

**STUDENT ENROLLMENT AGREEMENT
CRESCENT SCHOOL OF DIALYSIS, LLC**

**Toll-Free Number: (888) 757-3929
571 North Mountain Ave; Upland CA 91786; Fax Number: (909) 920-0022
schoolofdialysis.com**

BASIC HEMODIALYSIS PROGRAM
Program Length: 144 Classroom Hours, 200 Clinical Hours

Student's Name: _____

Address: _____

Phone Numbers: Home: _____ Cell phone: _____ Work: _____

Email: _____ Social Security Number: _____

Emergency Contact: _____ Relationship: _____ Phone Number: _____

Location of Where Instruction Will Be Provided: Crescent School of Dialysis is located at 571 N. Mountain Ave., Upland CA 91786. Under this agreement, the student will be taught at this location. Crescent School of Dialysis does not offer a distance educational program.

Period Covered by the Enrollment Agreement: The period covered by the Enrollment Agreement will be from _____ to _____.

Program start date and scheduled completion date: The period covered by the Enrollment Agreement will be from _____ to _____.

Total Tuition Fees: Total cost of the Basic Hemodialysis Program: \$6000.00.

1. Tuition (classroom instruction only): **\$5000.00.**
2. Clinical Placement fee: **\$450.00** (nonrefundable once student has started their clinical training). We have contracted with a several dialysis centers to serve as a clinical training center for your clinical education. Without clinical training, you will not be eligible for certification as a Certified Hemodialysis Technician.
3. Administrative and registration fees: **\$100.00** (nonrefundable once enrolled into the program).
4. Miscellaneous expenses: **\$450.00:** Crescent School of Dialysis' book, PowerPoint with binder: \$200 (nonrefundable once issued). Handouts/study guides: \$25 (nonrefundable once issued). Uniform: \$22 (nonrefundable once issued). CPR certification: \$25 (nonrefundable once issued). Malpractice insurance: \$25 (nonrefundable once issued). Physical examination including PPD (and/or chest x-ray) and blood tests: \$100 (nonrefundable once completed). Certificate of Program Completion: \$25 (nonrefundable once issued). Practical training supplies: \$25 (nonrefundable once issued). Student Tuition Recovery Fund Fee: \$3.00 (non-refundable).

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Payment may be made in cash, check, or credit card. Crescent School of Dialysis does not participate in any state or federally backed financial assistance. Upon the complete discretion and approval of the clinical director, the amount deposited and the total cost of the program may be arranged with the student.

Refund/Tuition Reimbursement Policy: The student has the right to cancel and obtain a refund of charges paid through attendance at the first class session, or the seventh day after enrollment, whichever is later. In addition, you have the right to cancel or withdrawal from the class at any point you like. The total classroom hours here at Crescent School of Dialysis is 144 hours. The amount of refund is based on several factors. The classroom portion of the program costs a total of \$5000.00. The refund will depend upon the hours spent in class minus any material or registration fees. After determining the balance minus any fees, the refund will be based upon the following table:

- If after completing one week (13.5 hours) of the program but less than two weeks (27 hours) – the student will receive a 90% refund.
- If after completing two weeks of the program (27 hours) but less than three weeks (40.5 hours) - the student will receive an 80% refund.
- If after completing three weeks of the program (40.5 hours) but less than four weeks (54 hours) - the student will receive a 70% refund.
- If after completing four weeks of the program (54 hours) but less than five weeks (67.5 hour) - the student will receive a 60% refund.
- If after completing five weeks of the program (67.5 hours) but less than six weeks (81 hours) - the student will receive a 50% refund.
- If after completing six weeks of the program, there will be no refundable money.

If the student decides to drop the class at this point, they may complete the rest of the class as some point in the future at the discretion of the student (depending upon availability and approval from the director at Crescent School of Dialysis). The amount of the refund will also depend upon all the nonrefundable materials provided to them, such as lab fees, books, uniforms, etc., as well as any services provided, such as physical exams or CPR certification, if applicable. If the student has made prior arrangements for a deposit for future services such as CPR training but had not received such services, all money will be refunded to the student. All refunds will be paid within 30 days of withdrawing from the program. The student must submit in writing any and all requests for withdrawing from the program and present the request to the admissions director from Crescent School of Dialysis. You must submit in writing if you want to cancel training; you cannot cancel by telephone. An applicant rejected by the school is entitled to a refund of all monies paid.

If the student receives federal student financial aid funds, the student is entitled to a refund of the money not paid from federal financial aid funds. Please note that this institution does not participate in any federal or state financial aid programs.

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

The transferability of credits you earn at Crescent School of Dialysis is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the certificate you earn in the Basic Hemodialysis Program is also at the complete discretion of the institution to which you may seek to transfer. If the certificate that you earn at this institution is not accepted at the institution to which you seek to transfer, 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 will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending Crescent School of Dialysis to determine if your certificate will transfer.

Initial : I have received a copy of the California Department of Public Health current certification requirements for hemodialysis technicians and Course Outline.

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.

Initial : 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.

Initial : A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling (916) 574-8900 (toll-free telephone number) or by completing a complaint form, which can be obtained on the bureau's internet website www.bppe.ca.gov.

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 1747 North Market, Suite 225, Sacramento, CA 95834, www.bppe.ca.gov, toll-free telephone number (916) 574-8900 or by fax (916) 263-1897.

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THE TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE: \$6000.00

THE ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM: \$6000.00

THE TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT: \$100.00

DO NOT SIGN THIS AGREEMENT BEFORE YOU HAVE READ BOTH SIDES OR IF IT CONTAINS ANY BLANK SPACES. THIS AGREEMENT AND THE SCHOOL CATALOG CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE STUDENT AND THE SCHOOL. ONCE SIGNED BY THE STUDENT AND ACCEPTED BY CRESCENT SCHOOL OF DIALYSIS, THIS ENROLLMENT AGREEMENT IS LEGALLY BINDING WHEN SIGNED BY THE STUDENT AND ACCEPTED BY THIS INSTITUTION. I UNDERSTAND THAT THIS IS A LEGALLY BINDING CONTRACT. MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ, UNDERSTAND, AND AGREED TO MY RIGHTS AND RESPONSIBILITIES, AND THAT THE INSTITUTION'S CANCELLATION AND REFUND POLICIES HAVE BEEN CLEARLY EXPLAINED TO ME.

Name of student: _____

Signature of Student: _____

Date: _____

School Representative: _____

Signature: _____

Date: _____