



Surgical SkillLab™ Enrollment Agreement

American Center for Excellence in Surgical Assisting, Inc.

Approved and Regulated by the Colorado Department of Higher Education,
Private Occupational School Board

Agents licensed by the Colorado Department of Higher Education,
Private Occupational School Board

From your computer, type your information in **ALL** required fields (*) on pages 1 and 2, then print out your form and sign.

Mail this completed form and your check to: ACESA, 4950 S. Yosemite St., F2 #343, Greenwood Village, CO 80111. **OR**
For faster service, fax enrollment form and copy of your check to: 303-221-4747, (check must then be mailed immediately)

*General Information

First Name _____ Last Name _____ MI _____

Medical Title _____ Social Security Number _____ / _____ / _____

Home Address _____ Apt. # _____

City _____ ST _____ Zip _____

Home Phone _____ Cell Phone _____

Your Email Address _____

Employer _____

Work Address _____ Suite. # _____

City _____ ST _____ Zip _____

Work Phone _____ Manager Name _____

Work Fax _____ Manager Email Address _____

I will attend the Surgical SkillLab™ in _____ on _____
(Location) (Date)

Surgical SkillLab™ Clock Hours 48 Semester Credits 2.2

Tuition and Fees

Standard Tuition: \$2,495 plus a \$50 non-refundable application fee for a total of \$2,545

Payment Plan: If you choose the payment plan, you agree to pay ACESA the total tuition and any fees pursuant to the loan agreement. You further agree to make the monthly payments on time every month before and after attending the lab. If payments are received more than 5 business days late, a \$35 late fee will be charged. An additional \$35 fee will be charged for bounced checks. If your account is more than 15 days late, you may lose your reserved seat in the 6-day lab until the account is brought current. This may result in having to attend a different lab. In addition, at ACESA discretion, you may be required to pay your account in full before being allowed to attend.

Other costs: The student may incur travel expenses if the **Surgical SkillLab™** is not hosted by a local hospital and they have to travel to another location. These costs may include airfare, car rental or other ground transportation, hotel sleeping room, meals, and any other anticipated or unanticipated travel related expense. Though rare, the School reserves the right to cancel a scheduled **Surgical SkillLab™** due to insufficient enrollments or for other unforeseen reasons. The School is not liable for travel expenses incurred by the student due to rescheduling. The student may also be subject to cancellation fees if the student cancels their reservation to attend the lab.

ACESA Lifetime Skills Guarantee

Included in the tuition is a Lifetime Skills Guarantee. We guarantee that you will receive the absolute full value of the 6-day, hands-on Surgical SkillLab. If for any reason you feel you didn't learn everything you needed to learn from the lab, you can retake the lab as many times as you feel necessary for FREE for a lifetime.

*Payment Options and Schedule: Please read payment choices carefully.

Payment Method Check Credit Card Free – A Lifetime Guarantee lab retake (skip next section)

Check only one box below

- Enroll Me Now! I'm making a payment of \$2,545 for payment in full which includes \$2,495 tuition plus a \$50 non-refundable application fee.
- Enroll Me Now! I'm making a down payment of \$964 (this includes a \$50 non-refundable application fee and a \$15 administrative fee). I also agree to pay 19 monthly installments of \$99 starting the month after making my down payment and ending 19 months later. The terms for paying the \$1,596 financed include 0% A.P.R. financing and a \$15 administrative fee on each payment processed. The total finance charge over the length of the loan is \$0 and the total amount of administrative fees is \$300 making my total payment \$2,845 including the down payment.

Refund Policy

Students not accepted into the School and students who cancel the enrollment contract by notifying the School within three (3) business days are entitled to a full refund of all tuition paid. Students who withdraw after three (3) business days, but before participating in any of the program, are entitled to a full refund of the tuition paid, minus the maximum cancellation charge of \$150.

In the case of students who withdraw after their participation in the program begins, the School will retain the cancellation charge plus a percentage of the total tuition, which is based on the number of segments of the program the student participated in, although not necessarily to completion segment.

Lab Segment Table

Number of Learning Segments in the Lab	Total % of Lab
Surgical SkillLab™ Classes, 6 segments, each segment is 16.66% of Lab	100%

Refund Table

Student is entitled to upon withdrawal / termination	Refund
Within 10% of the Lab	90% less cancellation charge
After 10% but within first 25% of the Lab	75% less cancellation charge
After 25% but within first 50% of the Lab	50% less cancellation charge
After 50% but within first 75% of the Lab	25% less cancellation charge
After 75% (cancellation charge is not applicable)	No refund

Students who withdraw or who are terminated from the lab and are on the School's payment plan may still owe the difference between the amount they have paid and amount due to the School for services rendered. Non-payment of the calculated amount owed based on above formula may result in legal action to include, but is not limited to, all appropriate collection procedures.

- 1) Applicable refunds will be made only to the individual or organization paying the tuition. This may or may not be the students themselves.
- 2) All refunds will be made within 30 days of the date of termination. The official date of termination or withdrawal of a student shall be determined in the following manner:
 - a) The date on which the School receives notice of the student's intention to discontinue the training program; or
 - b) The date on which the student violates published School policy, which provides for termination

- 3) The student will receive a full refund of tuition if the School discontinues the program within a period of time a student could have reasonably completed it, except that this provision shall not apply in the event the School ceases operation.
- 4) If a student complaint cannot be resolved between the student and the School, the student may contact the Colorado Division of Private Occupational Schools, 1380 Lawrence St., Suite 1200, Denver, CO 80204, 303-894-2960. All student complaints to be received by the Division must be in writing. There is a two year limitation of Division action on student complaints.

Student Complaints

Student complaints should be brought to the attention of the Program Director. If a satisfactory resolution cannot be reached between the student and the School, the student may file a written complaint online with the Colorado Division of Private Occupational Schools at <http://highered.colorado.gov/dpos>, or by requesting a complaint form at (303) 866-2723. All student complaints to be received by the Division must be in writing. There is a two year limitation of Division action on student complaints.

By signing below, you agree that you have read and understand all of the eligibility requirements as set forth in the **Surgical SkillLab™** Catalog Volume #1 Dated 2008-2009 ("School catalog") and that you are in full compliance. It further signifies that you agree with and will abide by all of the terms of this Enrollment Agreement. All disputes shall be settled by binding arbitration to be held in Denver, CO. You also agree to pay all costs of collection including reasonable attorney's fees.

ACESA agrees to provide the occupational training in accordance with the provisions of the School catalog. Upon satisfactory completion of all academic and skill requirements and upon payment of the tuition in full, ACESA will award the Certificate of Completion to the student. ACESA does not award CEUs but professional organizations not associated with ACESA may do so at their own discretion and upon inspection of the agenda, semester credits, and other documentation. The student and ACESA understand that this Enrollment Agreement, WHICH INCLUDES THE REFUND POLICY, may not be amended except in writing and signed by both parties.

I HAVE RECEIVED A COPY OF THIS ENROLLMENT AGREEMENT AND A SCHOOL CATALOG EITHER BY DOWNLOADING FROM THE ACESA WEB SITE, EMAIL, OR MAIL.

Student's Signature / Date

School's Licensed Agent Name (Print)

Program Director's Signature / Date

School's Licensed Agent's Signature / Date