

## Class Enrollment Agreement – CAMTC Compliant

Student legal name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

**All instruction will take place at:**

Somatherapy Institute

**70-225 Highway 111 Suite B&C, Rancho Mirage, CA 92270 | Somatherapy.com | 760.321.9214**

Course or educational service: \_\_\_\_\_

Enrollment period: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Class Start Date: \_\_\_/\_\_\_/\_\_\_ Class Completion Date: \_\_\_/\_\_\_/\_\_\_ Total Hours: \_\_\_\_\_

The student is responsible for the following tuition and fees:

Tuition:	\$
Registration fee (Non-Refundable):	\$
Equipment	\$
Supplies/kits	\$
Textbooks	\$
Fees to transfer credits	\$
Student Tuition Recovery Fund* (Non-Refundable):	\$
Retest or Make-up Work fee	\$
Transcript Fee:	\$
Duplicate Certificate Fee:	\$
Late Payment Fee:	\$
Other fees: _____	\$
<b>TOTAL FEES FOR CURRENT PERIOD:</b>	<b>\$</b>
<b>TOTAL DUE AT REGISTRATION:</b>	<b>\$</b>
<b>TOTAL ESTIMATED COST FOR PROGRAM:</b>	<b>\$</b>

**STRF Fee is .0005 X Cost of each class or roughly \$.5 per \$1000. See full details in Student Tuition Recovery Fund.**

\_\_\_\_\_  
**Student signature**

\_\_\_\_\_  
**Date:**

The non-refundable Registration fee is a one-time charge payable with the initial enrollment in a class or course.

In addition to the above listed charges that are due to the school, students are required to obtain and bring to each class a set of twin sheets, 2 pillow cases and 2 hand towels. Any other materials, unless provided by the school are specified as classes are placed on the schedule. These are estimated to cost \$\_\_\_\_\_. Student will be fully responsible for State required national exam (MBLEx) fee estimated at \$195 and application fees associated with Certification by the California Massage Therapy Council (CAMTC) *estimated* at \$225.

According to California Law CEC Section 94909 students ***who successfully complete*** the Certified Massage Therapist program will be eligible to sit for the MBLEx. Somatherapy Graduates' education is required to be verified by the Federation of State Massage Therapy Boards which is the administrative organization of the MBLEx.

The student has the right to cancel and obtain a refund of charges paid through attendance at the first class session, or, the seventh day after enrollment, whichever is later. Based on these criteria, the right to cancel must be exercised by \_\_\_/\_\_\_/\_\_\_.

### **Transfer Credit Evaluation Policy**

Evaluation will be based upon official transcripts of prior study. Credit allowed will be recorded in student records and the length of the course shortened appropriately up to a limit of 50% of the required hours. The student will be charged an administrative fee of \$2.00 per hour of credit given.

### **Should a student default 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 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 financial assistance at another institution until the loan is repaid

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.

### **Receipt of Informations**

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 examination passage rates, and salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement.

Somatherapy Institute does not participate in any federal or state financial aid programs.

**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:**  
Student Initial\_\_\_\_\_

**I understand that this is a legally binding contract when signed by me (the student) and accepted by the institution.**

**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.**

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**Student signature**

**Date:**

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**School representative signature**

**Date:**

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  
Telephones and Faxes: (916) 431-6959 or by fax (916) 263-1897  
(888) 370-7589 or by fax (916) 263-1897 [www.bppe.ca.gov](http://www.bppe.ca.gov)

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 4600 et. seq.

A student or any member of the public with questions that have not been satisfactorily answered by the school or who would like to file a complaint about this school may contact the:

**California Massage Therapy Council at One Capitol Mall, Suite 320, Sacramento, CA 95814.**  
[www.camtc.org](http://www.camtc.org), phone: (916) 669-5336 or fax (916) 669-5337.

### **COMPLAINT PROCESS:**

**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 website [www.bppe.ca.gov](http://www.bppe.ca.gov) .**

### **STUDENT'S RIGHT TO CANCEL:**

**The student has a right to cancel this enrollment agreement and obtain a refund. You have right to cancel and obtain a refund of charges paid through attendance at the first class session, or, the seventh day after enrollment, whichever is later. Your notice may take any form as long as it is written and states that you no longer wish to be bound by this agreement. Your notice must be delivered to the Managing Director at 70-225 Highway 111, Suite B&C, Rancho Mirage CA 92270. If delivery of the cancellation form is sent by mail, the notice must be postmarked on or before the date notice is required.**

### **REFUND INFORMATION:**

**The student has a right to a full refund of all charges less the amount of \$100.00 for the registration fee if he/she cancels this agreement through attendance at the first class session, or the seventh day after enrollment, whichever is later. If the student has received federal student financial aid funds, the student is entitled to a refund of moneys not paid from federal financial aid programs.**

**In addition, the student may withdraw from a course after instruction has started and after the full refund cancellation period (see previous paragraph,) and receive a pro rata refund for the unused portion of the tuition and other refundable charges if the student has completed 60% or less of the instruction.**

**For example, if the student completes only 20 hours of a 100-hour course or education service, and paid \$595.00 tuition, the student would receive a refund of \$396.00 as follows:**

**Amount Paid = \$595.00 minus registration fee of \$100 equals \$495.00**

**Refundable amount \$495 multiplied by .20 (or 20%) equals \$99.00**

**\$495.00 - \$99.00 equals \$396.**

**Student would receive a refund of \$396.00 in this example.**

### **Notice Concerning Transferability of Credits and Credentials Earned at our Institution:**

**The transferability of credits you earn at Somatherapy Institute is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the certificate you earn in**

the educational program is also at the complete discretion of the institution to which you may seek to transfer. If the certificate 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 may seek to transfer after attending Somatherapy Institute to determine if your certificate will transfer.

**\*Student Tuition Recovery Fund Disclosures:**

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 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.
3. STRF Fee is .0005 X Cost of each class or roughly \$.50 per \$1000.

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.

You may be eligible for STRF if you are a California resident or are enrolled in a residency program, prepaid tuition, paid the 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 this 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.

**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.**