

Hands on Healing Institute MT500 Enrollment Agreement



Name: _____ Start Date: _____

Address: _____ End Date: _____

_____ DAY / EVE: _____

City _____ Zip _____

Our MT500 hour Program is required for therapists who want to apply for the State Certification as a Massage Therapist through the California Massage Therapy Council (CAMTC). This certification allows massage therapists to practice in any city in California. Certification for Massage Therapists will require passing the MBLEx test.

To be able to apply for State Certification and earn a certificate for the MT500 Certification, you will need to take our MT300 Program AND 200 additional hours of electives. When you have completed the MT300 Program and 200 elective hours, and passed any and all applicable tests of the additional 200 hours of electives, as well as passed the MBLEx, you may apply to the CAMTC for State Certification as a Massage Therapist. Once you apply you should request that we send in your Transcripts .which will include a breakdown of our MT300 Program and any electives you have taken with us.

In order for credit hours to be included in HHI's official transcripts, Clock hours must be completed at Hands on Healing Institute (HHI) 6708 Foothill Blvd. Tower #2 Tujunga, CA 91042 t

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 (some of these titles are grandfathered, CMT is the only title currently offered). 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. All cities are now requiring a minimum of 500+ hours of training and/or State Certification in order to get a business license. Students are responsible for researching, determining and meeting their particular area requirements.

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 a minimum of 500 hours of massage education; which must include 100 hours designated to Anatomy & Physiology, Contraindications, Health & Hygiene, and Business & Ethics. Students must apply for state certification on their own through the CAMTC (www.camtc.org). Attendance and/or graduation from a California Massage Therapy Council approved school does not guarantee certification by CAMTC. Applicants for certification shall meet all requirements as listed in California Business and Professions Code sections 4600et.Seq.

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 and/or CAMTC at:

- **Bureau For Private Postsecondary Education:**
2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833
P.O. Box 980818, West Sacramento, CA 95798-0818
Telephone: (916) 431-6959 or Toll Free: (888) 370-7589, Fax Number: (916) 263-1897
The Bureau's internet web site: www.bppe.ca.gov

California Massage Therapy Council
One Capitol Mall, Suite 800, Sacramento, CA 95814,
www.camtc.org, phone(916) 669-5336, or fax (916) 669-5337

A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling toll free (888) 370-7589 or by completing a complaint form, which can be obtained on the bureau's internet website www.bppe.ca.gov and /or **California Massage Therapy Council:** One Capitol Mall, Suite 800, Sacramento, CA 95814, www.camtc.org, phone (916) 669-5336, or fax (916) 669-5337

As a prospective student you are encouraged to review the catalogue and School Performance disclosure you have received prior to signing an enrollment agreement.

Dress Code: Comfortable loose clothing should be worn. No short skirts, short-shorts, low cut tops, underwear showing, low-riding pants or bare midriffs. Clothing should be professional.

Federal 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.
- (3) If a student has received federal student financial aid funds, the student is entitled to a refund on moneys not paid from student financial aid program funds.

Hands on Healing Institute does not participate in any federal financial aid programs.

Personal Loans:

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.

Students Right to Withdrawal:

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.

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. Tuition Fee of **\$3,570** is refundable on a pro-rated basis. 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 written notice of cancellation should be delivered to Camille Sandroni, Director, Hands on Healing Institute, 6708 Foothill Boulevard, Tujunga, CA 91042 Phone (818) 951-5811

For a full refund students must submit a letter of withdrawal by... Date _____

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. 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 Sheet relating to completion rates, placement rates, license exam passage rates, and salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement. **Initial** _____

I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion 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. **Initial** _____

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.

Student Signature: _____ **Date:** _____

Registrar Signature: _____ **Date:** _____

Hands on Healing Institute MT500 Enrollment Agreement

TUITION - MT300 Massage Therapy Program \$3,890 + 2 books (Not Included)

\$100.00 NON-REFUNDABLE Registration Fee

\$220.00 PARTIALLY REFUNDABLE Student Bundle which includes:

NON-REFUNDABLE - ABMP Student Liability Insurance \$50.00; HHI Course Manual \$42.00 REFUNDABLE – Transcript Fee \$15.00; Hold All Holster \$20.00; ½ gal Biotone Dual Purpose Cream \$45.00; Flannel Sheet Set \$33.00; HHI Tote Bag \$15.00

(Refundable only if unopened, unused, and within 10 days of School receiving written cancellation of drop date.)

\$3,570.00 REFUNDABLE TUITION FEE – (see Pro-Rated Withdrawal/Refund Policy)

NOTE: MASSAGE TABLES, CHAIRS, BOLSTERS, AND BLANKETS FOR CLASSROOM USE ARE PROVIDED BY HHI. Students will need to purchase the following 2 books, which are needed the **First Day of Class**.

1. **Introduction to Massage Therapy (LWW Massage Therapy and Bodywork Educational Series) 3rd Edition** – (soft cover) by Mary Beth Braun and Stephanie J. Simonson

2. **Trail Guide to the Body 5th Edition**, Andrew Biel. This book is highly recommended and is also a required book for Kinesiology/Advanced Anatomy and Deep Tissue classes.

Note: To purchase these books you may follow the links on our website

TUTORING: Missed practical training can be made up by tutoring with instructor at \$18.00 per hour. Students will have 30 days after the last scheduled class meeting to make up all missed hours.

This Enrollment Agreement is good for Two Years from Initial Program Start Date of _____

MT 300 PAYMENT PLAN:

The following is an optional interest-free payment plan should a student need to pay the tuition in installments:

REGISTRATION	DUE UPON ENROLLMENT	\$ 100.00*
1st PAYMENT	DUE PRIOR TO START DATE	\$ 730.00**
2nd PAYMENT	3rd MONDAY OF CLASS	\$ 510.00
3rd PAYMENT	6th MONDAY OF CLASS	\$ 510.00
4th PAYMENT	9th MONDAY OF CLASS	\$ 510.00
5th PAYMENT	12th MONDAY OF CLASS	\$ 510.00
6th PAYMENT	15th MONDAY OF CLASS	\$ 510.00
7th PAYMENT	18th MONDAY OF CLASS	\$ 510.00
TOTAL		\$ 3,890.00

Total Estimated Cost of the MT500 Program (which includes MT300 plus electives) **is between \$7,000 and \$8,000**

***\$100 Non-refundable Registration Fee reserves your space in the class.**

Late Fees: A \$25.00 late fee will be charged for non-payment of tuition after 3 days late. The student will need to speak with the Director in order to continue attending classes for non-payment of tuition beyond 3 days.

There is a \$15.00 fee for all returned insufficient fund checks.

The Student Tuition Recovery Fee (STRF) is currently \$0 per every \$1,000 of tuition, however this may change in the future.

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*. **The student will need to speak with the Office in order to continue attending classes for Non Payment of tuition beyond 3 days late.**

Note: The cost of the additional 200 CEU Hours will vary depending on the electives you choose to take. It can range from \$3,110 to \$7,000. The time it will take you to complete 500 hours will also vary depending on the

schedule, the enrollment agreement you signed is good for 2 years starting the first day of your MT300 Program. Here is a list of classes including prices and hours so you can get a better idea of what your total cost will be for Our MT500 Program. For Schedule visit our website schedule and events page or use our calendar.

Hands on Healing Institute MT500 Enrollment Agreement

STUDENT TUITION RECOVERY FUND (STRF):

Student Tuition Recovery Fund 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. There is currently a non-refundable STRF of \$0 per ever \$1000 of tuition.

“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 pre-pay all or 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 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 collects 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.

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

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 MT300 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. HHI does not have any articulation or transfer agreements with any other College, University or Institution

TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE: \$3,890 + 2 books
ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM \$7,000 to \$8,000
THE TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT \$830.00

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.

Student Signature: _____ **Date:** _____

Registrar Signature: _____ **Date:** _____

Hands on Healing Institute MT500 Confidential Application for Admission

Name: _____ Sex: M F
First Middle Last

PRINT NAME AS YOU WISH TO SEE IT ON YOUR CERTIFICATE:

Home Address: _____
City State ZIP

Phone #: Hm _____ Wk _____ Cl _____ Pg _____

E-mail Address: _____ Current Occupation: _____

Date of Birth: _____ Place of Birth: _____ U.S. Citizen: Yes No

Driver's License #: _____ Car License Plate #: _____

How did you hear about us? Friend Yellow pages Flyer Internet Alumni

Other _____

EMERGENCY CONTACT:

Name of nearest person to contact: _____ Phone: _____

Address: _____

Relationship: _____

Please list two personal references that are not related to you:

Name, Address, Telephone: _____

Name, Address, Telephone: _____

Have you ever been convicted of a felony? No Yes - Please explain: _____

EDUCATION:

Please list any high schools, colleges, universities, business or trade schools that you have attended:

Name & Address *Dates Attended* *Degree & Major*

HEALTH HISTORY:

Are you presently or have you in the past year been under the care of a doctor, holistic or otherwise? Yes No

Have you ever had psychiatric care? Yes No If yes, please elaborate: _____

FEMALE APPLICANTS ONLY: Are you pregnant? Yes No Maybe

Are you currently on any medications? Please list. _____

Hands on Healing Institute MT500 Confidential Application for Admission

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

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.

Cardiovascular:

- ____ Arteriosclerosis
- ____ Heart attack
- ____ Hypertension
- ____ Murmurs
- ____ Stroke
- ____ Other: _____

Gastrointestinal:

- ____ Constipation
- ____ Diarrhea
- ____ Gastritis
- ____ Hepatitis
- ____ Hernia
- ____ Other: _____

Respiratory:

- ____ Asthma
- ____ Bronchitis
- ____ Emphysema
- ____ Pneumonia
- ____ Tuberculosis
- ____ Other: _____

Musculoskeletal:

- ____ Arthritis
- ____ Fascia disease
- disease
- ____ Tendonitis
- ____ Varicose veins
- ____ Other: _____

Head, Eyes, Nose, Throat:

- ____ Cataracts
- ____ Dizziness
- ____ Impaired hearing
- ____ Loss of consciousness
- ____ Nosebleeds
- ____ Other: _____

Endocrine:

- ____ Anemia
- ____ Cancer (Which part of the body? _____) Joint
- ____ Diabetes
- ____ Epstein-Barr Syndrome
- ____ Any communicable disease? (Specify: _____)
- ____ Other: _____

Skin:

- ____ Athlete's foot
- ____ Hives
- ____ Psoriasis
- ____ Other: _____

Urogenital:

- ____ Herpes
- ____ Candidiasis
- ____ Gonorrhea
- ____ Kidney Stones
- ____ 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: _____

<i>Paid In full</i> Date _____	<i>Paid: Cash CC or Ck#</i> _____
<i>Registration fee \$100</i> Date _____	<i>Cash, CC or Ck#:</i> _____ <i>Remaining</i>
<i>**Student Bundle \$220 included in first payment</i>	
<i>1st pmt \$730.00**</i> Date _____	<i>Cash, CC or Ck#:</i> _____ <i>Remaining Balance \$</i> _____
<i>2nd pmt \$510.00</i> Date _____	<i>Cash, CC or Ck#:</i> _____ <i>Remaining Balance \$</i> _____
<i>3rd pmt \$510.00</i> Date _____	<i>Cash, CC or Ck#:</i> _____ <i>Remaining Balance \$</i> _____
<i>4th pmt \$510.00</i> Date _____	<i>Cash, CC or Ck #:</i> _____ <i>Remaining Balance \$</i> _____
<i>5th pmt \$510.00</i> Date _____	<i>Cash, CC or Ck #:</i> _____ <i>Remaining Balance \$</i> _____
<i>6th pmt \$510.00</i> Date _____	<i>Cash, CC or Ck #:</i> _____ <i>Remaining Balance \$</i> _____
<i>7th pmt \$510.00</i> Date _____	<i>Cash, CC or Ck #:</i> _____ <i>Remaining Balance \$</i> _____
<i>Total Fees \$3,890.00</i>	