

**PATHWAYS COLLEGE, LLC  
NURSING AND HEALTHCARE CAREERS  
637 E. ALBERTONI ST. , SUITE 100  
CARSON, CA 90746  
Phone: (310) 225-2702  
ENROLLMENT AGREEMENT**

Student Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Verification of High School Diploma/GED:** Date \_\_\_\_\_ By: \_\_\_\_\_ or \_\_\_\_\_

Ability to Benefit Assessment Examination given: Date: \_\_\_\_\_ Score: \_\_\_\_\_ Date: \_\_\_\_\_ Score: \_\_\_\_\_

**COURSE TITLE: NURSING ASSISTANT TOTAL NUMBER OF CLOCK HOURS: 164**

This Enrollment Agreement covers the following period: Start Date: \_\_\_\_\_ through \_\_\_\_\_

Scheduled Completion Date: \_\_\_\_\_

Other Completion Date: \_\_\_\_\_ Explanation: \_\_\_\_\_

**TOTAL FEES, CHARGES, AND EXPENSES NURSING ASSISTANT**

1. Tuition Fee {School}	\$2292.00
2. Registration Fee {School} (non-refundable)	\$75.00
3. Textbooks (text, handouts, supplies, materials) {School}	\$120.00
4. CPR/BLS (includes card and book) {CPR Instructor}	\$65.00
5. Mal Practice Insurance {NSO}	\$25.00
6. Uniforms, Nursing Shoes & Name badge {Uniform Store}	\$135.00
7. Physical Examination {M.D.}	\$60.00
8. State Examination Fee {National Nurse Aide Training Program}	\$100.00
9. Student Tuition Recovery Fund Fee (STRF) <b>(Non-Refundable)</b>	\$0.00
<b>Paid to { }</b>	

**CURRENT TOTAL FEES, CHARGES AND EXPENSES FOR ENTIRE PROGRAM: \$2872.00**

**STUDENT TUITION RECOVERY FUND (STRF)**

“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.

“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 programs attending certain schools regulated by the Bureau for Private Postsecondary Education (BPPE).

You may be eligible for STRF if you are a California resident or 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.

**“I certify that I have received the catalog, or brochure, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates salary or wage information**

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**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.”**

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.”

**NON-REFUNDABLE FEES:** Registration, physical exam, insurance, CPR/BLS,, uniform & name badge, nursing shoes, **STRF fee**, and State Exam fee. **REFUNDABLE FEES:** Text books, and equipment (refunds for textbooks and equipment will be based on their fair market value and based on the condition of the items returned to the school). **PLEASE READ TUITION REFUND TABLE** for tuition refund calculations (page 4 of Enrollment Agreement). **TOTAL CHARGES DUE ON ENROLLMENT ARE: \$375.00. includes \$75.00 non-refundable registration fee, books & materials, mal-practice insurance, non-refundable STRF fee, uniforms, name badge and CPR/BLS certification.** **“Prior to signing this Enrollment Agreement, the student must be given a catalog or brochure and a School Performance Fact Sheet”** which you are encouraged review prior to signing this Enrollment Agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact relating to completion rates, placement rates, license examination passage rates, salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement. **If English is not the student’s primary language, and the student is unable to understand the terms and conditions of the enrollment agreement, the student shall have the right to obtain a clear explanation of the terms and conditions and all cancellation and refund policies in his or her primary language. If English is not the student’s primary language an interpreter will be provided to explain the enrollment agreement, disclosures and statements, and if recruitment was not conducted in English.**

“ Total charges for the current period of attendance for the nurse assistant program for the period of attendance: estimated total charges for the entire educational program: and the total charges the student is expected to pay upon enrollment is **\$0**. Start date: \_\_\_\_\_ and end date \_\_\_\_\_ and the estimated total charges for the entire educational program (**Nurse Assistant**) is: **\$2872.00**. The student is not required to pay any charges or fees upon enrollment. All charges and fees are paid by the WorkSource.”

Enrollment Date \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

**SCHEDULE OF PAYMENTS: ALL FEES PAID BY THE WORKSOURCE.**

**TOTAL AMOUNT DUE: \$2872.00** Contract with: \_\_\_\_\_ WORKSOURCE

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

If a 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. My signature below certifies “That I have received the Catalog or brochure, School Performance Fact Sheet, and information regarding completion rates, placement rates, certification 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”, I was encouraged to review the information prior to signing this agreement. Copies will be placed in my file.

**“I understand that this Enrollment Agreement is legally binding when signed by the student and accepted by the institution. 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.”**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent or Guardian (If applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and Title of School Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
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**NOTICE**

ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSE WHICH 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.

**REFUND AND LOAN PROVISIONS**

**“STUDENT’S RIGHT TO CANCEL”**

The student has the right to cancel the enrollment agreement and obtain a full refund of charges paid through attendance at the first class session, or the seventh day after enrollment whichever is later.

(**ACTUAL DATE:** \_\_\_\_\_), whichever is later.

Cancellation shall occur when you give written notice of cancellation at the address of the School shown on the top of the page of this Agreement. You can do this by mail, hand delivery, or telegram. The written notice of cancellation, if sent by mail is effective when deposited in the mail properly addressed with postage prepaid.

The written notice of cancellation need not take any particular form and however expressed, it is effective if it shows that you no longer wish to be bound by this Agreement. You will be given a “Notice of Cancellation Form” to use at the first day of class, but you can use any written notice that you wish.

If the School has given you any equipment, including books or other materials, you shall return it to the School within 45 days following the date of your notice of cancellation. If you fail to return this equipment, including books, or other materials, in good condition within the 45-day period, the School may deduct its documented cost for the equipment from any refund that may be due you. Once you pay for the equipment it is yours to keep without further obligation.

If the student has received federal student financial aid funds, the student is entitled to a refund of monies not paid from federal student financial aid program funds.

If the student is eligible for a loan guaranteed by the federal or state government and the student defaults on the loan, both of the following may occur: 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. 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. If you cancel this Agreement, the school may refund any money that you paid, less any deduction for equipment not timely returned in good condition within 45 days after your notice of cancellation is received.

**“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 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.”**

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**WITHDRAWAL FROM COURSE**

You have the right to withdraw from a course of instruction at any time. If you withdraw from the course of instruction after the period allowed for cancellation of the Enrollment Agreement, which is through attendance at the first class or session, or the seventh (7<sup>th</sup>) day after enrollment (**ACTUAL DATE:** \_\_\_\_\_), whichever is later. You are obligated to pay only for educational services rendered and for unreturned equipment. The refund shall be the amount you paid for instruction multiplied by fraction, the numerator of which is the number of hours of instruction which you have not received but for which you have paid, and the denominator of which is the total number of hours of instruction for which you have paid. If you obtain equipment, as specified in the Agreement as a separate charge, and return it in good condition within 45 days following the date of your withdrawal, the School shall refund the charge for the equipment paid by you. If you fail to return the equipment in good condition, allowing for reasonable wear and tear, within this 45-day period, the School may offset against the refund the documented cost to the School of that equipment. You shall be liable for the amount, if any, by which the documented cost for equipment exceeds the prorated refund amount. The documented cost of the equipment may be less than the amount charged, and the amount the School has charged in the contract. In any event, you will never be charged for more than the equipment charges stated in the contract. For a list of these charges, see the list on the front of this page. IF THE AMOUNT YOU HAVE PAID IS MORE THAN THE AMOUNT THAT YOU OWE FOR THE TIME YOU ATTENDED, THEN A REFUND WILL BE MADE WITHIN 45 DAYS OF WITHDRAWAL. IF THE AMOUNT THAT YOU OWE IS MORE THAN THE AMOUNT THAT YOU HAVE ALREADY PAID, THEN YOU WILL HAVE TO MAKE ARRANGEMENTS TO PAY IT.

**REFUND TABLE NURSING ASSISTANT PROGRAM \*\*\*NOT APPLICABLE TO WORKSOURCE STUDENTS  
ALL FEES PAID BY WORKSOURCE CENTER**

Refundable Amount	Amount of 10% refund	Amount of 25% refund	Amount of 50% refund	Amount of 60% refund
\$2292.00	\$229.20	\$573.00	\$1146.00	\$1375.20

For the purpose of determining the amount you owe for the time you attended, you shall be deemed to have withdrawn from the course when any of the following occurs:

- a. You notify the school in writing of your withdrawal/cancellation or the actual date of withdrawal/cancellation.
- b. The school terminates your enrollment.
- c. You fail to attend classes for a three-week period. In this case, the date of withdrawal (**ACTUAL DATE:** \_\_\_\_\_), whichever is later shall be deemed to be the last date of recorded attendance.
- d. A withdrawal may be initiated by the student's written notice, or by the student's conduct, including but not limited to, a student's lack of attendance.
- e. You fail to submit three consecutive lessons or you fail to submit a completed lesson require for home study or correspondence within 60 days of its due date (if applicable).
- f.

If any portion of your tuition was paid from the proceeds of a loan, then the refund will be sent to the lender or to the agency that guaranteed the loan, if any. Any remaining amount of refund will first be used to repay any student financial aid programs from which you received the benefits, in proportion to the amount of the benefits received. Any remaining amount will be paid to you. If there is a balance due, you will be responsible to pay that amount.

**NOTICE OF STUDENT RIGHTS (Refunds not paid to Worksource Students)**

1. You have the right to cancel and obtain a refund of charges paid through attendance at the first class session, or the 7<sup>th</sup> day after enrollment (**ACTUAL DATE:** \_\_\_\_\_), whichever is later. After the end of the cancellation period, you also have the right to stop school at any time, and you have the right to receive a refund for the part of the course not taken. Your refund rights are described in the Enrollment Agreement pages 1,2,3,4,5,6.

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2. If the school closes before you graduate, you may be entitled to a refund. Contact the Bureau for Private Postsecondary Education at the address and telephone number printed below for information.

3. 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:

**Address: 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833  
P.O. Box 98018 West Sacramento, CA 95798-0818  
Telephone and Fax #'s (888) 370-7589 or by fax (916) 263-1897  
(916) 431-6959 or by fax (916) 263-1897**

“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 from the bureau’s internet web site” [www.bppe.ca.gov](http://www.bppe.ca.gov)

**Bureau for Private Postsecondary Education:**

**Address: 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833  
P.O. Box 980818, West Sacramento, CA. 95798-0818  
Telephone and Fax #'s: Toll-free (888) 370-7589 or by fax: (916) 263-1897  
Telephone: (916) 431-6959  
Fax Number: (916) 263-1897  
Web site Address: [www.bppe.ca.gov](http://www.bppe.ca.gov)**

**NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION**

“The transferability of credits you earn at Pathways College is at the complete discretion of the institution to which you may seek to transfer. Acceptance of the (**CERTIFICATE {s}**) you earn in **Nursing Assistant** course is also at the complete discretion of the institution to which you may seek to transfer. If the (**CERTIFICATE {s}**) that you earn at this institution is 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 seek to transfer after attending Pathways College to determine if your (**CERTIFICATE{s}**) will transfer.” This requirement is not applicable to correspondence or other distance learning programs. I further understand that the catalog and its contents are a part of this Enrollment Agreement and that information presented therein is binding on the school and me.

**TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE; ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM ; and THE TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT. Student is expected to pay \$0 upon enrollment. All fees (\$2872.00) to be paid by the WorkSource.**

**“I understand that this enrollment agreement is legally binding when signed by the student and accepted by the institution. 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.”**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent or Guardian (If Applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and Title of School Official

\_\_\_\_\_  
Date

**“I certify that I have received the catalog, or brochure, 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.”**

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