



Stand-Alone Surgical SkillLab™ Enrollment Agreement

ACE 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 your form and check to: ACE Surgical Assisting, 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: \$1,500 plus a \$50 non-refundable application fee for a total of \$1,550.

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.

Lifetime Access for Skills Mastery

Lifetime Access for Skills Mastery is included in the program. We want you to receive the absolute full value of the 6-day, hands-on Surgical SkillLab. If for any reason you feel you didn't master everything you needed from the lab, you can retake the lab as many times as you feel necessary, for a lifetime, at no extra charge.

Payment Options and Schedule: Please read payment choices carefully.

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

Enroll Me Now! I'm making a payment of \$1,550 for payment in full which includes \$1,500 tuition plus a \$50 non-refundable application fee.

Refund Policy

Students not accepted into the School and students who cancel the enrollment contract by notifying the School within five (5) business days are entitled to a full refund of all funds paid. Students who withdraw after five (5) 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 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.

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 version of the Surgical SkillLab Catalog that was valid as of the date this agreement was signed ("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.

If you are paying your tuition through the ACE Surgical Assisting payment plan and you withdraw from this program or are terminated, you may still owe money for services already rendered in accordance with this agreement. You agree to pay said monies in full and that 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.

ACE Surgical Assisting agrees to provide the occupational training in accordance with the provisions of the School Catalog. Payment of all monies due shall be a condition of continuing enrollment. Upon satisfactory completion of all academic and skill requirements and when all financial obligations have been met including payment of the tuition in full, ACE Surgical Assisting will award the Certificate of Completion to the student. ACE Surgical Assisting does not award CEUs but professional organizations not associated with ACE Surgical Assisting may do so at their own discretion and upon inspection of the agenda, semester credits, and other documentation. The student and ACE Surgical Assisting 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. I ALSO RECEIVED A SCHOOL CATALOG EITHER BY DOWNLOADING IT FROM www.acesatraining.com OR THROUGH 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