



AMERICAN DIALYSIS COLLEGE

Sponsored by Hemodialysis, Inc.
710 West Wilson Avenue
Glendale, California 91203-2409
Voice: 818-500-8736 — Fax: 818-500-9452
www.hemodialysis-inc.com

Enrollment Agreement Course Title: Hemodialysis Nursing

First Name:		Home Phone:	
Last Name:		E-mail address:	
Street Address:		Sex (circle):	M F
City:		Birth Date (mo/day/yr):	
Apt.:		Semester (circle):	Fall Spring
State:		Total weeks in program:	16
Zip code:		Start Date: (mo/day/yr)	
SSN:		Completion Date: (mo/day/yr)	
Title (circle):	RN LVN PCT	Period Covered:	

CLOCK HOURS REQUIRED TO COMPLETE THE HEMODIALYSIS TRAINING PROGRAM (CEC§94911(a))

- Total clock hours for RNs are 320 hours.
- Total clock hours for LVNs/PCTs are 448 hours.

CLASS SESSIONS / TRAINING LOCATIONS (CEC §94909(A)(4))

Lectures and other didactic education

Hemodialysis, Inc. (Hi); Wilson Campus

Sponsor of the American Dialysis College
710 West Wilson Avenue
Glendale, CA 91203-2409
Voice: 818-500-8736
Fax: 818-500-9452 - ADC School
Fax: 818-500-7214 – Accounting office

Clinical/Practicum/Training Locations

Holy Cross Renal Center (HCRC)

14901 Rinaldi Avenue; Suite 100
Mission Hills, CA 91345
Voice: 818-365-6961 ♦ Fax: 818-365-3061

And/or

Huntington Dialysis Center (HDC)

806 S. Fair Oaks Avenue
Pasadena, CA 91105
Voice: 626-792-0548 ♦ Fax: 626-792-0523

NO COLLEGE CREDIT IS OFFERED FOR THIS PROGRAM.

There are **no college credits offered** or credits to transfer. See Notice Concerning Transferability Of Credits And Credentials Earned At Our Institution - §94909(a)(15). Upon successful completion of the program, a Certificate of Completion is given and thirty (30) contact hours of continuing education.



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“NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION” - §94909(A)(15) (CEC §94911(h))

“The transferability of credits you earn at (American Dialysis College) is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the (degree, diploma, or certificate) you earn in (Hemodialysis Program) is also at the complete discretion of the institution to which you may seek to transfer. If the (credits or degree, diploma, 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 (American Dialysis College) to determine if your (credits or degree, diploma or certificate) will transfer.”

CANCELLATION / WITHDRAWAL / REFUND POLICY - §94909(a)(8)(B) CCR §71800 (CEC §94911(e)(1)(2)(3))

“STUDENT’S RIGHT TO CANCEL” - CEC §94911- (e)(1)

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 Procedure by Student (CEC §94911(e)(3))

Cancellation will occur when the student gives written notice of cancellation to the school at the address specified in the agreement. A signed and dated notice of cancellation, if sent by mail, is effective when delivered properly addressed with postage prepaid. Deliver a signed and dated copy of this cancellation notice to:

**American Dialysis College
710 West Wilson Avenue
Glendale, CA 91203-2409**

Refund Policy (CEC §94911(e)(1)(2)(3))

There is a non-refundable processing fee of \$75.00.

1. 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.
2. The ADC is unaccredited and does not receive federal funds for education: the following statement does not apply to the ADC, “If the student has received federal student financial aid funds, the student is entitled to a refund of moneys not paid from federal student financial aid program funds.”
3. Students who cancel prior to program start date will be fully refunded the balance of the program tuition, minus the non-refundable fee.
4. Refunds are based on that portion of the program, remainder of the 16 weeks, not completed by the student.

Notice of Refund

Any monies due the applicant or student will be refunded within thirty (30) days of the date of notice of cancellation or termination. The refund computation will be based on the last date of student attendance. A student shall be deemed to have withdrawn from the course when any of the following occurs:

1. You notify, in writing, the school of your withdrawal or the actual date of withdrawal.
2. The school terminates your enrollment.
3. You fail to attend scheduled classes for three (3) consecutive school days.

FORMULA To Calculate Refund

Tuition Amount (Excluding non-refundable processing fees) multiply times Number of clock hours paid for but not received; divided by total number clock hours, equals amount of tuition to be refunded.



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Hypothetical Refund Example

Assume that a student upon enrollment in a 400 hour course pays \$5,425.00 for tuition, \$75.00 for registration and \$15.00 STRF for a total of \$5,500.00, and withdraws after completing 100 hours. The pro rata refund to the student would be \$4,057.50 based on the stated calculation below. Refer to catalog for complete information.

SAMPLE Formula: $\$5,410.00 \times (300/400) = \4057.50 REFUND

STUDENT LOANS (CEC §94911(f))

- 1 If the student obtains a loan to pay for an educational program, the student will have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund. (CEC §94911(f))
- 2 If the student defaults on a federal or state loan, both the following may occur: (1) The federal or state government or a loan guarantee agency may take action against the student, including garnishing an income tax refund; and (2) The student may not be eligible for any other government financial assistance at another institution until the loan is repaid. (CEC §94911(g)(1),(2))

SCHEDULE OF PROGRAM FEES/CHARGES (CEC §94909(a)(10))

The American Dialysis College or Hemodialysis, Inc. **does not offer** or participate in any type of student loan or federal financial aid programs. (5, CCR §71810(b)(6))

- **Basic Tuition RNs — \$4,500** (based on 320 clock hours).
- **Basic Tuition PCTs & LVNs — \$5,500.00** (based on 448 clock hours).

Basic Tuition

TYPE OF CHARGE	RNs	LVNs/PCTs	COMMENTS
Processing fee:	75.00	75.00	Non-refundable. Due upon enrollment
Registration fee:	250.00	250.00	Non-refundable after program start date.
Student Tuition Recovery Fund.	0.00	0.00	No fee.
Tuition Balance:	\$4,170.00	\$5169.00	Due before class start date.
BASIC TUITION	\$4,500.00	\$5,500.00	Refer to cancellation and refund policy.

Estimated Schedule of Non-Tuition Charges (5,CCR § 71800(e-f))

The following expenses are not included under program tuition. They are to be paid under separate cover by the student. Additional cost for textbooks, malpractice insurance, physical examination, laboratory tests, protective uniforms and supplies are approximate.

TYPE OF CHARGE	RNs	LVNs/PCTs	COMMENTS
Course texts	400.00	400.00	Books plus CA tax
Malpractice Insurance	52.00	52.00	
Uniform Policy – cover-ups	20.00	39.00	LVNs/PCTs spend more days in clinical
Health (H&P) and Blood work	200.00	200.00	Depends on students individual health care plan, physician, etc.
Additional supplies	200.00	200.00	Stethoscope, calculator, tourniquet, black ink pen, second hand watch, nursing uniforms.
Approximate Non-tuition Charges	872.00	891.00	



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Total Fees Including Basic Tuition and Non-Tuition Items

Type of Charge	RNs	LVNs/PCTs	Comments
Basic Tuition	\$4,500.00	\$5,500.00	
Non-tuition	872.00	891.00	
ESTIMATED TOTAL CHARGES	\$5372.00	\$6391.00	
FOR ENTIRE PROGRAM			

STUDENT TUITION RECOVERY FUND (STRF) – (5,CCR §76215 (a) and 5,CCR §76215 (b))

The Student Tuition Recovery Fund (STRF) is a special fund established by the California Legislature to protect any California resident who attends a private postsecondary institution and experiences a financial loss as a result of the closure of the institution, the institution's breach or anticipatory breach of the agreement for the course of instruction, a decline in the quality or value of the course of instruction within the 30-day period before the institution's closure, or the institution's refusal to pay a court judgment.

5 CCR §76215(a) A qualifying institution shall include the following statement on both its enrollment agreement for an educational program and its current schedule of student charges:

"You must pay the state-imposed assessment for the Student Tuition Recovery Fund (STRF) if all of the following applies to you:

- 1 You are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all of part of your tuition either by cash, guaranteed student loans, or personal loans, and
- 2 Your total charges are not paid by any third-party payer such as an employer, government program or other payer unless you have a separate agreement to repay the third party.

You are not eligible for protection from the STRF and you are not required to pay the STRF assessment if either of the following applies:

- 1 You are not a California resident, or are not enrolled in a residency program, or
- 2 Your total charges are paid by a third party, such as an employer, government program or other payer, and you have no separate agreement to repay the third party."

5 CCR §76215(b) In addition to the statement described under subdivision (a) of this section, a qualifying institution shall include the following statement on its current schedule of student charges:

"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 license 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 the material failure began earlier than 30-days prior to closure, the period determined by the Bureau.
- 5 An inability after diligent efforts to prosecute, prove, 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.



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FILING A COMPLAINT ABOUT ADC §94909(a) (3) (c)

"A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling (888) 370-7589 toll-free or by completing a complaint form, which can be obtained on the bureau's internet web site www.bppe.ca.gov."

UN-ANSWERED CATALOGUE QUESTIONS (CEC §94911(j)(1)(2))

Any questions a student may have regarding this catalogue that have not been satisfactorily answered by the institution (American Dialysis College) may be directed to the Bureau for Private Postsecondary and Education at:

Address: 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833
P.O.Box 980818, West Sacramento, CA 95797-0818
Website Address: www.bppe.ca.gov
Telephone (888) 370-7589 or (916) 431-6959
and FAX #'s: (916) 263-1897

QUESTION and/or COMPLAINTS. (CEC §94911(j)(1)(2))

- 1 "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 2535 Capitol Oaks Drive, Suite 400 Sacramento, CA 95833; P.O. Box 980818, West Sacramento, CA 95798-0818, www.bppe.ca.gov, toll-free telephone number (888) 370-7589 or by fax (916) 263-1897."
- 2 "A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling (888) 370-7589 toll-free or by completing a complaint form, which can be obtained on the bureau's internet web site www.bppe.ca.gov."
- 3 If you have any complaints, questions or problems which you can not work out with the school, write or call:

Bureau for Private Postsecondary Education

Physical Address: 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833
Mailing Address: P.O. Box 980818, West Sacramento, CA 95798-0818
Phone Number: (916) 431-6959
Toll Free: (888) 370-7589
FAX Number: (916) 263-1897 Website: www.bppe.ca.gov.

ADC PROVIDES NO "DISTANCE EDUCATION" (5,CCR §71810 (b)(11))

All ADC practicum and didactic education is done in real places and real times; there is no "distance education."

BUREAU PRIVATE POSTSECONDARY EDUCATION SECTION (CEC §94911(c)) REQUIRES THE FOLLOWING:

		RN	LVN/PCT
1	<u>TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE</u>	\$4,500.00	\$5,500.00
2	<u>ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM</u>	\$5,372.00	\$6,391.00
3	<u>TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT</u>	\$325.00	\$325.00



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ENROLLMENT AGREEMENT SIGNATURE REQUIREMENTS - CEC §94911 (i)(1)(2)

(1) "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. 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, and salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement."

Student Initials Required: _____

"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 Sheet."

(2) "I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, and salary or wage information included in the School Performance Fact sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet."

A student shall enroll solely by means of executing an enrollment agreement. The enrollment agreement shall be signed by the student and by an authorized employee of the institution. (CEC §94902(a))

THE ENROLLMENT AGREEMENT IS A LEGALLY BINDING CONTRACT - (CEC §94911(d))

"I understand that this is a legally binding contract. 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." (CEC §94911(k))

REQUIRED SIGNATURES

SIGNATURE OF STUDENT :

TITLE OF AUTHORIZED SCHOOL REPRESENTATIVE:

SIGNATURE OF AUTHORIZED SCHOOL REPRESENTATIVE:

DATE AGREEMENT SIGNED:
