in the mail properly addressed with postage prepaid.

The written notice of cancellation need not take any particular form and however expressed, is effective if it shows that you no longer wish to be bound by this Agreement.

Application fee is non refundable and includes the Entrance Exam costs. Background check is non-refundable. Equipment costs and fees are non-refundable and include: textbooks and resource material, badge, logo patches, equipment and lab fees. Administrative services fee and mal practice insurance are not refundable. If you cancel this Agreement, the School will refund any money that you paid, less any non-refundable items within thirty days after your written Notice of Cancellation is received.

If you obtained a loan to pay for this program you remain responsible for repaying the full amount of the loan plus interest, less the amount of any refund.

If you default on a federal or state loan, both the following may occur:

1. The federal or state government or a loan guarantee agency may take action against you, including garnishing an income tax refund; and,
2. You may not be eligible for any other government financial assistance at another institution until the loan is repaid.

**WITHDRAWAL FROM COURSE:** You have the right to withdraw from a course of instruction at any time. If you withdraw from the course of instruction after the period allowed for cancellation of the Agreement, which is until midnight of the fifth business day following the first class you attended, or the seventh day after enrollment, whichever is later, the School will remit a refund less the non-refundable items. You are obligated to pay for the educational services rendered.

The refund shall be the amount you paid for instruction multiplied by fraction; the numerator of which is the number of hours of instruction which you have not received but for which you have paid, and the denominator of which is the total number of hours of instruction for which you have paid.

**IF THE AMOUNT YOU HAVE PAID IS MORE THAN THE AMOUNT THAT YOU OWE FOR THE TIME YOU ATTENDED, THEN A REFUND WILL BE MADE WITHIN THIRTY DAYS OF WITHDRAWAL. IF THE AMOUNT THAT YOU OWE IS MORE THAN THE AMOUNT THAT YOU HAVE ALREADY PAID, THEN YOU WILL HAVE TO MAKE ARRANGEMENTS TO PAY FOR IT.**

**HYPOTHETICAL REFUND EXAMPLE:** Assume that a student enrolled in the Nursing Assistant program, with a total of 150 hours, pays \$1,950 in total costs. If that student withdraws after completing 50 hours, the pro rata refund to the student is \$1,198.50 based upon the calculations stated below.

\$1,950 Total Paid	Minus	\$225 Non-Refundable Cost, and \$145 Potentially Refundable Cost	= \$1,580
			Total Refundable Tuition + Fees
\$1,580 Tuition	Divided by	150 Hours in the Program	= \$10.53
			Hourly charge for the program
\$10.29 Hourly Rate	Multiplied by	50 Hours of Instruction attended	= \$526.50
			Owed by the student for Instruction received
\$1,580	Minus	\$526.50	= \$1,053.50
			Tuition Refund Amount
\$1,053.50	Plus	\$105 State Exam Fee Refund and \$40 Workbook Refund	= \$1,198.50
			Total Refund Amount

**REFUND TABLE** (Based on Actual Cost of Educational Service):

Refundable Amount	75% Refund	60% Refund	50% Refund	25% Refund	10% Refund
\$1,875.00	\$1,406.25	\$1,125.00	\$937.50	\$468.75	\$187.50

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For the purpose of determining the amount you owe for the time you attended, you shall be deemed to have withdrawn from the course when any of the following occurs:

- a. You notify the School of your withdrawal or the actual date of withdrawal.
- b. The School terminates your enrollment.

- c. You fail to attend classes for a three [3] week period. In this case, the date of withdrawal shall be deemed to be the last date of recorded attendance.

If any portion of your tuition was paid from the proceeds of a loan, then the refund will be sent to the lender or to the agency that guaranteed the loan, if any. Any remaining amount of refund will first be used to repay any student financial aid programs from which you received benefits, in proportion to the amount of the benefits received. Any remaining amount will be paid to you. If there is a balance due, you will be responsible to pay that amount.

### **STUDENT TUITION RECOVERY FUND (STRF)**

**\*\*STRF fees are currently \$.00 per \$1,000 of tuition.\*\***

You must pay the state-imposed assessment for the Student Tuition Recovery Fund (STRF) if all of the following applies to you:

1. You are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all of part of your tuition either by cash, guaranteed student loans, or personal loans, and
2. Your total charges are not paid by any third-party payer such as an employer, government program or other payer unless you have a separate agreement to repay the third party.

You are not eligible for protection from the STRF and you are not required to pay the STRF assessment if either of the following applies:

1. You are not a California resident, or are not enrolled in a residency program, or
2. Your total charges are paid by a third party, such as an employer, government program or other payer, and you have no separate agreement to repay the third party."

The State of California created the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic losses suffered by students in educational programs who are California residents, or are enrolled in a residency programs attending certain schools regulated by the Bureau for Private Postsecondary and Vocational Education.

You may be eligible for STRF if you are a California resident or are enrolled in a residency program, prepaid tuition, paid the STRF assessment, and suffered an economic loss as a result of any of the following:

1. The school closed before the course of instruction was completed.
2. The school's failure to pay refunds or charges on behalf of a student to a third party for license fees or any other purpose, or to provide equipment or materials for which a charge was collected within 180 days before the closure of the school.
3. The school's failure to pay or reimburse loan proceeds under a federally guaranteed student loan program as required by law or to pay or reimburse proceeds received by the school prior to closure in excess of tuition and other costs.
4. There was a material failure to comply with the Act or this Division within 30 days before the school closed or, if the material failure began earlier than 30 days prior to closure, the period determined by the Bureau.
5. An inability after diligent efforts to prosecute, prove, and collect on a judgment against the institution for a violation of the Act."

However, no claim can be paid to any student without a social security number or a taxpayer identification number.

### **QUESTIONS OR COMPLAINTS AGAINST COLLEGE OF MEDICAL ARTS**

1. Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at P.O. Box 980818, West Sacramento, CA 95798-0818, [www.bppe.ca.gov](http://www.bppe.ca.gov), phone: (916) 431-6959, fax: (916) 263-1897.
2. A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling (888) 370-7589 or by completing a complaint form, which can be obtained on the bureau's Internet Web site [www.bppe.ca.gov](http://www.bppe.ca.gov).

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

The transferability of credits you earn at the College of Medical Arts is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the credits you earn in the \_\_\_\_\_ program is also at the complete discretion of the institution to which you may seek to transfer. If the credits that you earn at this institution are not accepted at the institution to which you seek to transfer, you may be required to repeat some of your coursework at that institution. For this reason you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending College of Medical Arts to determine if your credits will transfer.