

Hands on Healing Institute CMT250 Enrollment Agreement

Course Name: CMT250 (250 hours Certified Massage Therapy Course)

Name: _____ Start Date: _____
Address: _____ End Date: _____

DAY / EVE: _____
City _____ Zip _____

The objective of this course is to train and educate the student to become a Massage Therapist. By successfully completing this course, this educational service is represented to lead to certification of the title of Massage Therapist. Licensing of massage therapists in California occurs at the individual city and county level, and varies somewhat from city to city and county to county. Some of our local cities still require a minimum of 100 to 150 clock hours of massage training from a state-approved learning institution, such as *Hands on Healing Institute*, in order to qualify and certify potential licensees. Tujunga, California falls into Los Angeles City and requires 300 hours for licensing. Students that wish to become licensed in Tujunga or other areas that require more than 150 hours may accumulate required hours by taking continuing education courses. Students are responsible for determining and meeting particular area requirements. All state-approved massage schools offer certification for the state of California. Certification is not to be confused with licensing. Most cities and counties in California require a valid massage certificate prior to issuing a license to practice. There is now a voluntary State Certification issued by the Massage Therapy Organization starting.

Any questions or problems concerning this school which have not been satisfactorily answered or resolved by the school should be directed to the BUREAU FOR PRIVATE POSTSECONDARY EDUCATION. Mailing address: P.O. Box 980818, West Sacramento, CA 95798 Phone: (916) 574-7720 E-mail: bppve@dca.ca.gov

BUYER'S RIGHT TO CANCEL: The student has the right to cancel the enrollment agreement for this course of instruction until **midnight of the fifth business day** after the day on which the student ATTENDED THE FIRST CLASS of the course of instruction. Cancellation shall occur when the student gives written Notice of Cancellation Form to the school at the address specified in this agreement. If the student cancels the agreement, the student shall have no liability except the return of the HHI Course Book and Intro to Massage Therapy in pristine condition. If the student fails to return the books within a (10) ten day period, he/she will accrue charges that will be deducted from the refund. The school shall refund any consideration paid by the student within (30) thirty days after the school receives notice of cancellation. The student has the right to withdraw from a course of instruction at any time. If the student withdraws from a course of instruction after midnight of the fifth business day after the day on which the student attended the first class, the school will remit a refund; as per the following refund formula. The amount of the refund has to be calculated on a pro-rata basis, less a \$75.00 non-refundable registration fee and any books supplied by the school that were not returned within (10) ten days.

The refund formula is as follows: total paid *minus* registration fee *multiplied by* hours of instruction received *minus* unreturned equipment *equals* total refund.

CANCELLATION: A Notice of Cancellation Form should be delivered to Camille Sandroni, Director, Hands on Healing Institute, 6708 Foothill Boulevard. Tujunga, CA 91042 Phone (818) 951-5811

Non-California Residents, recipients of third-party pay for tuition and course costs, such as workforce investment voucher or rehabilitation funding: You are not eligible for protection under or recovery from the Student Tuition Recovery Fund.

Although this institution was approved to operate by the former Bureau for Private Postsecondary and Vocational Education, our pending application for reapproval to operate has not yet been reviewed by the Bureau for Private Postsecondary Education.

Hands on Healing Institute CMT250 Enrollment Agreement

TOTAL FEE: \$2,860.00 + Books* (see Note below)

NON-REFUNDABLE: Registration Fee \$75.00 & HHI Course Manual

REFUNDABLE: Student Pack \$170.00: Student pack must be purchased as part of enrollment. Total includes: Textbook: Intro to Massage Therapy \$67.06 (if returned in pristine condition); Hold all Holster \$20.30; ½ gallon Biotone Dual Purpose Cream \$40.00; set of flannel sheets \$28.29 and HHI Bag \$10.83. These items can only be refunded if not opened or used within 10 days of School receiving written cancellation or drop date.

REFUNDABLE: Tuition Fee \$2,615.00 on a pro-rated basis – see Withdrawal/refund policy)

***NOTE:** Students will need to purchase the following 2 books for the last 7 weeks of CMT250 Program:

Functional Anatomy: Musculoskeletal Anatomy, Kinesiology, and Palpation for Manual Therapists (Lww Massage Therapy & Bodywork Educational Series by Christy Cael & Human Anatomy Coloring Book, Dover Publications by Margaret Matt & Joe Ziemian.

You are responsible for this amount. If you obtain a student loan, you are responsible for repaying the loan amount plus any interest.

Hands on Healing Institute covers cost of Student Tuition Recovery Fee. Massage tables are provided during training sessions for use in classroom only. \$75 Registration fee holds your space in class.

PAYMENT PLAN

The following is an optional interest-free payment plan should a student need to pay the tuition in installments:

	<u>PAYMENT SCHEDULE</u>	
REGISTRATION	RESERVES YOUR PLACE	\$ 75.00
1st PAYMENT	DUE TWO WEEKS PRIOR TO START DATE	\$ 525.00
2nd PAYMENT	3 rd MONDAY OF CLASS	\$ 580.00
3rd PAYMENT	6 TH MONDAY OF CLASS	\$ 580.00
4th PAYMENT	9 TH MONDAY OF CLASS	\$ 275.00
5th PAYMENT	11 th MONDAY OF CLASS	\$ 275.00
6th PAYMENT	13 th MONDAY OF CLASS	\$ 275.00
7th PAYMENT	15 th MONDAY OF CLASS	\$ 275.00
TOTAL		\$ 2,860.00

NOTICE: ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSES THAT THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF, RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER. (CCR 94838)

TUITION DEFAULT

Students defaulting on scheduled tuition payments risk immediate dismissal at the discretion of the school director. A certificate of completion will be issued only after students have fulfilled their academic and financial obligations to *Hands on Healing Institute*. **Late Fees: Payment Plan - A \$25.00 late fee will be charged for Non Payment of tuition over 7 days late. The student will need to speak with the Office in order to continue attending classes for Non Payment of tuition beyond 7 days late.**

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. I understand that this contract is a legally binding instrument when signed by the student and accepted by the school.

Student Signature: _____ **Date:** _____

Registrar Signature: _____ **Date:** _____

PRINT NAME AS YOU WISH TO SEE IT ON YOUR CERTIFICATE:

Hands on Healing Institute CMT250 Confidential Application for Admission

Name: _____ Sex: M F
First Middle Last

Home Address: _____
City State ZIP

Phone #: Hm _____ Wk _____ Cl _____ Pg _____

E-mail Address: _____ Current Occupation: _____

Date of Birth: _____ Place of Birth: _____ U.S. Citizen: Yes No

Driver's License #: _____ Car License Plate #: _____

How did you hear about us? Friend Yellow pages Flyer Internet Alumni

Other _____

EMERGENCY CONTACT:

Name of nearest person to contact: _____ Phone: _____

Address: _____

Relationship: _____

Please list two personal references that are not related to you:

Name, Address, Telephone: _____

Name, Address, Telephone: _____

Have you ever been convicted of a felony? No Yes - Please explain: _____

EDUCATION:

Please list any high schools, colleges, universities, business or trade schools that you have attended:

Name & Address *Dates Attended* *Degree & Major*

HEALTH HISTORY:

Are you presently or have you in the past year been under the care of a doctor, holistic or otherwise? Yes No

Have you ever had psychiatric care? Yes No If yes, please elaborate: _____

FEMALE APPLICANTS ONLY: Are you pregnant? Yes No Maybe

Are you currently on any medications? Please list. _____

Hands on Healing Institute CMT250 Confidential Application for Admission

Please list any major surgeries, illnesses, injuries, concussions, accidents, etc.:

Please mark each item that applies with a "P" for past condition or a "C" for current condition. If you have a condition that is not listed below, please mark "Other" and specify in the space provided.

Cardiovascular:

- Arteriosclerosis
- Heart attack
- Hypertension
- Murmurs
- Stroke
- Other: _____

Gastrointestinal:

- Constipation
- Diarrhea
- Gastritis
- Hepatitis
- Hernia
- Other: _____

Respiratory:

- Asthma
- Bronchitis
- Emphysema
- Pneumonia
- Tuberculosis
- Other: _____

Musculoskeletal:

- Arthritis
- Fascia disease
- Joint disease
- Tendonitis
- Varicose veins
- Other: _____

Head, Eyes, Nose, Throat:

- Cataracts
- Dizziness
- Impaired hearing
- Loss of consciousness
- Nosebleeds
- Other: _____

Endocrine:

- Anemia
- Cancer (Which part of the body? _____)
- Diabetes
- Epstein-Barr Syndrome
- Any communicable disease? (Specify: _____)
- Other: _____

Skin:

- Athlete's foot
- Hives
- Psoriasis
- Other: _____

Urogenital:

- Herpes
- Candidiasis
- Gonorrhea
- Kidney Stones
- Other: _____

Other: _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Signature: _____

Date: _____

SCHOOL USE ONLY:

Interviewed by: _____ Date: _____ Comments: _____

Paid In full Date _____ Registration fee \$75 Tuition Fee \$2860 * Paid: Cash CC or Ck# _____

Registration fee \$75	Date _____	Cash, CC or Ck#:	Remaining Balance \$ _____
1 st pmt \$525	Date _____	Cash, CC or Ck#:	Remaining Balance \$ _____
2 nd pmt \$580	Date _____	Cash, CC or Ck#:	Remaining Balance \$ _____
3 rd pmt \$580	Date _____	Cash, CC or Ck#:	Remaining Balance \$ _____
4 th pmt \$275	Date _____	Cash, CC or Ck #:	Remaining Balance \$ _____
5 th pmt \$275	Date _____	Cash, CC or Ck #:	Remaining Balance \$ _____
6 th pmt \$275	Date _____	Cash, CC or Ck #:	Remaining Balance \$ _____
7 th pmt \$275	Date _____	Cash, CC or Ck #:	Remaining Balance \$ _____

Payment made on Installments on Tuition Fee \$2860.00 should be input into ACT database.