

**Hands on Healing Institute MT250 Enrollment Agreement**  
**Course Name: MT250 Massage Therapy Program (250 clock hours)**

Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Address: \_\_\_\_\_ End Date: \_\_\_\_\_

\_\_\_\_\_ DAY / EVE: \_\_\_\_\_

City

Zip

**The objective of this program is to train and educate the student to become a Massage Practitioner.**

**California Licensing Requirements:** With an HHI certificate of completion, you can still choose to obtain/maintain a local permit, but you may not use the professional title of "MP", "MT", "CMP" or "CMT: without state certification. Also, certification is not to be confused with licensing. Some licensing still occurs at the individual city and county level, and varies from city to city and county to county. Many cities are now requiring 250 hours of training and State Certification in order to get a business license. Students are responsible for researching, determining and meeting their particular area requirements. Students that wish to get licensed in areas that require more than 250 hours or who wish to achieve "CMP" or "CMT status through the state, may accumulate additional hours by taking continuing education courses

**State Certification:** Certification through the California Massage Therapy Council (CAMTC) entitles you to work as a *Certified* Massage Therapist (CMT) or *Certified* Massage Practitioner (CMP) throughout the state. The CMT category requires 500 hours of massage education, while **CMP category requires 250 hours**. Students must apply for state certification on their own through the CAMTC (www.camtc.org).

**Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered or resolved by the school may be directed to the Bureau For Private Postsecondary Education at 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833 Toll Free: (888) 370-7589, Fax Number: (916) 263-1897. A student or any member of the public may file a complaint about this institute with the Bureau for Private Postsecondary Education by calling (888) 370-7589 or by fax (916) 263-1897. Or by completing a complain form, which can be obtained on the Bureau's internet web site www.bppe.ca.gov**

**STUDENTS RIGHT TO CANCEL:** The student has the right to cancel the enrollment agreement and obtain a refund of charges paid through attendance at the first class session, or the seventh day after enrollment, whichever is later. Cancellation shall occur when the student gives written Notice of Cancellation to the school at the address specified in this agreement. Total cost of Program is **\$2,967.50** The **\$75.00 Registration Fee and \$7.50 STRF fee are non-refundable.** If the student cancels the agreement the student shall have no liability except the return of the HHI Course Book & Student Pack. **\$169.00 STUDENT PACK: Student Pack must be purchased as part of enrollment.** Includes: **Non-Refundable:** HHI Course Manual. **Refundable:** ABMP Student Liability Insurance \$65.00, Hold all Holster \$23.05; ½ gallon Biotone Dual Purpose Cream \$43.19; set of flannel sheets \$30.73 and HHI Tote Bag \$7.03. These items can only be refunded if they are returned within 10 days of School receiving written cancellation of drop date. NOTE: Student Pack items will not be refunded if opened or used. Tuition Fee of **\$2,716.00** is refundable on a pro-rated basis. A student has the right to withdraw from a course of instruction at any time. The school shall refund any consideration paid by the student within (30) thirty days after receiving written cancellation.

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

**Student Tuition Recovery Fee: 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.**

Hands on Healing Institute is licensed to operate by the Bureau of Private Postsecondary Education for MT250, MT500 Massage Therapy Programs and all continuing education courses.

Provider Approved by California Board of Registered Nursing.

Approved for Veterans (Title 38) & Chapter33

# Hands on Healing Institute MT250 Enrollment Agreement

## TOTAL FEE: \$2,967.50 + 2 Books (see \*Note below)

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

**NON-REFUNDABLE:** STRF Fee \$7.50, Registration Fee \$75.00, HHI Course Manual & \$65 AMBP Liability Insurance

**REFUNDABLE:** Student Pack \$169.00: Student pack must be purchased as part of enrollment. Total includes: Hold all Holster \$23.05; ½ gallon Biotone Dual Purpose Cream \$43.19; set of flannel sheets \$30.73 and HHI Bag \$7.03. 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 \$2,716.00 on a pro-rated basis – see Withdrawal/refund policy)

**NOTE:** Students will need to purchase the following 2 books.

Needed first day of class:

1. Introduction to Massage Therapy (LWW Massage Therapy and Bodywork Educational Series) - Hardcover (Jan. 17, 2007) by Mary Beth Braun and Stephanie J. Simonson
2. Functional Anatomy: Musculoskeletal Anatomy, Kinesiology, and Palpation for Manual Therapists (LWW Massage Therapy & Bodywork Educational Series) by Christy Cael

**TUTORING:** Missed practical training can be made up by tutoring with instructor at \$25.00 per hour. (One hour of tutoring equals 2 hours of class time.)

**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>	
<b>REGISTRATION</b>	RESERVES YOUR PLACE	\$ 75.00
<b>1<sup>st</sup> PAYMENT</b>	DUE TWO WEEKS PRIOR TO START DATE	\$ 557.00
<b>STRF FEE</b>	DUE WITH FIRST PAYMENT	\$ 7.50
<b>2<sup>nd</sup> PAYMENT</b>	3 <sup>rd</sup> MONDAY OF CLASS	\$ 388.00
<b>3<sup>rd</sup> PAYMENT</b>	6 <sup>TH</sup> MONDAY OF CLASS	\$ 388.00
<b>4<sup>th</sup> PAYMENT</b>	9 <sup>TH</sup> MONDAY OF CLASS	\$ 388.00
<b>5<sup>th</sup> PAYMENT</b>	11 <sup>th</sup> MONDAY OF CLASS	\$ 388.00
<b>6<sup>th</sup> PAYMENT</b>	13 <sup>th</sup> MONDAY OF CLASS	\$ 388.00
<b>7<sup>th</sup> PAYMENT</b>	15 <sup>th</sup> MONDAY OF CLASS	\$ 388.00
<b>TOTAL</b>		<b>\$ 2,967.50</b>

## 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. There is a \$12.00 fee for returned checks. The student will need to speak with the Office in order to continue attending classes for Non Payment of tuition beyond 7 days late.**

**As a prospective student you are encouraged to review this catalogue and School Performance disclosure (page 11 of catalogue) prior to signing an enrollment agreement.**

**My signature below certifies that I have been given the Catalogue with Performance Fact sheet. I have read, understood, and agreed to my rights and responsibilities. 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:**

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## STUDENT TUITION RECOVERY FUND (STRF)

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 program attending certain schools regulated by the Bureau for Private Postsecondary Education.

You may be eligible for STRF if you are a California resident or are enrolled in a residency program, prepaid tuition, paid 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 licenses 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 the Division within 30 days before the school closed or, if material failure began earlier than 30 days prior to closure, the period determined by the Bureau.
5. An inability after diligent efforts to prosecute proves 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.

## CREDIT TRANSFERABILITY

The transferability of credits you earn at Hands on Healing Institute is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the certificate you earn in MT250 and/or MT500 Programs or any advanced electives are also at the complete discretion of the institution to which you may seek to transfer. If the (credits or certificate) 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 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 Hands on Healing Institute to determine if your certificates will transfer.

## LOANS

A student being eligible for a loan guaranteed by the federal or state government and the student defaults on the loan, both of the following may occur:

- (1) The federal or state government or a loan guarantee agency may take action against the student, including applying any income tax refund to which the person is entitled to reduce the balance owed on the loan.
- (2) The student may not be eligible for any other federal student financial aid at another institution or other government assistance until the loan is repaid.

STUDENT INITIALS: \_\_\_\_\_

DATE \_\_\_\_\_



# Hands on Healing Institute MT250 Confidential Application for Admission

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

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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.

<b>Cardiovascular:</b> <input type="checkbox"/> Arteriosclerosis <input type="checkbox"/> Heart attack <input type="checkbox"/> Hypertension <input type="checkbox"/> Murmurs <input type="checkbox"/> Stroke <input type="checkbox"/> Other: _____	<b>Gastrointestinal:</b> <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea <input type="checkbox"/> Gastritis <input type="checkbox"/> Hepatitis <input type="checkbox"/> Hernia <input type="checkbox"/> Other: _____	<b>Respiratory:</b> <input type="checkbox"/> Asthma <input type="checkbox"/> Bronchitis <input type="checkbox"/> Emphysema <input type="checkbox"/> Pneumonia <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Other: _____
<b>Musculoskeletal:</b> <input type="checkbox"/> Arthritis <input type="checkbox"/> Fascia disease <input type="checkbox"/> disease <input type="checkbox"/> Tendonitis <input type="checkbox"/> Varicose veins <input type="checkbox"/> Other: _____	<b>Head, Eyes, Nose, Throat:</b> <input type="checkbox"/> Cataracts <input type="checkbox"/> Dizziness <input type="checkbox"/> Impaired hearing <input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Nosebleeds <input type="checkbox"/> Other: _____	<b>Endocrine:</b> <input type="checkbox"/> Anemia <input type="checkbox"/> Cancer (Which part of the body? _____) Joint <input type="checkbox"/> Diabetes <input type="checkbox"/> Epstein-Barr Syndrome <input type="checkbox"/> Any communicable disease? (Specify: _____) <input type="checkbox"/> Other: _____
<b>Skin:</b> <input type="checkbox"/> Athlete's foot <input type="checkbox"/> Hives <input type="checkbox"/> Psoriasis <input type="checkbox"/> Other: _____	<b>Urogenital:</b> <input type="checkbox"/> Herpes <input type="checkbox"/> Candidiasis <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Kidney Stones <input type="checkbox"/> 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: \_\_\_\_\_

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<i>Paid In full</i> _____	<i>Paid: Cash CC or Ck#</i> _____	
Registration fee \$75 _____	Cash, CC or Ck#: _____	Remaining Balance \$ _____
1 <sup>st</sup> pmt \$557 _____	Cash, CC or Ck#: _____	Remaining Balance \$ _____
STRF Fee \$7.50 _____	Cash, CC or Ck#: _____	Remaining Balance \$ _____
2 <sup>nd</sup> pmt \$388 _____	Cash, CC or Ck#: _____	Remaining Balance \$ _____
3 <sup>rd</sup> pmt \$388 _____	Cash, CC or Ck#: _____	Remaining Balance \$ _____
4 <sup>th</sup> pmt \$388 _____	Cash, CC or Ck #: _____	Remaining Balance \$ _____
5 <sup>th</sup> pmt \$388 _____	Cash, CC or Ck #: _____	Remaining Balance \$ _____
6 <sup>th</sup> pmt \$388 _____	Cash, CC or Ck #: _____	Remaining Balance \$ _____
7 <sup>th</sup> pmt \$388 _____	Cash, CC or Ck #: _____	Remaining Balance \$ _____
<b>Total Fees \$2,967.50</b>		

All payments should be input into ACT database