



Enrollment Agreement

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.eduCommission for Independent Education License #4379
Accrediting Bureau of Health Education Schools ID # I-213-02

Please enter your legal name as it appears on your Social Security card:

Name: TEST SAMPLE (cdiaz@ultimatemedical.edu)

Address: 789 MAIN ST

City: ANYTOWN State: WISCONSIN Zip: 00000

Telephone: (888) 555-1234

Mobile Phone:

Date of Birth: 01 / 01 / 2000 (MM/DD/YYYY) Social Security #: XXX-XX-0000

PROGRAM:	
Associate of Science in Health and Human Services	
ANTICIPATED START DATE:	8/20/2018
ANTICIPATED END DATE:	1/19/2020
PROJECTED NUMBER OF WEEKS:	75
SEMESTER CREDIT HOURS:	64
CREDENTIAL AWARDED:	Associate
EXTERNSHIP HOURS:	No

MILITARY STATUS:	Not Applicable	
CLASS SCHEDULE:	Monday-Sunday	
PROGRAM FEES:		
Tuition:	\$27,520.00	
Books:	\$0.00	
TOTAL PROGRAM FEE:		\$27,520.00

By signing this Enrollment Agreement, I certify that:

1. I acknowledge that I have been given the URL for Ultimate Medical Academy's (UMA) catalog (<http://www.ultimatemedical.edu/catalog>) and have been advised that it is my responsibility to read and understand it. By signing this enrollment agreement, I agree to be bound by all policies and requirements stated in the catalog.
2. I acknowledge that I am required to comply with the conduct expectations established by UMA, including but not limited to the requirements noted in the Student Conduct policy published in the catalog, and the other related policies listed therein. I acknowledge that my failure to do so could result in UMA issuing sanctions, including but not limited to suspension or expulsion.
3. I have had sufficient opportunity to evaluate the information in the enrollment agreement and to ask questions of the school and its representatives and have received satisfactory answers to my questions.
4. I understand I am responsible for adhering to any changes in policy contained in the catalog, addendum, or supplement published by my campus during my enrollment. I further acknowledge that UMA, as a result of regulatory or licensing agency requirements, may be required to make policy or curriculum changes during my enrollment. Any changes to my curriculum will be disclosed to me in a separate document. Policy changes will be published in the campus catalog, addendum or supplement which is available at <http://www.ultimatemedical.edu/catalog> and available in hard copy upon request.

5. I understand that UMA's Student Consumer Information and Student Right-to-Know Information is available at <https://www.ultimatemedical.edu/pdfs/consumerinformation.pdf>
6. I understand that UMA's Gainful Employment Disclosures containing information on tuition, loan debt, completion, placement and occupations are available at <http://www.ultimatemedical.edu/gainful-employment.pdf> for diploma programs only, and it is my responsibility to review this document.
7. I understand that UMA's Campus Security Report is available at <https://www.ultimatemedical.edu/student-information/#security>.
8. I acknowledge that no verbal statements or other representations have been made contrary to what is contained in this agreement.
9. I understand there is placement assistance but no promise of any employment has been given or implied by a representative of UMA.
10. I acknowledge that if licensing is required for me to obtain employment, no guarantee has been made to me regarding any licensing, certification, or academic credit that I will derive from the program.
11. I understand that the programs offered at UMA are intended to be specialized, career-oriented degree and diploma programs. The credit hours earned at UMA are generally NOT acceptable to programs offered at other institutions. Ultimately, the decision to accept transfer credit hours is solely at the discretion of each receiving institution. UMA does not imply, promise, or guarantee transferability of credits/clock hours earned to any other institution.
12. I understand that persons with current or future criminal records may not qualify for professional licensing or credentialing and may have difficulty finding an externship site or obtaining employment.
13. I acknowledge that no guarantee has been made to me by anyone employed by UMA of any specific skill attainment that will result from this program of instruction. I understand that my actual skill level is dependent upon personal motivation, aptitude, and effort.
14. I agree to hold UMA, its officers, and employees harmless for any acts that I may commit through my own negligence.
15. I authorize UMA to obtain results of any certification examinations related to my program of study.
16. I understand that if I start classes and do not receive a financial aid award which covers my educational costs including books, I am personally responsible for paying whatever amounts I owe to UMA.
17. I understand that at the conclusion of my training, UMA reserves the right to retain my certificate and transcripts pending the full payment of my account.
18. I agree to pay UMA the balance of my account on demand if: an unpaid balance remains after withdrawal, my check is returned for non-payment, or a change takes place in my financial planning that alters the availability of funds. I understand that should my account become delinquent, UMA reserves the right to submit the account to collection. I further understand that I am responsible for any additional charges incurred as a result of that action. There is a \$25 service fee for all returned checks.
19. I understand that if I wish to request transfer credit for previous education, it is my responsibility to have transcripts sent to UMA for review.
20. I understand that if UMA cancels a program in which I am enrolled but have not yet begun attendance, I will receive a full refund of all monies paid. If UMA terminates a program after I have begun attendance, I am entitled to a teach-out of the program or a full refund of all monies paid.
21. I understand that this statement becomes a legally binding instrument upon my and UMA's acceptance, evidenced by signatures below in the Enrolling Student Acknowledgement box, unless canceled pursuant to the Right to Cancel outlined in this agreement. (This statement does not apply to active duty military students—see #29 below.)
22. I understand that retake fees are charged at full tuition equal to the original cost of the course being retaken.
23. I understand that if initial enrollment in my program is contingent upon satisfactory results on a background check, I will be cancelled from my program immediately if results are determined to be unsatisfactory. I

further understand that if a background check required later in or after my program returns unsatisfactory results, these results may prevent me from completing my program (including an externship), obtaining external certification or licensure, or obtaining employment.

24. I understand if I relocate to a state or territory in which UMA does not have approval to operate, this may adversely impact my ability to complete my program and/or gain in-field employment. Credentialing and employment requirements vary by state and territory.
25. I understand that throughout my program at UMA, I am responsible for having access to all online technical requirements, both hardware and software, as listed in the UMA Catalog.

FOR STUDENTS WHO HAVE MILITARY EDUCATION BENEFITS

26. I understand that if I have advised my admissions representative that I am using military Tuition Assistance, my documents will be held in a preenrollment status until UMA receives my branch Tuition Assistance authorization. I understand that I am not responsible for any charges and am not allowed to complete my enrollment or start my program until my branch Tuition Assistance authorization form is complete.
27. I understand that I must provide official transcripts from all previously attended postsecondary institutions to the Office of the Registrar no later than sixty days from my start date.
28. I understand that, if I am an active duty military student, I am not charged for books.
29. I understand that, if I am an active duty military student, this agreement becomes legally binding instrument upon UMA's receipt of my branch Tuition Assistance authorization form, unless cancelled pursuant to the Right to Cancel outlined in this agreement.
30. I understand that the pricing listed above is dependent upon my providing required and acceptable documentation* to verify my military status. If I am unable to provide acceptable documentation, I agree to be charged the civilian pricing for my program. For details about civilian pricing, I understand that I should see the current catalog at <https://www.ultimatemedical.edu/catalog>.

**Examples of acceptable documentation to submit for military pricing include, but are not limited to: a DD214 with an honorable discharge, a spouse's DD214 and marriage certificate, a military ID for active duty, Leave & Earnings Statement, a spouse's military ID and marriage certificate and a certificate of eligibility. Your student finance planner can discuss this documentation in further detail.*

RIGHT TO CANCEL

An applicant may cancel his/her enrollment within 72 hours of signing the enrollment agreement without incurring any financial penalty. Additionally, students who do not begin attendance within the first seven calendar days of a program, or who cancel or are cancelled by UMA during their first course, have their enrollment canceled without incurring any tuition charges. See the Provisional Registration Status section in UMA's Catalog for more details. UMA requests that students who accept textbooks prior to their enrollment cancellation return those textbooks in new condition. Students should contact the Registrar (umaregistrar@ultimatemedical.edu) to cancel within the timeframe listed above. Students can direct other questions about their enrollment to their admission representative, new student advisor, or learner services advisor.

WITHDRAWAL PROCEDURE

Sometimes conditions or circumstances beyond the control of students and the school require that students withdraw from UMA. Such students must give notice of withdrawal to the Registrar's office in person, via telephone, mail or email, or the termination date is determined in accordance with the school's add/drop and 14 consecutive-day absence policy.

PRIVACY AND STUDENT INFORMATION

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. An explanation of these rights is provided in the UMA Catalog.

INSTITUTIONAL REFUND POLICY (PRO RATA REFUND CALCULATION)

PRO RATA REFUND CALCULATION FOR STANDARD TERM PROGRAMS FOR WISCONSIN RESIDENTS

For all students in courses other than their first course at UMA, the other provisions in the Refund Policies below apply to determine the appropriate refund amount.

UMA may make special arrangements to provide a fair and equitable refund to a student, on a case-by-case basis, when a student is suffering extenuating circumstances and is unable to continue his/her studies.

A student who resides in Wisconsin and who ceases enrollment at UMA receives a tuition refund as follows. If a student's termination date is:

- Prior to the first day of a course and if a student does not begin attendance during the first seven calendar days of a program, a student receives a refund of 100% of tuition charges.
- During the first seven calendar days of a course, a student receives a refund of 80% of tuition charges.
- After the first seven calendar days of a course, during the second week of the course, a student receives a refund of 60% of tuition charges.
- During the third week of a course, a student receives a refund of 40% of tuition charges.
- During the fourth week of a course or later, a student receives no refund of tuition charges.

UMA is required to perform institutional refund calculations (pro-rata) for all students who are no longer enrolled, are dismissed, are placed on an Administrative Leave of Absence, transfer programs or fail to return from an approved leave of absence. The institutional refund policy is in addition to the Return of Title IV Funds refund calculation. UMA performs all institutional refund calculations within thirty (30) calendar days of the date of determination. The date of determination is the date UMA has determined the student to be withdrawn, expelled, dismissed, on an Administrative Leave of Absence, or transferred to another UMA program. Refund calculations are based on the student's last date of attendance. The last day of attendance for online students is the last day a student completed an academically related activity such as discussion boards, submission of assignments and taking tests. If the student is owed a refund from the institutional refund calculation, UMA will process the necessary refund within thirty (30) calendar days. UMA returns unearned Federal Student Aid within 45 calendar days of the date of determination. Students are responsible for any balance due on their accounts as a result of withdrawal from UMA.

ULTIMATE MEDICAL ACADEMY CONTRACTS

Ultimate Medical Academy reserves the right, at its sole discretion, to change program start dates and to cancel or terminate a program but will teach out any currently enrolled students. To the extent I have outstanding federal student loan obligations incurred in connection with my enrollment at UMA, I agree that any final resolution providing for monetary damages shall be paid toward my student loan obligations.

☒ By checking this box, I acknowledge that I have received a copy of this Agreement and have read and fully understand the statements, disclosures, and UMA policies contained in this disclosure form. I further understand that these statements, disclosures, and policies are part of a legal and binding contract and I have been provided access to the UMA catalog and informed that a hard copy is available upon request.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:38:11 PM

Date

Parent's or Guardian's Signature (if student is under the age of 18)

Date

Authorized School Official

Date



Attestation of High School Graduation or Equivalent / Transcript Request Form

UMA Online

3101 W. Dr. Martin Luther King. Blvd.
Tampa, FL 33607
Tel: 888-205-2456
Fax: 888-209-8848
www.ultimatemedical.edu

Proof of Graduation Team Tel: 877-208-5023
Proof of Graduation Team Fax: 813-436-5699
POG@ultimatemedical.edu

Student Information

Student's Legal Name: TEST SAMPLE
First Name Middle Initial Last Name

Legal Name at Time of Graduation (Maiden): SCHOOL

Social Security Number: XXX-XX-0000 **Date of Birth:** 01 / 01 / 2000

I understand that only students who are high school graduates, have earned a high school equivalency (GED, HiSET, TASC or Other State-Authorized Exams Recognized as Equal to a High School Diploma) or have been officially home-schooled are eligible for admittance to Ultimate Medical Academy. UMA accepts only standard high school diplomas.

I hereby attest and certify that I have earned the following secondary school credential (check one):

☒ I graduated from Anytown High School on 05/2018
Name of High School Date of Graduation (MM/YYYY)

Address 789 MAIN ST

City ANYTOWN State WI Zip Code 00000 Country United States

☐ I earned a High School Equivalency (check one):
☐ GED ☐ HiSET ☐ TASC ☐ Other state-authorized exam recognized as equal to a high school diploma

Name of Granting Agency on Date Issued (MM/YYYY)

Address of Granting Agency

City State Zip Code

☐ I completed a home school high school program at Name of Home School

in State on Date of Graduation (MM/YYYY)

☒ By checking this box and signing my name below, I affirm:

- The high school or program completed was approved by the applicable governing or state authority.
- I understand that UMA reviews high school credentials and may determine, pursuant to UMA policy, that certain high schools do not meet admission requirements. If my high school does not meet UMA admissions requirements, I understand that my enrollment may be cancelled. Funds credited to student

accounts for applicants or students who are cancelled due to failure to meet acceptable high school requirements will have such funds credited to their original sources.

- I understand that if this information is determined to be false or untrue, my enrollment at UMA will be cancelled immediately.
- For new and returning students starting prior to January 2, 2018, I understand that UMA verifies this attestation through a sampling of students admitted. If selected for verification, I agree to provide UMA (within 30 days of receiving a request for documentation) with any documents required to verify my attestations above. (Proof of such documentation may include a copy of an original diploma, transcripts or certificates, official letter of GED approval with passing scores or written state verification of home schooling.)
- For new students (including students returning to UMA following withdrawal or dismissal) starting on January 2, 2018, or after, I understand that UMA verifies this attestation by requiring proof of high school diploma, GED or equivalent. Upon enrollment with UMA, I agree to provide to UMA within 30 days from my start date all documentation required to verify this attestation. Such documentation may include a copy of an original diploma, transcripts or certificates; official letter of GED approval with passing scores; or written state verification of home schooling. If this documentation is not received within 30 days from my start date, I understand that my enrollment may be cancelled.
- That the information above is true and accurate to the best of my knowledge.
- **I authorize the release of an official copy of my academic transcript(s) and/or scholastic records to Ultimate Medical Academy.** Ultimate Medical Academy may utilize a photo ID and this attestation to obtain records of my transcripts or other scholastic records.

TEST SAMPLE electronically signed by computer IP 10.11.

08/09/2018 12:38:11 PM

Student's Signature

Date



Disclosure of Student Information

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Statistical Information

Information such as race, gender and age is collected at the time of admission for statistical purposes only. The information is not used in the admission process or as admission criteria. Certain federal, licensing and accrediting agencies require the school to submit such data. Please check the characteristics that apply to you and complete any pertinent information.

SEX

☒ Male ☐ Female

AGE GROUP

☐ Under 18 ☒ 18-19 ☐ 20-21 ☐ 22-24 ☐ 25-29
☐ 30-34 ☐ 35-39 ☐ 40-49 ☐ 50-64 ☐ 65 and Over

RACE AND ETHNICITY

Are you Hispanic or Latino? ☐ Yes ☐ No

Select one or more of the following races:

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific islander ☐ White

Date of Birth 01/01/2000

Driver's License Number _____ State _____

Dislocated Worker?

☐ YES ☐ NO

Non-Resident Alien?

☐ YES ☐ NO

US Citizen?

☐ YES ☐ NO

Name: TEST SAMPLE

Email: cdiaz@ultimatemedical.edu

Phone: (888) 555-1234

Mobile Number: _____

Communication from UMA

Ultimate Medical Academy may contact you regarding your enrollment and other educational services. By opting-in below, you give us your consent to use automated technology to call, text, and send pre-recorded messages to you at the phone number(s) above, including your wireless number if provided. Message and data rates may apply. Providing this consent is not required to enroll. Note that even non-automated calls are recorded for quality assurance.

Communication by Automated Technology: ☒ Opt-In ☐ Opt-Out

☒ By checking this box, I affirm that I am the person listed above and my responses are accurate and truthful.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:38:11 PM

Date



**Accrediting Bureau of
Health Education Schools (ABHES) Reporting
Period July 1, 2016 – June 30, 2017**

UMA Online

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Rates are for UMA Online campus only.

Program	Credential	Retention Rate*	Placement Rate**
Health and Human Services	Associate Degree	72%	70%
Health Information Technology	Associate Degree	74%	76%
Health Sciences- Health Technology & Systems	Associate Degree	77%	71%
Health Sciences- Medical Administrative Assistant	Associate Degree	72%	67%
Health Sciences- Medical Office and Billing Specialist	Associate Degree	79%	66%
Health Sciences- Pharmacy Technician	Associate Degree	72%	75%
Healthcare Management	Associate Degree	81%	72%
Healthcare Technology & Systems	Diploma	79%	77%
Medical Administrative Assistant	Diploma	75%	67%
Medical Billing and Coding	Associate Degree	79%	66%
Medical Billing and Coding	Diploma	75%	70%
Medical Office and Billing Specialist	Diploma	74%	70%
Pharmacy Technician	Diploma	54%	75%

The retention and placement calculation is for the period July 1, 2016 – June 30, 2017 and uses the retention and placement calculations prescribed by our institutional accreditor, the Accrediting Bureau of Health Education Schools (www.abhes.org). For more information on all of UMA's program student graduation rates, retention and placement rates, and student financial obligations: <https://www.ultimatemedical.edu/student-information/#ge>

***Retention Rate** = (Ending Enrollment + Graduates) / (Beginning Enrollment + New Starts + Re-entries)

****Placement Rate** = (Graduates placed in their field of training + Graduates placed in a related field of training) / (Total Graduates – Graduates unavailable for placement***)

*******Refers to graduates who are unavailable for placement due to health-related issues, military obligations, incarceration, death or continuing education status

Externship/Practicum Notice: The Pharmacy Technician, Health Sciences – Pharmacy Technician and Health Information Technology programs require completion of an externship/practicum that may range from 30 – 40 hours per week during normal business hours Monday to Friday. Externship/Practicum placement in a specific job location or company is not guaranteed. Failure to complete an externship/practicum within the specified timeframe may affect student status and Title IV funding eligibility. Students are not paid for externship/practicum hours.

☒ By checking this box, I acknowledge that I have read and understand this disclosure.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:38:11 PM

Date



Graduate Services Registration

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Student's Legal Name TEST SAMPLE

Phone (888) 555-1234

Email Address cdiaz@ultimatemedical.edu

Address 789 MAIN ST, ANYTOWN, WISCONSIN 00000

Associate of Science in Health and Human Services

Course _____ Approximate Graduation Date 01/19/2020

UMA provides employment assistance to all graduates; however, the school does not guarantee employment. Students work with Career Services to identify potential positions, but students are responsible for finding employment. I acknowledge that my responsibilities include:

- The proper use of job-search techniques, interviewing techniques and resume preparation.
- Registering with local agencies and/or online employment sites that can assist me in finding relevant employment.
- Checking the classified sections of newspapers and online job postings.
- Adequately preparing for job interviews.
- Following up on job leads provided by the school or other sources.

UMA aids students in finding employment by:

- Maintaining a database of open job leads from various sources.
- Teaching job-search techniques.
- Reviewing student resumes and cover letters.
- Teaching interviewing techniques.

I am currently employed: ☐ YES ☒ NO

If yes, my current employer is _____ and my job title is _____

☒ I want employment services.

☐ I do not want employment services because:

☐ I plan to be a full-time student after graduation.

☐ Other _____

☒ By checking this box, I affirm that I understand that UMA offers careers services and assistance for students. I am aware that Career Services may contact me as I progress through my program to update my information and identify types of assistance its personnel may be able to provide me.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:38:11 PM

Date

GE ID:

F.583.04.08.16.01

Enrollment Agreement

Page 1 of 1



Employment and Background Checks

UMA Online

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Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

State, federal and local governments, as well as employers and various other agencies may require a criminal background check and/or drug test before a student can obtain employment in the Health and Human Services field. Students who have prior felony convictions or criminal misdemeanors may be denied employment.

Students are responsible for inquiring with appropriate employers about current hiring requirements prior to enrolling in the program of their choice. During enrollment, if a student's criminal background circumstances change, the student is responsible for inquiring with the appropriate employers as soon as possible to determine the potential impact on employability.

Note: If a student desires to work with a certain demographic population. The student should note the possibility that employment opportunities working with that specific population may be limited within the geographic location to which the student is willing to travel for work. Students with very specific desired employment outcomes (for example, working with only the elderly, or only with veterans) are advised to consult with local employers to determine the viability of future employment prospects in the community before enrolling in this program.

Information that can be included in background screening includes the following. (NOTE: Some of the items listed are public record and are available without your permission.)

Driving Records	Vehicle Registration	Credit Records	Criminal Records
Social Security Number	Education Records	Court Records	Workers' Compensation
Bankruptcy	Character References	Neighbor Interviews	Medical Records
Property Ownership	Military Records	State Licensing Records	Drug Test Records
Past Employers	Personal References	Incarceration Records	Sex Offender Lists

Due to an increase in background screening many allied health-related externship sites and employers now require background checks.

☒ By checking this box, I agree to the following:

- I understand that any criminal convictions on my record may impede my ability to:
 - Obtain an externship site (if applicable to my program)
 - Obtain employment in my field of study
 - Sit for state or national certification examinations (varies by agency administering the examination)
 - Obtain state licensure in order to work in my field of study (varies by state)
- I do not hold Ultimate Medical Academy, its agents or employees responsible for any of these disabilities due to any criminal record I may have or may later obtain.
- I authorize Ultimate Medical Academy or their/its designee to run routine employment verifications to confirm my employment status and income. I agree to notify Ultimate Medical Academy of changes in my employment status or address during the first year following graduation.
- I acknowledge and understand that, to qualify for employment in the Health and Human Services field, I may be required to answer additional questions about my background. I further understand that an Eligibility Coordinator will discuss these issues with me as part of my Personal Inventory and answer any questions I may have.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature
08/09/2018 12:38:11 PM

Date



Employment and Background Checks

Online Campus

3101 W. Dr. Martin Luther King. Blvd.
Tampa, FL 33607
Tel: 888-205-2456
Fax: 888-209-8848
www.ultimatemedical.edu

Identifying Information for Background Investigative Report

I authorize UMA to perform a criminal background check on me to assist me in making informed decisions about my choice of a program and any impact on my externship, licensing, certification and placement prospects. I understand that if initial enrollment in my program is contingent upon satisfactory results on a background check, I will be cancelled from my program immediately if results are determined to be unsatisfactory. I further understand that if a background check required later in or after my program returns unsatisfactory results, these results may prevent me from completing my program (including an externship), obtaining external certification or licensure, or obtaining employment.

First Name TEST Middle Last Name SAMPLE
Other Names Used (alias, maiden, nickname) ANYTOWN HIGH SCHOOL
Social Security Number XXX-XX-0000 Date of Birth 01/01/2000 Gender Male
Daytime Telephone Number (888) 555-1234

Current Address:

Address Line 1 789 MAIN ST Address Line 2
City ANYTOWN State/Province/Region WISCONSIN
Zip/Postal Code/Postcode 00000 Country United States
Dates 1/2018 - present

Previous Address:

Address Line 1 Address Line 2
City State/Province/Region
Zip/Postal Code/Postcode Country United States
Dates / - /

TEST SAMPLE electronically signed by computer IP 10.11.42.41

0000

Student's Signature

Last Four Digits of Social Security Number

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Date



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Ultimate Medical Academy values the feedback of our students like you. Please take a moment to share your experience with friends and family. Simply list the names of anyone that you'd like to have learn about UMA.

When you refer a potential student, we will contact and invite them to speak with an admissions representative. By providing us their contact information, you are confirming that you have their permission to have us contact them via phone by phone, text message, or email via automated systems by Ultimate Medical Academy about their education at the phone numbers you provide, including on a recorded line or on any wireless number(s). They are not obligated to agree to automated contact to enroll. Referrals are a great way to foster a supportive community of learning.

Thank you in advance!

Print Student Legal Name: TEST SAMPLE

Name	Phone	Email
Sample Example	8005559874	



Enrollment Quiz

UMA Online
 3101 W. Dr. Martin Luther King. Blvd.
 Tampa, FL 33607
 Tel: 888-205-2456
 Fax: 888-209-8848
www.ultimatemedical.edu

In what program am I enrolling?	<i>Associate of Science in Health and Human Services</i>	
I understand that I must submit to UMA a copy of my proof of high school diploma, GED or equivalent		×
I feel comfortable that this is the right program for me.		×
This program aligns with my career goals.		×
I'm ready to start school on 8/20/2018 and understand that there will be additional required steps after my enrollment.		×
I have graduated from high school or a high school equivalency program.		×
I have reliable access to the internet.		×
I have reliable access to a device on which I can access the internet and do my schoolwork.		×
UMA's courses are taught in English. I am comfortable conversing, writing, and submitting my schoolwork in English.		×
I understand that I may have to take out loans to complete my program.		×



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Accrediting Bureau of Health Education Schools ID # I-213-02

Please enter your legal name as it appears on your Social Security card:

Name: TEST SAMPLE (cdiaz@ultimatemedical.edu)

Address: 789 MAIN ST

City: ANYTOWN State: WISCONSIN Zip: 00000

Telephone: (888) 555-1234

Mobile Phone:

Date of Birth: 01 / 01 / 2000 (MM/DD/YYYY) Social Security #: XXX-XX-0000

PROGRAM:	
Associate of Science in Health Information Technology	
ANTICIPATED START DATE:	8/20/2018
ANTICIPATED END DATE:	2/2/2020
PROJECTED NUMBER OF WEEKS:	75
SEMESTER CREDIT HOURS:	63.5
CREDENTIAL AWARDED:	Associate
EXTERNSHIP HOURS:	Yes

MILITARY STATUS:	Not Applicable	
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2. I acknowledge that I am required to comply with the conduct expectations established by UMA, including but not limited to the requirements noted in the Student Conduct policy published in the catalog, and the other related policies listed therein. I acknowledge that my failure to do so could result in UMA issuing sanctions, including but not limited to suspension or expulsion.
3. I have had sufficient opportunity to evaluate the information in the enrollment agreement and to ask questions of the school and its representatives and have received satisfactory answers to my questions.
4. I understand I am responsible for adhering to any changes in policy contained in the catalog, addendum, or supplement published by my campus during my enrollment. I further acknowledge that UMA, as a result of regulatory or licensing agency requirements, may be required to make policy or curriculum changes during my enrollment. Any changes to my curriculum will be disclosed to me in a separate document. Policy changes will be published in the campus catalog, addendum or supplement which is available at <http://www.ultimatemedical.edu/catalog> and available in hard copy upon request.

5. I understand that UMA's Student Consumer Information and Student Right-to-Know Information is available at <https://www.ultimatemedical.edu/pdfs/consumerinformation.pdf>
6. I understand that UMA's Gainful Employment Disclosures containing information on tuition, loan debt, completion, placement and occupations are available at <http://www.ultimatemedical.edu/gainful-employment.pdf> for diploma programs only, and it is my responsibility to review this document.
7. I understand that UMA's Campus Security Report is available at <https://www.ultimatemedical.edu/student-information/#security>.
8. I acknowledge that no verbal statements or other representations have been made contrary to what is contained in this agreement.
9. I understand there is placement assistance but no promise of any employment has been given or implied by a representative of UMA.
10. I acknowledge that if licensing is required for me to obtain employment, no guarantee has been made to me regarding any licensing, certification, or academic credit that I will derive from the program.
11. I understand that the programs offered at UMA are intended to be specialized, career-oriented degree and diploma programs. The credit hours earned at UMA are generally NOT acceptable to programs offered at other institutions. Ultimately, the decision to accept transfer credit hours is solely at the discretion of each receiving institution. UMA does not imply, promise, or guarantee transferability of credits/clock hours earned to any other institution.
12. I understand that persons with current or future criminal records may not qualify for professional licensing or credentialing and may have difficulty finding an externship site or obtaining employment.
13. I acknowledge that no guarantee has been made to me by anyone employed by UMA of any specific skill attainment that will result from this program of instruction. I understand that my actual skill level is dependent upon personal motivation, aptitude, and effort.
14. I agree to hold UMA, its officers, and employees harmless for any acts that I may commit through my own negligence.
15. I authorize UMA to obtain results of any certification examinations related to my program of study.
16. I understand that if I start classes and do not receive a financial aid award which covers my educational costs including books, I am personally responsible for paying whatever amounts I owe to UMA.
17. I understand that at the conclusion of my training, UMA reserves the right to retain my certificate and transcripts pending the full payment of my account.
18. I agree to pay UMA the balance of my account on demand if: an unpaid balance remains after withdrawal, my check is returned for non-payment, or a change takes place in my financial planning that alters the availability of funds. I understand that should my account become delinquent, UMA reserves the right to submit the account to collection. I further understand that I am responsible for any additional charges incurred as a result of that action. There is a \$25 service fee for all returned checks.
19. I understand that if I wish to request transfer credit for previous education, it is my responsibility to have transcripts sent to UMA for review.
20. I understand that if UMA cancels a program in which I am enrolled but have not yet begun attendance, I will receive a full refund of all monies paid. If UMA terminates a program after I have begun attendance, I am entitled to a teach-out of the program or a full refund of all monies paid.
21. I understand that this statement becomes a legally binding instrument upon my and UMA's acceptance, evidenced by signatures below in the Enrolling Student Acknowledgement box, unless canceled pursuant to the Right to Cancel outlined in this agreement. (This statement does not apply to active duty military students—see #29 below.)
22. I understand that retake fees are charged at full tuition equal to the original cost of the course being retaken.
23. I understand that if initial enrollment in my program is contingent upon satisfactory results on a background check, I will be cancelled from my program immediately if results are determined to be unsatisfactory. I

further understand that if a background check required later in or after my program returns unsatisfactory results, these results may prevent me from completing my program (including an externship), obtaining external certification or licensure, or obtaining employment.

24. I understand if I relocate to a state or territory in which UMA does not have approval to operate, this may adversely impact my ability to complete my program and/or gain in-field employment. Credentialing and employment requirements vary by state and territory.
25. I understand that throughout my program at UMA, I am responsible for having access to all online technical requirements, both hardware and software, as listed in the UMA Catalog.

FOR STUDENTS WHO HAVE MILITARY EDUCATION BENEFITS

26. I understand that if I have advised my admissions representative that I am using military Tuition Assistance, my documents will be held in a preenrollment status until UMA receives my branch Tuition Assistance authorization. I understand that I am not responsible for any charges and am not allowed to complete my enrollment or start my program until my branch Tuition Assistance authorization form is complete.
27. I understand that I must provide official transcripts from all previously attended postsecondary institutions to the Office of the Registrar no later than sixty days from my start date.
28. I understand that, if I am an active duty military student, I am not charged for books.
29. I understand that, if I am an active duty military student, this agreement becomes legally binding instrument upon UMA's receipt of my branch Tuition Assistance authorization form, unless cancelled pursuant to the Right to Cancel outlined in this agreement.
30. I understand that the pricing listed above is dependent upon my providing required and acceptable documentation* to verify my military status. If I am unable to provide acceptable documentation, I agree to be charged the civilian pricing for my program. For details about civilian pricing, I understand that I should see the current catalog at <https://www.ultimatemedical.edu/catalog>.

**Examples of acceptable documentation to submit for military pricing include, but are not limited to: a DD214 with an honorable discharge, a spouse's DD214 and marriage certificate, a military ID for active duty, Leave & Earnings Statement, a spouse's military ID and marriage certificate and a certificate of eligibility. Your student finance planner can discuss this documentation in further detail.*

RIGHT TO CANCEL

An applicant may cancel his/her enrollment within 72 hours of signing the enrollment agreement without incurring any financial penalty. Additionally, students who do not begin attendance within the first seven calendar days of a program, or who cancel or are cancelled by UMA during their first course, have their enrollment canceled without incurring any tuition charges. See the Provisional Registration Status section in UMA's Catalog for more details. UMA requests that students who accept textbooks prior to their enrollment cancellation return those textbooks in new condition. Students should contact the Registrar (umaregistrar@ultimatemedical.edu) to cancel within the timeframe listed above. Students can direct other questions about their enrollment to their admission representative, new student advisor, or learner services advisor.

WITHDRAWAL PROCEDURE

Sometimes conditions or circumstances beyond the control of students and the school require that students withdraw from UMA. Such students must give notice of withdrawal to the Registrar's office in person, via telephone, mail or email, or the termination date is determined in accordance with the school's add/drop and 14 consecutive-day absence policy.

PRIVACY AND STUDENT INFORMATION

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. An explanation of these rights is provided in the UMA Catalog.

INSTITUTIONAL REFUND POLICY (PRO RATA REFUND CALCULATION)

PRO RATA REFUND CALCULATION FOR STANDARD TERM PROGRAMS FOR WISCONSIN RESIDENTS

For all students in courses other than their first course at UMA, the other provisions in the Refund Policy below apply to determine the appropriate refund amount.

UMA may make special arrangements to provide a fair and equitable refund to a student, on a case-by-case basis, when a student is suffering extenuating circumstances and is unable to continue his/her studies.

A student who resides in Wisconsin and who ceases enrollment at UMA receives a tuition refund as follows. If a student's termination date is:

- Prior to the first day of a course and if a student does not begin attendance during the first seven calendar days of a program, a student receives a refund of 100% of tuition charges.
- During the first seven calendar days of a course, a student receives a refund of 80% of tuition charges.
- After the first seven calendar days of a course, during the second week of the course, a student receives a refund of 60% of tuition charges.
- During the third week of a course, a student receives a refund of 40% of tuition charges.
- During the fourth week of a course or later, a student receives no refund of tuition charges.

UMA is required to perform institutional refund calculations (pro-rata) for all students who are no longer enrolled, are dismissed, are placed on an Administrative Leave of Absence, transfer programs or fail to return from an approved leave of absence. The institutional refund policy is in addition to the Return of Title IV Funds refund calculation. UMA performs all institutional refund calculations within thirty (30) calendar days of the date of determination. The date of determination is the date UMA has determined the student to be withdrawn, expelled, dismissed, on an Administrative Leave of Absence, or transferred to another UMA program. Refund calculations are based on the student's last date of attendance. The last day of attendance for online students is the last day a student completed an academically related activity such as discussion boards, submission of assignments and taking tests. If the student is owed a refund from the institutional refund calculation, UMA will process the necessary refund within thirty (30) calendar days. UMA returns unearned Federal Student Aid within 45 calendar days of the date of determination. Students are responsible for any balance due on their accounts as a result of withdrawal from UMA.

ULTIMATE MEDICAL ACADEMY CONTRACTS

Ultimate Medical Academy reserves the right, at its sole discretion, to change program start dates and to cancel or terminate a program but will teach out any currently enrolled students. To the extent I have outstanding federal student loan obligations incurred in connection with my enrollment at UMA, I agree that any final resolution providing for monetary damages shall be paid toward my student loan obligations.

- ☒ By checking this box, I acknowledge that I have received a copy of this Agreement and have read and fully understand the statements, disclosures, and UMA policies contained in this disclosure form. I further understand that these statements, disclosures, and policies are part of a legal and binding contract and I have been provided access to the UMA catalog and informed that a hard copy is available upon request.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:42:21 PM

Date

Parent's or Guardian's Signature (if student is under the age of 18)

Date

Authorized School Official

Date



Attestation of High School Graduation or Equivalent / Transcript Request Form

UMA Online

3101 W. Dr. Martin Luther King, Blvd.
Tampa, FL 33607
Tel: 888-205-2456
Fax: 888-209-8848
www.ultimatemedical.edu

Proof of Graduation Team Tel: 877-208-5023
Proof of Graduation Team Fax: 813-436-5699
POG@ultimatemedical.edu

Student Information

Student's Legal Name: TEST SAMPLE
First Name Middle Initial Last Name

Legal Name at Time of Graduation (Maiden): SCHOOL

Social Security Number: XXX-XX-0000 **Date of Birth:** 01 / 01 / 2000

I understand that only students who are high school graduates, have earned a high school equivalency (GED, HiSET, TASC or Other State-Authorized Exams Recognized as Equal to a High School Diploma) or have been officially home-schooled are eligible for admittance to Ultimate Medical Academy. UMA accepts only standard high school diplomas.

I hereby attest and certify that I have earned the following secondary school credential (check one):

☒ I graduated from Anytown High School on 05/2018
Name of High School Date of Graduation (MM/YYYY)

Address 789 MAIN ST

City ANYTOWN State WI Zip Code 00000 Country United States

☐ I earned a High School Equivalency (check one):
☐ GED ☐ HiSET ☐ TASC ☐ Other state-authorized exam recognized as equal to a high school diploma

Name of Granting Agency on Date Issued (MM/YYYY)

Address of Granting Agency

City State Zip Code

☐ I completed a home school high school program at Name of Home School

in State on Date of Graduation (MM/YYYY)

☒ By checking this box and signing my name below, I affirm:

- The high school or program completed was approved by the applicable governing or state authority.
- I understand that UMA reviews high school credentials and may determine, pursuant to UMA policy, that certain high schools do not meet admission requirements. If my high school does not meet UMA admissions requirements, I understand that my enrollment may be cancelled. Funds credited to student

accounts for applicants or students who are cancelled due to failure to meet acceptable high school requirements will have such funds credited to their original sources.

- I understand that if this information is determined to be false or untrue, my enrollment at UMA will be cancelled immediately.
- For new and returning students starting prior to January 2, 2018, I understand that UMA verifies this attestation through a sampling of students admitted. If selected for verification, I agree to provide UMA (within 30 days of receiving a request for documentation) with any documents required to verify my attestations above. (Proof of such documentation may include a copy of an original diploma, transcripts or certificates, official letter of GED approval with passing scores or written state verification of home schooling.)
- For new students (including students returning to UMA following withdrawal or dismissal) starting on January 2, 2018, or after, I understand that UMA verifies this attestation by requiring proof of high school diploma, GED or equivalent. Upon enrollment with UMA, I agree to provide to UMA within 30 days from my start date all documentation required to verify this attestation. Such documentation may include a copy of an original diploma, transcripts or certificates; official letter of GED approval with passing scores; or written state verification of home schooling. If this documentation is not received within 30 days from my start date, I understand that my enrollment may be cancelled.
- That the information above is true and accurate to the best of my knowledge.
- **I authorize the release of an official copy of my academic transcript(s) and/or scholastic records to Ultimate Medical Academy.** Ultimate Medical Academy may utilize a photo ID and this attestation to obtain records of my transcripts or other scholastic records.

TEST SAMPLE electronically signed by computer IP 10.11.

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Student's Signature

Date



Disclosure of Student Information

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Statistical Information

Information such as race, gender and age is collected at the time of admission for statistical purposes only. The information is not used in the admission process or as admission criteria. Certain federal, licensing and accrediting agencies require the school to submit such data. Please check the characteristics that apply to you and complete any pertinent information.

SEX

☒ Male ☐ Female

AGE GROUP

☐ Under 18 ☒ 18-19 ☐ 20-21 ☐ 22-24 ☐ 25-29
☐ 30-34 ☐ 35-39 ☐ 40-49 ☐ 50-64 ☐ 65 and Over

RACE AND ETHNICITY

Are you Hispanic or Latino? ☐ Yes ☐ No

(Optional)

Select one or more of the following races:

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific islander ☐ White

Date of Birth 01/01/2000

Driver's License Number _____ State _____

Dislocated Worker?

☐ YES ☐ NO

Non-Resident Alien?

☐ YES ☐ NO

US Citizen?

☐ YES ☐ NO

Name: TEST SAMPLE

Email: cdiaz@ultimatemedical.edu

Phone: (888) 555-1234

Mobile Number: _____

Communication from UMA

Ultimate Medical Academy may contact you regarding your enrollment and other educational services. By opting-in below, you give us your consent to use automated technology to call, text, and send pre-recorded messages to you at the phone number(s) above, including your wireless number if provided. Message and data rates may apply. Providing this consent is not required to enroll. Note that even non-automated calls are recorded for quality assurance.

Communication by Automated Technology: ☒ Opt-In ☐ Opt-Out

☒ By checking this box, I affirm that I am the person listed above and my responses are accurate and truthful.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:42:21 PM

Date



**Accrediting Bureau of
Health Education Schools (ABHES) Reporting
Period July 1, 2016 – June 30, 2017**

UMA Online

3101 W. Dr. Martin Luther King, Blvd.
Tampa, FL 33607
Tel: 888-205-2456
Fax: 888-209-8848
www.ultimatemedical.edu

Rates are for UMA Online campus only.

Program	Credential	Retention Rate*	Placement Rate**
Health and Human Services	Associate Degree	72%	70%
Health Information Technology	Associate Degree	74%	76%
Health Sciences- Health Technology & Systems	Associate Degree	77%	71%
Health Sciences- Medical Administrative Assistant	Associate Degree	72%	67%
Health Sciences- Medical Office and Billing Specialist	Associate Degree	79%	66%
Health Sciences- Pharmacy Technician	Associate Degree	72%	75%
Healthcare Management	Associate Degree	81%	72%
Healthcare Technology & Systems	Diploma	79%	77%
Medical Administrative Assistant	Diploma	75%	67%
Medical Billing and Coding	Associate Degree	79%	66%
Medical Billing and Coding	Diploma	75%	70%
Medical Office and Billing Specialist	Diploma	74%	70%
Pharmacy Technician	Diploma	54%	75%

The retention and placement calculation is for the period July 1, 2016 – June 30, 2017 and uses the retention and placement calculations prescribed by our institutional accreditor, the Accrediting Bureau of Health Education Schools (www.abhes.org). For more information on all of UMA's program student graduation rates, retention and placement rates, and student financial obligations: <https://www.ultimatemedical.edu/student-information/#ge>

***Retention Rate** = (Ending Enrollment + Graduates) / (Beginning Enrollment + New Starts + Re-entries)

****Placement Rate** = (Graduates placed in their field of training + Graduates placed in a related field of training) /
(Total Graduates – Graduates unavailable for placement***)

*******Refers to graduates who are unavailable for placement due to health-related issues, military obligations, incarceration, death or continuing education status

Externship/Practicum Notice: The Pharmacy Technician, Health Sciences – Pharmacy Technician and Health Information Technology programs require completion of an externship/practicum that may range from 30 – 40 hours per week during normal business hours Monday to Friday. Externship/Practicum placement in a specific job location or company is not guaranteed. Failure to complete an externship/practicum within the specified timeframe may affect student status and Title IV funding eligibility. Students are not paid for externship/practicum hours.

☒ By checking this box, I acknowledge that I have read and understand this disclosure.

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Student's Signature

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Date



Externship/Practicum Experience Requirements

UMA Online

3101 W. Dr. Martin Luther King. Blvd.
Tampa, FL 33607
Tel: 888-205-2456
Fax: 888-209-8848
www.ultimatemedical.edu

I understand the following programs at UMA include an externship/practicum requirement that must be successfully completed in order to graduate:

- Health Information Technology
- Health Sciences - Pharmacy Technician

Once a student successfully completes online classroom training in programs that require an externship/practicum experience component, the student is placed in an onsite externship/practicum practicing the responsibilities and duties consistent with the core concentration of his/her program. An onsite externship/practicum must begin within 14 days of completing classroom training. Any time missed during an externship/practicum must be made up. A student must successfully complete the onsite externship/practicum in order to graduate and receive an applicable credential.

UMA assigns externship/practicum sites based on availability. Although UMA cannot guarantee a particular office or geographical location, a student's request is taken into consideration when making assignments. An unsatisfactory evaluation from a student's externship/practicum site may require the student to return to UMA's classroom environment for additional training which includes the potential to serve an additional onsite externship/practicum period. In order to facilitate a positive student experience, UMA reserves the right to limit enrollments from certain states based on labor market conditions or other factors. UMA currently has restrictions on enrollments from certain designated states. Please verify your eligibility with your Admissions Representative. You will be assigned an externship/practicum location. If you cannot physically attend the externship/practicum in that location, it may prevent you from graduating.

APPLICANTS FOR: Associate of Science in Health Information Technology

The Health Information Technology program includes a 45-hour onsite practicum or a 45-hour online practical experience to be taken within the final sevenweek course. UMA works with employers to find suitable sites, and students are asked to submit information to UMA about sites near their location. This is in the student's best interest because students are required to travel to their site. Due to state regulations, students who reside in certain states complete a 45-hour online practical experience in a virtual setting. All program and catalog requirements apply, and students must abide by the rules and instructions of the assigned online practical experience. I understand that completion of the sevenweek course, including the 45-hour practical experience, is required for graduation.

☒ By checking this box, I acknowledge that I understand UMA's Externship/Practicum Experience Requirements.

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Student's Signature

08/09/2018 12:42:21 PM

Date



Graduate Services Registration

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Student's Legal Name TEST SAMPLE

Phone (888) 555-1234

Email Address cdiaz@ultimatemedical.edu

Address 789 MAIN ST, ANYTOWN, WISCONSIN 00000

Associate of Science in Health Information Technology

Course _____ Approximate Graduation Date 02/02/2020

UMA provides employment assistance to all graduates; however, the school does not guarantee employment. Students work with Career Services to identify potential positions, but students are responsible for finding employment. I acknowledge that my responsibilities include:

- The proper use of job-search techniques, interviewing techniques and resume preparation.
- Registering with local agencies and/or online employment sites that can assist me in finding relevant employment.
- Checking the classified sections of newspapers and online job postings.
- Adequately preparing for job interviews.
- Following up on job leads provided by the school or other sources.

UMA aids students in finding employment by:

- Maintaining a database of open job leads from various sources.
- Teaching job-search techniques.
- Reviewing student resumes and cover letters.
- Teaching interviewing techniques.

I am currently employed: ☐ YES ☒ NO

If yes, my current employer is _____ and my job title is _____

☒ I want employment services.

☐ I do not want employment services because:

☐ I plan to be a full-time student after graduation.

☐ Other _____

☒ By checking this box, I affirm that I understand that UMA offers careers services and assistance for students. I am aware that Career Services may contact me as I progress through my program to update my information and identify types of assistance its personnel may be able to provide me.

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Student's Signature

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Date

GE ID:

F.583.04.08.16.01

Enrollment Agreement

Page 1 of 1



Employment and Background Checks

UMA Online

3101 W. Dr. Martin Luther King, Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

State, federal and local governments, as well as employers and various other agencies may require a criminal background check and/or drug check before a student can be placed in an externship or take professional licensing, certification, or registration examinations. Students who have prior felony convictions or serious misdemeanors may be denied the opportunity to take professional licensing, certification, or registration examinations. These students may also be denied a license or certification to practice in some states, even if the certification or licensing examination is taken and successfully completed.

Students are responsible for inquiring with appropriate certification/licensure agencies about current requirements prior to enrolling in the program of their choice. During enrollment, if a student's circumstances change, the student is responsible for inquiring with the appropriate agencies as soon as possible to determine potential impact on certification or licensure.

Information that can be included in background screening includes the following. (NOTE: Some of the items listed are public record and are available without your permission.)

Driving Records	Vehicle Registration	Credit Records	Criminal Records
Social Security Number	Education Records	Court Records	Workers' Compensation
Bankruptcy	Character References	Neighbor Interviews	Medical Records
Property Ownership	Military Records	State Licensing Records	Drug Test Records
Past Employers	Personal References	Incarceration Records	Sex Offender Lists

Due to an increase in background screening many allied health-related externship sites and employers now require background checks.

☒ By checking this box, I agree to the following:

- I understand that any criminal convictions on my record may impede my ability to:
 - Obtain an externship site (if applicable to my program)
 - Obtain employment in my field of study
 - Sit for state or national certification examinations (varies by agency administering the examination)
 - Obtain state licensure in order to work in my field of study (varies by state)
- I do not hold Ultimate Medical Academy, its agents or employees responsible for any of these inabilities due to any criminal record I may have or may later obtain.
- I authorize Ultimate Medical Academy or their/its designee to run routine employment verifications to confirm my employment status and income. I agree to notify Ultimate Medical Academy of changes in my employment status or address during the first year following graduation.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:42:21 PM

Date



Employment and Background Checks

Online Campus

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Identifying Information for Background Investigative Report

I authorize UMA to perform a criminal background check on me to assist me in making informed decisions about my choice of a program and any impact on my externship, licensing, certification and placement prospects. I understand that if initial enrollment in my program is contingent upon satisfactory results on a background check, I will be cancelled from my program immediately if results are determined to be unsatisfactory. I further understand that if a background check required later in or after my program returns unsatisfactory results, these results may prevent me from completing my program (including an externship), obtaining external certification or licensure, or obtaining employment.

First Name TEST Middle Last Name SAMPLE
Other Names Used (alias, maiden, nickname) ANYTOWN HIGH SCHOOL
Social Security Number XXX-XX-0000 Date of Birth 01/01/2000 Gender Male
Daytime Telephone Number (888) 555-1234

Current Address:

Address Line 1 789 MAIN ST Address Line 2
City ANYTOWN State/Province/Region WISCONSIN
Zip/Postal Code/Postcode 00000 Country United States
Dates 1/2018 - present

Previous Address:

Address Line 1 Address Line 2
City State/Province/Region
Zip/Postal Code/Postcode Country United States
Dates / - /

TEST SAMPLE electronically signed by computer IP 10.11.42.41

0000

Student's Signature

Last Four Digits of Social Security Number

08/09/2018 12:42:21 PM

Date



Practicum Requirements for the Health Information Technology Program

UMA Online

3101 W. Dr. Martin Luther King. Blvd.
Tampa, FL 33607
Tel: 888-205-2456
Fax: 888-209-8848
www.ultimatemedical.edu

HEALTH INFORMATION TECHNOLOGY PROGRAM ENROLLMENT STATES/TERRITORIES

Many states/territories have requirements regarding the practicum component of the Health Information Technology degree program. Requirements may include restrictions on virtual practicums as a substitute for the onsite practicum experience or may require students to arrange for and acquire their practicum site. Please consult the chart below for the state/territory in which you will reside or plan to reside while completing the practicum component of the Health Information Technology degree program. Students are required to notify UMA at statechange@ultimatemedical.edu and request authorization if they plan to move to or intend to work in any other state/territory.

HEALTH INFORMATION TECHNOLOGY PROGRAM STATES/TERRITORIES ENROLLMENT CHART		
All Enrollment	Virtual Practicum*	Do Not Enroll
Alabama	Guam	Connecticut
Alaska	Kentucky	Massachusetts
Arizona	Louisiana	New York
Arkansas	Nevada	Oklahoma
California	New Hampshire	Puerto Rico
Colorado	North Carolina	Rhode Island
Delaware	Texas	Washington D.C.
Florida	Tennessee	
Georgia	Washington	
Hawaii		
Idaho		
Illinois		
Indiana		
Iowa		
Kansas		
Maine**		
Maryland		
Michigan		
Minnesota		
Mississippi		
Missouri		
Montana		
Nebraska		
New Jersey		
New Mexico		
North Dakota		
Ohio		

HEALTH INFORMATION TECHNOLOGY PROGRAM STATES/TERRITORIES ENROLLMENT CHART		
All Enrollment	Virtual Practicum*	Do Not Enroll
Oregon		
Pennsylvania		
South Carolina		
South Dakota		
U.S. Virgin Islands		
Utah		
Vermont		
Virginia		
West Virginia		
Wisconsin		
Wyoming		

*Due to state regulations, students complete the practicum component in a virtual setting.

**Due to state regulations, students must secure their own practicum facility. If the student is unable to secure his/her own practicum site, the student must follow the virtual practicum approval process.

- ☒ By checking this box, I acknowledge that I have read and understand this disclosure. I acknowledge and understand that, many states/territories have requirements regarding the practicum component of the Health Information Technology degree program. These requirements may restrict onsite practicum experiences in the state/territory and may require a virtual practicum as a substitute. In addition, a state/territory may require students to arrange for and acquire a practicum site without assistance from UMA. Also, I understand, I am required to notify UMA at statechange@ultimatemedical.edu and request authorization if I plan to move to or intend to work in any other state/territory. I further understand that a member of the UMA Eligibility Team will discuss these issues with me as part of my Onboarding Checklist and answer any questions I may have.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:42:21 PM

Date



UMA Online

3101 W. Dr. Martin Luther King. Blvd.
Tampa, FL 33607
Tel: 888-205-2456
Fax: 888-209-8848
www.ultimatemedical.edu

Ultimate Medical Academy values the feedback of our students like you. Please take a moment to share your experience with friends and family. Simply list the names of anyone that you'd like to have learn about UMA.

When you refer a potential student, we will contact and invite them to speak with an admissions representative. By providing us their contact information, you are confirming that you have their permission to have us contact them via phone by phone, text message, or email via automated systems by Ultimate Medical Academy about their education at the phone numbers you provide, including on a recorded line or on any wireless number(s). They are not obligated to agree to automated contact to enroll. Referrals are a great way to foster a supportive community of learning.

Thank you in advance!

Print Student Legal Name: TEST SAMPLE

Name	Phone	Email
Sample Example	8005559874	



Enrollment Quiz

UMA Online
 3101 W. Dr. Martin Luther King. Blvd.
 Tampa, FL 33607
 Tel: 888-205-2456
 Fax: 888-209-8848
www.ultimatemedical.edu

In what program am I enrolling?	<i>Associate of Science in Health Information Technology</i>	
I understand that I must submit to UMA a copy of my proof of high school diploma, GED or equivalent		×
I feel comfortable that this is the right program for me.		×
This program aligns with my career goals.		×
I'm ready to start school on 8/20/2018 and understand that there will be additional required steps after my enrollment.		×
I have graduated from high school or a high school equivalency program.		×
I have reliable access to the internet.		×
I have reliable access to a device on which I can access the internet and do my schoolwork.		×
UMA's courses are taught in English. I am comfortable conversing, writing, and submitting my schoolwork in English.		×
I understand that I may have to take out loans to complete my program.		×



Enrollment Agreement

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Commission for Independent Education License #4379
Accrediting Bureau of Health Education Schools ID # I-213-02

Please enter your legal name as it appears on your Social Security card:

Name: TEST SAMPLE (cdiaz@ultimatemedical.edu)

Address: 789 MAIN ST

City: ANYTOWN State: WISCONSIN Zip: 00000

Telephone: (888) 555-1234

Mobile Phone:

Date of Birth: 01 / 01 / 2000 (MM/DD/YYYY) Social Security #: XXX-XX-0000

PROGRAM:	
Associate of Science in Health Sciences - Medical Administrative Assistant	
ANTICIPATED START DATE:	8/20/2018
ANTICIPATED END DATE:	1/19/2020
PROJECTED NUMBER OF WEEKS:	75
SEMESTER CREDIT HOURS:	62
CREDENTIAL AWARDED:	Associate
EXTERNSHIP HOURS:	No

MILITARY STATUS:	Not Applicable
CLASS SCHEDULE:	Monday-Sunday
PROGRAM FEES:	
Tuition:	\$26,660.00
Books:	\$0.00
TOTAL PROGRAM FEE:	
\$26,660.00	

By signing this Enrollment Agreement, I certify that:

1. I acknowledge that I have been given the URL for Ultimate Medical Academy's (UMA) catalog (<http://www.ultimatemedical.edu/catalog>) and have been advised that it is my responsibility to read and understand it. By signing this enrollment agreement, I agree to be bound by all policies and requirements stated in the catalog.
2. I acknowledge that I am required to comply with the conduct expectations established by UMA, including but not limited to the requirements noted in the Student Conduct policy published in the catalog, and the other related policies listed therein. I acknowledge that my failure to do so could result in UMA issuing sanctions, including but not limited to suspension or expulsion.
3. I have had sufficient opportunity to evaluate the information in the enrollment agreement and to ask questions of the school and its representatives and have received satisfactory answers to my questions.
4. I understand I am responsible for adhering to any changes in policy contained in the catalog, addendum, or supplement published by my campus during my enrollment. I further acknowledge that UMA, as a result of regulatory or licensing agency requirements, may be required to make policy or curriculum changes during my enrollment. Any changes to my curriculum will be disclosed to me in a separate document. Policy changes will be published in the campus catalog, addendum or supplement which is available at <http://www.ultimatemedical.edu/catalog> and available in hard copy upon request.

5. I understand that UMA's Student Consumer Information and Student Right-to-Know Information is available at <https://www.ultimatemedical.edu/pdfs/consumerinformation.pdf>
6. I understand that UMA's Gainful Employment Disclosures containing information on tuition, loan debt, completion, placement and occupations are available at <http://www.ultimatemedical.edu/gainful-employment.pdf> for diploma programs only, and it is my responsibility to review this document.
7. I understand that UMA's Campus Security Report is available at <https://www.ultimatemedical.edu/student-information/#security>.
8. I acknowledge that no verbal statements or other representations have been made contrary to what is contained in this agreement.
9. I understand there is placement assistance but no promise of any employment has been given or implied by a representative of UMA.
10. I acknowledge that if licensing is required for me to obtain employment, no guarantee has been made to me regarding any licensing, certification, or academic credit that I will derive from the program.
11. I understand that the programs offered at UMA are intended to be specialized, career-oriented degree and diploma programs. The credit hours earned at UMA are generally NOT acceptable to programs offered at other institutions. Ultimately, the decision to accept transfer credit hours is solely at the discretion of each receiving institution. UMA does not imply, promise, or guarantee transferability of credits/clock hours earned to any other institution.
12. I understand that persons with current or future criminal records may not qualify for professional licensing or credentialing and may have difficulty finding an externship site or obtaining employment.
13. I acknowledge that no guarantee has been made to me by anyone employed by UMA of any specific skill attainment that will result from this program of instruction. I understand that my actual skill level is dependent upon personal motivation, aptitude, and effort.
14. I agree to hold UMA, its officers, and employees harmless for any acts that I may commit through my own negligence.
15. I authorize UMA to obtain results of any certification examinations related to my program of study.
16. I understand that if I start classes and do not receive a financial aid award which covers my educational costs including books, I am personally responsible for paying whatever amounts I owe to UMA.
17. I understand that at the conclusion of my training, UMA reserves the right to retain my certificate and transcripts pending the full payment of my account.
18. I agree to pay UMA the balance of my account on demand if: an unpaid balance remains after withdrawal, my check is returned for non-payment, or a change takes place in my financial planning that alters the availability of funds. I understand that should my account become delinquent, UMA reserves the right to submit the account to collection. I further understand that I am responsible for any additional charges incurred as a result of that action. There is a \$25 service fee for all returned checks.
19. I understand that if I wish to request transfer credit for previous education, it is my responsibility to have transcripts sent to UMA for review.
20. I understand that if UMA cancels a program in which I am enrolled but have not yet begun attendance, I will receive a full refund of all monies paid. If UMA terminates a program after I have begun attendance, I am entitled to a teach-out of the program or a full refund of all monies paid.
21. I understand that this statement becomes a legally binding instrument upon my and UMA's acceptance, evidenced by signatures below in the Enrolling Student Acknowledgement box, unless canceled pursuant to the Right to Cancel outlined in this agreement. (This statement does not apply to active duty military students—see #29 below.)
22. I understand that retake fees are charged at full tuition equal to the original cost of the course being retaken.
23. I understand that if initial enrollment in my program is contingent upon satisfactory results on a background check, I will be cancelled from my program immediately if results are determined to be unsatisfactory. I

further understand that if a background check required later in or after my program returns unsatisfactory results, these results may prevent me from completing my program (including an externship), obtaining external certification or licensure, or obtaining employment.

24. I understand if I relocate to a state or territory in which UMA does not have approval to operate, this may adversely impact my ability to complete my program and/or gain in-field employment. Credentialing and employment requirements vary by state and territory.
25. I understand that throughout my program at UMA, I am responsible for having access to all online technical requirements, both hardware and software, as listed in the UMA Catalog.

FOR STUDENTS WHO HAVE MILITARY EDUCATION BENEFITS

26. I understand that if I have advised my admissions representative that I am using military Tuition Assistance, my documents will be held in a preenrollment status until UMA receives my branch Tuition Assistance authorization. I understand that I am not responsible for any charges and am not allowed to complete my enrollment or start my program until my branch Tuition Assistance authorization form is complete.
27. I understand that I must provide official transcripts from all previously attended postsecondary institutions to the Office of the Registrar no later than sixty days from my start date.
28. I understand that, if I am an active duty military student, I am not charged for books.
29. I understand that, if I am an active duty military student, this agreement becomes legally binding instrument upon UMA's receipt of my branch Tuition Assistance authorization form, unless cancelled pursuant to the Right to Cancel outlined in this agreement.
30. I understand that the pricing listed above is dependent upon my providing required and acceptable documentation* to verify my military status. If I am unable to provide acceptable documentation, I agree to be charged the civilian pricing for my program. For details about civilian pricing, I understand that I should see the current catalog at <https://www.ultimatemedical.edu/catalog>.

**Examples of acceptable documentation to submit for military pricing include, but are not limited to: a DD214 with an honorable discharge, a spouse's DD214 and marriage certificate, a military ID for active duty, Leave & Earnings Statement, a spouse's military ID and marriage certificate and a certificate of eligibility. Your student finance planner can discuss this documentation in further detail.*

RIGHT TO CANCEL

An applicant may cancel his/her enrollment within 72 hours of signing the enrollment agreement without incurring any financial penalty. Additionally, students who do not begin attendance within the first seven calendar days of a program, or who cancel or are cancelled by UMA during their first course, have their enrollment canceled without incurring any tuition charges. See the Provisional Registration Status section in UMA's Catalog for more details. UMA requests that students who accept textbooks prior to their enrollment cancellation return those textbooks in new condition. Students should contact the Registrar (umaregistrar@ultimatemedical.edu) to cancel within the timeframe listed above. Students can direct other questions about their enrollment to their admission representative, new student advisor, or learner services advisor.

WITHDRAWAL PROCEDURE

Sometimes conditions or circumstances beyond the control of students and the school require that students withdraw from UMA. Such students must give notice of withdrawal to the Registrar's office in person, via telephone, mail or email, or the termination date is determined in accordance with the school's add/drop and 14 consecutive-day absence policy.

PRIVACY AND STUDENT INFORMATION

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. An explanation of these rights is provided in the UMA Catalog.

INSTITUTIONAL REFUND POLICY (PRO RATA REFUND CALCULATION)

PRO RATA REFUND CALCULATION FOR STANDARD TERM PROGRAMS FOR WISCONSIN RESIDENTS

For all students in courses other than their first course at UMA, the other provisions in the Refund Policies below apply to determine the appropriate refund amount.

UMA may make special arrangements to provide a fair and equitable refund to a student, on a case-by-case basis, when a student is suffering extenuating circumstances and is unable to continue his/her studies.

A student who resides in Wisconsin and who ceases enrollment at UMA receives a tuition refund as follows. If a student's termination date is:

- Prior to the first day of a course and if a student does not begin attendance during the first seven calendar days of a program, a student receives a refund of 100% of tuition charges.
- During the first seven calendar days of a course, a student receives a refund of 80% of tuition charges.
- After the first seven calendar days of a course, during the second week of the course, a student receives a refund of 60% of tuition charges.
- During the third week of a course, a student receives a refund of 40% of tuition charges.
- During the fourth week of a course or later, a student receives no refund of tuition charges.

UMA is required to perform institutional refund calculations (pro-rata) for all students who are no longer enrolled, are dismissed, are placed on an Administrative Leave of Absence, transfer programs or fail to return from an approved leave of absence. The institutional refund policy is in addition to the Return of Title IV Funds refund calculation. UMA performs all institutional refund calculations within thirty (30) calendar days of the date of determination. The date of determination is the date UMA has determined the student to be withdrawn, expelled, dismissed, on an Administrative Leave of Absence, or transferred to another UMA program. Refund calculations are based on the student's last date of attendance. The last day of attendance for online students is the last day a student completed an academically related activity such as discussion boards, submission of assignments and taking tests. If the student is owed a refund from the institutional refund calculation, UMA will process the necessary refund within thirty (30) calendar days. UMA returns unearned Federal Student Aid within 45 calendar days of the date of determination. Students are responsible for any balance due on their accounts as a result of withdrawal from UMA.

ULTIMATE MEDICAL ACADEMY CONTRACTS

Ultimate Medical Academy reserves the right, at its sole discretion, to change program start dates and to cancel or terminate a program but will teach out any currently enrolled students. To the extent I have outstanding federal student loan obligations incurred in connection with my enrollment at UMA, I agree that any final resolution providing for monetary damages shall be paid toward my student loan obligations.

☒ By checking this box, I acknowledge that I have received a copy of this Agreement and have read and fully understand the statements, disclosures, and UMA policies contained in this disclosure form. I further understand that these statements, disclosures, and policies are part of a legal and binding contract and I have been provided access to the UMA catalog and informed that a hard copy is available upon request.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:45:11 PM

Date

Parent's or Guardian's Signature (if student is under the age of 18)

Date

Authorized School Official

Date



Attestation of High School Graduation or Equivalent / Transcript Request Form

UMA Online

3101 W. Dr. Martin Luther King, Blvd.
Tampa, FL 33607
Tel: 888-205-2456
Fax: 888-209-8848
www.ultimatemedical.edu

Proof of Graduation Team Tel: 877-208-5023
Proof of Graduation Team Fax: 813-436-5699
POG@ultimatemedical.edu

Student Information

Student's Legal Name: TEST SAMPLE
First Name Middle Initial Last Name

Legal Name at Time of Graduation (Maiden): SCHOOL

Social Security Number: XXX-XX-0000 **Date of Birth:** 01 / 01 / 2000

I understand that only students who are high school graduates, have earned a high school equivalency (GED, HiSET, TASC or Other State-Authorized Exams Recognized as Equal to a High School Diploma) or have been officially home-schooled are eligible for admittance to Ultimate Medical Academy. UMA accepts only standard high school diplomas.

I hereby attest and certify that I have earned the following secondary school credential (check one):

☒ I graduated from Anytown High School on 05/2018
Name of High School Date of Graduation (MM/YYYY)

Address 789 MAIN ST

City ANYTOWN State WI Zip Code 00000 Country United States

☐ I earned a High School Equivalency (check one):
☐ GED ☐ HiSET ☐ TASC ☐ Other state-authorized exam recognized as equal to a high school diploma

Name of Granting Agency on Date Issued (MM/YYYY)

Address of Granting Agency

City State Zip Code

☐ I completed a home school high school program at Name of Home School

in State on Date of Graduation (MM/YYYY)

☒ By checking this box and signing my name below, I affirm:

- The high school or program completed was approved by the applicable governing or state authority.
- I understand that UMA reviews high school credentials and may determine, pursuant to UMA policy, that certain high schools do not meet admission requirements. If my high school does not meet UMA admissions requirements, I understand that my enrollment may be cancelled. Funds credited to student

accounts for applicants or students who are cancelled due to failure to meet acceptable high school requirements will have such funds credited to their original sources.

- I understand that if this information is determined to be false or untrue, my enrollment at UMA will be cancelled immediately.
- For new and returning students starting prior to January 2, 2018, I understand that UMA verifies this attestation through a sampling of students admitted. If selected for verification, I agree to provide UMA (within 30 days of receiving a request for documentation) with any documents required to verify my attestations above. (Proof of such documentation may include a copy of an original diploma, transcripts or certificates, official letter of GED approval with passing scores or written state verification of home schooling.)
- For new students (including students returning to UMA following withdrawal or dismissal) starting on January 2, 2018, or after, I understand that UMA verifies this attestation by requiring proof of high school diploma, GED or equivalent. Upon enrollment with UMA, I agree to provide to UMA within 30 days from my start date all documentation required to verify this attestation. Such documentation may include a copy of an original diploma, transcripts or certificates; official letter of GED approval with passing scores; or written state verification of home schooling. If this documentation is not received within 30 days from my start date, I understand that my enrollment may be cancelled.
- That the information above is true and accurate to the best of my knowledge.
- **I authorize the release of an official copy of my academic transcript(s) and/or scholastic records to Ultimate Medical Academy.** Ultimate Medical Academy may utilize a photo ID and this attestation to obtain records of my transcripts or other scholastic records.

TEST SAMPLE electronically signed by computer IP 10.11.

08/09/2018 12:45:11 PM

Student's Signature

Date



Disclosure of Student Information

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Statistical Information

Information such as race, gender and age is collected at the time of admission for statistical purposes only. The information is not used in the admission process or as admission criteria. Certain federal, licensing and accrediting agencies require the school to submit such data. Please check the characteristics that apply to you and complete any pertinent information.

SEX

☒ Male ☐ Female

AGE GROUP

☐ Under 18 ☒ 18-19 ☐ 20-21 ☐ 22-24 ☐ 25-29
☐ 30-34 ☐ 35-39 ☐ 40-49 ☐ 50-64 ☐ 65 and Over

RACE AND ETHNICITY

Are you Hispanic or Latino? ☐ Yes ☐ No

(Optional)

Select one or more of the following races:

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific islander ☐ White

Date of Birth 01/01/2000 Driver's License Number _____ State _____

Dislocated Worker?

☐ YES ☐ NO

Non-Resident Alien?

☐ YES ☐ NO

US Citizen?

☐ YES ☐ NO

Name: TEST SAMPLE Email: cdiaz@ultimatemedical.edu

Phone: (888) 555-1234 Mobile Number: _____

Communication from UMA

Ultimate Medical Academy may contact you regarding your enrollment and other educational services. By opting-in below, you give us your consent to use automated technology to call, text, and send pre-recorded messages to you at the phone number(s) above, including your wireless number if provided. Message and data rates may apply. Providing this consent is not required to enroll. Note that even non-automated calls are recorded for quality assurance.

Communication by Automated Technology: ☒ Opt-In ☐ Opt-Out

☒ By checking this box, I affirm that I am the person listed above and my responses are accurate and truthful.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:45:11 PM

Date



**Accrediting Bureau of
Health Education Schools (ABHES) Reporting
Period July 1, 2016 – June 30, 2017**

UMA Online

3101 W. Dr. Martin Luther King, Blvd.
Tampa, FL 33607
Tel: 888-205-2456
Fax: 888-209-8848
www.ultimatemedical.edu

Rates are for UMA Online campus only.

Program	Credential	Retention Rate*	Placement Rate**
Health and Human Services	Associate Degree	72%	70%
Health Information Technology	Associate Degree	74%	76%
Health Sciences- Health Technology & Systems	Associate Degree	77%	71%
Health Sciences- Medical Administrative Assistant	Associate Degree	72%	67%
Health Sciences- Medical Office and Billing Specialist	Associate Degree	79%	66%
Health Sciences- Pharmacy Technician	Associate Degree	72%	75%
Healthcare Management	Associate Degree	81%	72%
Healthcare Technology & Systems	Diploma	79%	77%
Medical Administrative Assistant	Diploma	75%	67%
Medical Billing and Coding	Associate Degree	79%	66%
Medical Billing and Coding	Diploma	75%	70%
Medical Office and Billing Specialist	Diploma	74%	70%
Pharmacy Technician	Diploma	54%	75%

The retention and placement calculation is for the period July 1, 2016 – June 30, 2017 and uses the retention and placement calculations prescribed by our institutional accreditor, the Accrediting Bureau of Health Education Schools (www.abhes.org). For more information on all of UMA's program student graduation rates, retention and placement rates, and student financial obligations: <https://www.ultimatemedical.edu/student-information/#ge>

***Retention Rate** = (Ending Enrollment + Graduates) / (Beginning Enrollment + New Starts + Re-entries)

****Placement Rate** = (Graduates placed in their field of training + Graduates placed in a related field of training) /
(Total Graduates – Graduates unavailable for placement***)

*******Refers to graduates who are unavailable for placement due to health-related issues, military obligations, incarceration, death or continuing education status

Externship/Practicum Notice: The Pharmacy Technician, Health Sciences – Pharmacy Technician and Health Information Technology programs require completion of an externship/practicum that may range from 30 – 40 hours per week during normal business hours Monday to Friday. Externship/Practicum placement in a specific job location or company is not guaranteed. Failure to complete an externship/practicum within the specified timeframe may affect student status and Title IV funding eligibility. Students are not paid for externship/practicum hours.

☒ By checking this box, I acknowledge that I have read and understand this disclosure.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:45:11 PM

Date



Graduate Services Registration

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Student's Legal Name TEST SAMPLE

Phone (888) 555-1234

Email Address cdiaz@ultimatemedical.edu

Address 789 MAIN ST, ANYTOWN, WISCONSIN 00000

Associate of Science in Health Sciences - Medical

Course Administrative Assistant

Approximate Graduation Date 01/19/2020

UMA provides employment assistance to all graduates; however, the school does not guarantee employment. Students work with Career Services to identify potential positions, but students are responsible for finding employment. I acknowledge that my responsibilities include:

- The proper use of job-search techniques, interviewing techniques and resume preparation.
- Registering with local agencies and/or online employment sites that can assist me in finding relevant employment.
- Checking the classified sections of newspapers and online job postings.
- Adequately preparing for job interviews.
- Following up on job leads provided by the school or other sources.

UMA aids students in finding employment by:

- Maintaining a database of open job leads from various sources.
- Teaching job-search techniques.
- Reviewing student resumes and cover letters.
- Teaching interviewing techniques.

I am currently employed: ☐ YES ☒ NO

If yes, my current employer is _____ and my job title is _____

☒ I want employment services.

☐ I do not want employment services because:

☐ I plan to be a full-time student after graduation.

☐ Other _____

☒ By checking this box, I affirm that I understand that UMA offers careers services and assistance for students. I am aware that Career Services may contact me as I progress through my program to update my information and identify types of assistance its personnel may be able to provide me.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:45:11 PM

Date

GE ID:

F.583.04.08.16.01

Enrollment Agreement

Page 1 of 1



Employment and Background Checks

UMA Online

3101 W. Dr. Martin Luther King, Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

State, federal and local governments, as well as employers and various other agencies may require a criminal background check and/or drug check before a student can be placed in an externship or take professional licensing, certification, or registration examinations. Students who have prior felony convictions or serious misdemeanors may be denied the opportunity to take professional licensing, certification, or registration examinations. These students may also be denied a license or certification to practice in some states, even if the certification or licensing examination is taken and successfully completed.

Students are responsible for inquiring with appropriate certification/licensure agencies about current requirements prior to enrolling in the program of their choice. During enrollment, if a student's circumstances change, the student is responsible for inquiring with the appropriate agencies as soon as possible to determine potential impact on certification or licensure.

Information that can be included in background screening includes the following. (NOTE: Some of the items listed are public record and are available without your permission.)

Driving Records	Vehicle Registration	Credit Records	Criminal Records
Social Security Number	Education Records	Court Records	Workers' Compensation
Bankruptcy	Character References	Neighbor Interviews	Medical Records
Property Ownership	Military Records	State Licensing Records	Drug Test Records
Past Employers	Personal References	Incarceration Records	Sex Offender Lists

Due to an increase in background screening many allied health-related externship sites and employers now require background checks.

☒ By checking this box, I agree to the following:

- I understand that any criminal convictions on my record may impede my ability to:
 - Obtain an externship site (if applicable to my program)
 - Obtain employment in my field of study
 - Sit for state or national certification examinations (varies by agency administering the examination)
 - Obtain state licensure in order to work in my field of study (varies by state)
- I do not hold Ultimate Medical Academy, its agents or employees responsible for any of these inabilities due to any criminal record I may have or may later obtain.
- I authorize Ultimate Medical Academy or their/its designee to run routine employment verifications to confirm my employment status and income. I agree to notify Ultimate Medical Academy of changes in my employment status or address during the first year following graduation.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:45:11 PM

Date



UMA Online

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Ultimate Medical Academy values the feedback of our students like you. Please take a moment to share your experience with friends and family. Simply list the names of anyone that you'd like to have learn about UMA.

When you refer a potential student, we will contact and invite them to speak with an admissions representative. By providing us their contact information, you are confirming that you have their permission to have us contact them via phone by phone, text message, or email via automated systems by Ultimate Medical Academy about their education at the phone numbers you provide, including on a recorded line or on any wireless number(s). They are not obligated to agree to automated contact to enroll. Referrals are a great way to foster a supportive community of learning.

Thank you in advance!

Print Student Legal Name: TEST SAMPLE

Name	Phone	Email
Sample Example	8005559874	



Enrollment Quiz

UMA Online
 3101 W. Dr. Martin Luther King. Blvd.
 Tampa, FL 33607
 Tel: 888-205-2456
 Fax: 888-209-8848
www.ultimatemedical.edu

In what program am I enrolling?	<i>Associate of Science in Health Sciences - Medical Administrative Assistant</i>	
I understand that I must submit to UMA a copy of my proof of high school diploma, GED or equivalent		×
I feel comfortable that this is the right program for me.		×
This program aligns with my career goals.		×
I'm ready to start school on 8/20/2018 and understand that there will be additional required steps after my enrollment.		×
I have graduated from high school or a high school equivalency program.		×
I have reliable access to the internet.		×
I have reliable access to a device on which I can access the internet and do my schoolwork.		×
UMA's courses are taught in English. I am comfortable conversing, writing, and submitting my schoolwork in English.		×
I understand that I may have to take out loans to complete my program.		×



Enrollment Agreement

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.eduCommission for Independent Education License #4379
Accrediting Bureau of Health Education Schools ID # I-213-02

Please enter your legal name as it appears on your Social Security card:

Name: TEST SAMPLE (cdiaz@ultimatemedical.edu)

Address: 789 MAIN ST

City: ANYTOWN State: WISCONSIN Zip: 00000

Telephone: (888) 555-1234

Mobile Phone:

Date of Birth: 01 / 01 / 2000 (MM/DD/YYYY) Social Security #: XXX-XX-0000

PROGRAM:	
Associate of Science in Health Sciences - Healthcare Technology & Systems	
ANTICIPATED START DATE:	8/20/2018
ANTICIPATED END DATE:	1/19/2020
PROJECTED NUMBER OF WEEKS:	75
SEMESTER CREDIT HOURS:	61
CREDENTIAL AWARDED:	Associate
EXTERNSHIP HOURS:	No

MILITARY STATUS:	Not Applicable
CLASS SCHEDULE:	Monday - Sunday
PROGRAM FEES:	
Tuition:	\$26,230.00
Books:	\$0.00
TOTAL PROGRAM FEE:	\$26,230.00

By signing this Enrollment Agreement, I certify that:

1. I acknowledge that I have been given the URL for Ultimate Medical Academy's (UMA) catalog (<http://www.ultimatemedical.edu/catalog>) and have been advised that it is my responsibility to read and understand it. By signing this enrollment agreement, I agree to be bound by all policies and requirements stated in the catalog.
2. I acknowledge that I am required to comply with the conduct expectations established by UMA, including but not limited to the requirements noted in the Student Conduct policy published in the catalog, and the other related policies listed therein. I acknowledge that my failure to do so could result in UMA issuing sanctions, including but not limited to suspension or expulsion.
3. I have had sufficient opportunity to evaluate the information in the enrollment agreement and to ask questions of the school and its representatives and have received satisfactory answers to my questions.
4. I understand I am responsible for adhering to any changes in policy contained in the catalog, addendum, or supplement published by my campus during my enrollment. I further acknowledge that UMA, as a result of regulatory or licensing agency requirements, may be required to make policy or curriculum changes during my enrollment. Any changes to my curriculum will be disclosed to me in a separate document. Policy changes will be published in the campus catalog, addendum or supplement which is available at <http://www.ultimatemedical.edu/catalog> and available in hard copy upon request.

5. I understand that UMA's Student Consumer Information and Student Right-to-Know Information is available at <https://www.ultimatemedical.edu/pdfs/consumerinformation.pdf>
6. I understand that UMA's Gainful Employment Disclosures containing information on tuition, loan debt, completion, placement and occupations are available at <http://www.ultimatemedical.edu/gainful-employment.pdf> for diploma programs only, and it is my responsibility to review this document.
7. I understand that UMA's Campus Security Report is available at <https://www.ultimatemedical.edu/student-information/#security>.
8. I acknowledge that no verbal statements or other representations have been made contrary to what is contained in this agreement.
9. I understand there is placement assistance but no promise of any employment has been given or implied by a representative of UMA.
10. I acknowledge that if licensing is required for me to obtain employment, no guarantee has been made to me regarding any licensing, certification, or academic credit that I will derive from the program.
11. I understand that the programs offered at UMA are intended to be specialized, career-oriented degree and diploma programs. The credit hours earned at UMA are generally NOT acceptable to programs offered at other institutions. Ultimately, the decision to accept transfer credit hours is solely at the discretion of each receiving institution. UMA does not imply, promise, or guarantee transferability of credits/clock hours earned to any other institution.
12. I understand that persons with current or future criminal records may not qualify for professional licensing or credentialing and may have difficulty finding an externship site or obtaining employment.
13. I acknowledge that no guarantee has been made to me by anyone employed by UMA of any specific skill attainment that will result from this program of instruction. I understand that my actual skill level is dependent upon personal motivation, aptitude, and effort.
14. I agree to hold UMA, its officers, and employees harmless for any acts that I may commit through my own negligence.
15. I authorize UMA to obtain results of any certification examinations related to my program of study.
16. I understand that if I start classes and do not receive a financial aid award which covers my educational costs including books, I am personally responsible for paying whatever amounts I owe to UMA.
17. I understand that at the conclusion of my training, UMA reserves the right to retain my certificate and transcripts pending the full payment of my account.
18. I agree to pay UMA the balance of my account on demand if: an unpaid balance remains after withdrawal, my check is returned for non-payment, or a change takes place in my financial planning that alters the availability of funds. I understand that should my account become delinquent, UMA reserves the right to submit the account to collection. I further understand that I am responsible for any additional charges incurred as a result of that action. There is a \$25 service fee for all returned checks.
19. I understand that if I wish to request transfer credit for previous education, it is my responsibility to have transcripts sent to UMA for review.
20. I understand that if UMA cancels a program in which I am enrolled but have not yet begun attendance, I will receive a full refund of all monies paid. If UMA terminates a program after I have begun attendance, I am entitled to a teach-out of the program or a full refund of all monies paid.
21. I understand that this statement becomes a legally binding instrument upon my and UMA's acceptance, evidenced by signatures below in the Enrolling Student Acknowledgement box, unless canceled pursuant to the Right to Cancel outlined in this agreement. (This statement does not apply to active duty military students—see #29 below.)
22. I understand that retake fees are charged at full tuition equal to the original cost of the course being retaken.
23. I understand that if initial enrollment in my program is contingent upon satisfactory results on a background check, I will be cancelled from my program immediately if results are determined to be unsatisfactory. I

further understand that if a background check required later in or after my program returns unsatisfactory results, these results may prevent me from completing my program (including an externship), obtaining external certification or licensure, or obtaining employment.

24. I understand if I relocate to a state or territory in which UMA does not have approval to operate, this may adversely impact my ability to complete my program and/or gain in-field employment. Credentialing and employment requirements vary by state and territory.
25. I understand that throughout my program at UMA, I am responsible for having access to all online technical requirements, both hardware and software, as listed in the UMA Catalog.

FOR STUDENTS WHO HAVE MILITARY EDUCATION BENEFITS

26. I understand that if I have advised my admissions representative that I am using military Tuition Assistance, my documents will be held in a preenrollment status until UMA receives my branch Tuition Assistance authorization. I understand that I am not responsible for any charges and am not allowed to complete my enrollment or start my program until my branch Tuition Assistance authorization form is complete.
27. I understand that I must provide official transcripts from all previously attended postsecondary institutions to the Office of the Registrar no later than sixty days from my start date.
28. I understand that, if I am an active duty military student, I am not charged for books.
29. I understand that, if I am an active duty military student, this agreement becomes legally binding instrument upon UMA's receipt of my branch Tuition Assistance authorization form, unless cancelled pursuant to the Right to Cancel outlined in this agreement.
30. I understand that the pricing listed above is dependent upon my providing required and acceptable documentation* to verify my military status. If I am unable to provide acceptable documentation, I agree to be charged the civilian pricing for my program. For details about civilian pricing, I understand that I should see the current catalog at <https://www.ultimatemedical.edu/catalog>.

**Examples of acceptable documentation to submit for military pricing include, but are not limited to: a DD214 with an honorable discharge, a spouse's DD214 and marriage certificate, a military ID for active duty, Leave & Earnings Statement, a spouse's military ID and marriage certificate and a certificate of eligibility. Your student finance planner can discuss this documentation in further detail.*

RIGHT TO CANCEL

An applicant may cancel his/her enrollment within 72 hours of signing the enrollment agreement without incurring any financial penalty. Additionally, students who do not begin attendance within the first seven calendar days of a program, or who cancel or are cancelled by UMA during their first course, have their enrollment canceled without incurring any tuition charges. See the Provisional Registration Status section in UMA's Catalog for more details. UMA requests that students who accept textbooks prior to their enrollment cancellation return those textbooks in new condition. Students should contact the Registrar (umaregistrar@ultimatemedical.edu) to cancel within the timeframe listed above. Students can direct other questions about their enrollment to their admission representative, new student advisor, or learner services advisor.

WITHDRAWAL PROCEDURE

Sometimes conditions or circumstances beyond the control of students and the school require that students withdraw from UMA. Such students must give notice of withdrawal to the Registrar's office in person, via telephone, mail or email, or the termination date is determined in accordance with the school's add/drop and 14 consecutive-day absence policy.

PRIVACY AND STUDENT INFORMATION

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. An explanation of these rights is provided in the UMA Catalog.

INSTITUTIONAL REFUND POLICY (PRO RATA REFUND CALCULATION)

PRO RATA REFUND CALCULATION FOR STANDARD TERM PROGRAMS FOR WISCONSIN RESIDENTS

For all students in courses other than their first course at UMA, the other provisions in the Refund Policies below apply to determine the appropriate refund amount.

UMA may make special arrangements to provide a fair and equitable refund to a student, on a case-by-case basis, when a student is suffering extenuating circumstances and is unable to continue his/her studies.

A student who resides in Wisconsin and who ceases enrollment at UMA receives a tuition refund as follows. If a student's termination date is:

- Prior to the first day of a course and if a student does not begin attendance during the first seven calendar days of a program, a student receives a refund of 100% of tuition charges.
- During the first seven calendar days of a course, a student receives a refund of 80% of tuition charges.
- After the first seven calendar days of a course, during the second week of the course, a student receives a refund of 60% of tuition charges.
- During the third week of a course, a student receives a refund of 40% of tuition charges.
- During the fourth week of a course or later, a student receives no refund of tuition charges.

UMA is required to perform institutional refund calculations (pro-rata) for all students who are no longer enrolled, are dismissed, are placed on an Administrative Leave of Absence, transfer programs or fail to return from an approved leave of absence. The institutional refund policy is in addition to the Return of Title IV Funds refund calculation. UMA performs all institutional refund calculations within thirty (30) calendar days of the date of determination. The date of determination is the date UMA has determined the student to be withdrawn, expelled, dismissed, on an Administrative Leave of Absence, or transferred to another UMA program. Refund calculations are based on the student's last date of attendance. The last day of attendance for online students is the last day a student completed an academically related activity such as discussion boards, submission of assignments and taking tests. If the student is owed a refund from the institutional refund calculation, UMA will process the necessary refund within thirty (30) calendar days. UMA returns unearned Federal Student Aid within 45 calendar days of the date of determination. Students are responsible for any balance due on their accounts as a result of withdrawal from UMA.

ULTIMATE MEDICAL ACADEMY CONTRACTS

Ultimate Medical Academy reserves the right, at its sole discretion, to change program start dates and to cancel or terminate a program but will teach out any currently enrolled students. To the extent I have outstanding federal student loan obligations incurred in connection with my enrollment at UMA, I agree that any final resolution providing for monetary damages shall be paid toward my student loan obligations.

☒ By checking this box, I acknowledge that I have received a copy of this Agreement and have read and fully understand the statements, disclosures, and UMA policies contained in this disclosure form. I further understand that these statements, disclosures, and policies are part of a legal and binding contract and I have been provided access to the UMA catalog and informed that a hard copy is available upon request.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:43:59 PM

Date

Parent's or Guardian's Signature (if student is under the age of 18)

Date

Authorized School Official

Date



Attestation of High School Graduation or Equivalent / Transcript Request Form

UMA Online

3101 W. Dr. Martin Luther King, Blvd.
Tampa, FL 33607
Tel: 888-205-2456
Fax: 888-209-8848
www.ultimatemedical.edu

Proof of Graduation Team Tel: 877-208-5023
Proof of Graduation Team Fax: 813-436-5699
POG@ultimatemedical.edu

Student Information

Student's Legal Name: TEST SAMPLE
First Name Middle Initial Last Name

Legal Name at Time of Graduation (Maiden): SCHOOL

Social Security Number: XXX-XX-0000 **Date of Birth:** 01 / 01 / 2000

I understand that only students who are high school graduates, have earned a high school equivalency (GED, HiSET, TASC or Other State-Authorized Exams Recognized as Equal to a High School Diploma) or have been officially home-schooled are eligible for admittance to Ultimate Medical Academy. UMA accepts only standard high school diplomas.

I hereby attest and certify that I have earned the following secondary school credential (check one):

☒ I graduated from Anytown High School on 05/2018
Name of High School Date of Graduation (MM/YYYY)

Address 789 MAIN ST

City ANYTOWN State WI Zip Code 00000 Country United States

☐ I earned a High School Equivalency (check one):
☐ GED ☐ HiSET ☐ TASC ☐ Other state-authorized exam recognized as equal to a high school diploma

Name of Granting Agency on Date Issued (MM/YYYY)

Address of Granting Agency

City State Zip Code

☐ I completed a home school high school program at Name of Home School

in State on Date of Graduation (MM/YYYY)

☒ By checking this box and signing my name below, I affirm:

- The high school or program completed was approved by the applicable governing or state authority.
- I understand that UMA reviews high school credentials and may determine, pursuant to UMA policy, that certain high schools do not meet admission requirements. If my high school does not meet UMA admissions requirements, I understand that my enrollment may be cancelled. Funds credited to student

accounts for applicants or students who are cancelled due to failure to meet acceptable high school requirements will have such funds credited to their original sources.

- I understand that if this information is determined to be false or untrue, my enrollment at UMA will be cancelled immediately.
- For new and returning students starting prior to January 2, 2018, I understand that UMA verifies this attestation through a sampling of students admitted. If selected for verification, I agree to provide UMA (within 30 days of receiving a request for documentation) with any documents required to verify my attestations above. (Proof of such documentation may include a copy of an original diploma, transcripts or certificates, official letter of GED approval with passing scores or written state verification of home schooling.)
- For new students (including students returning to UMA following withdrawal or dismissal) starting on January 2, 2018, or after, I understand that UMA verifies this attestation by requiring proof of high school diploma, GED or equivalent. Upon enrollment with UMA, I agree to provide to UMA within 30 days from my start date all documentation required to verify this attestation. Such documentation may include a copy of an original diploma, transcripts or certificates; official letter of GED approval with passing scores; or written state verification of home schooling. If this documentation is not received within 30 days from my start date, I understand that my enrollment may be cancelled.
- That the information above is true and accurate to the best of my knowledge.
- **I authorize the release of an official copy of my academic transcript(s) and/or scholastic records to Ultimate Medical Academy.** Ultimate Medical Academy may utilize a photo ID and this attestation to obtain records of my transcripts or other scholastic records.

TEST SAMPLE electronically signed by computer IP 10.11.

08/09/2018 12:43:59 PM

Student's Signature

Date



Disclosure of Student Information

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Statistical Information

Information such as race, gender and age is collected at the time of admission for statistical purposes only. The information is not used in the admission process or as admission criteria. Certain federal, licensing and accrediting agencies require the school to submit such data. Please check the characteristics that apply to you and complete any pertinent information.

SEX

☒ Male ☐ Female

AGE GROUP

☐ Under 18 ☒ 18-19 ☐ 20-21 ☐ 22-24 ☐ 25-29
☐ 30-34 ☐ 35-39 ☐ 40-49 ☐ 50-64 ☐ 65 and Over

RACE AND ETHNICITY

Are you Hispanic or Latino? ☐ Yes ☐ No

(Optional)

Select one or more of the following races:

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific islander ☐ White

Date of Birth 01/01/2000 Driver's License Number _____ State _____

Dislocated Worker?

☐ YES ☐ NO

Non-Resident Alien?

☐ YES ☐ NO

US Citizen?

☐ YES ☐ NO

Name: TEST SAMPLE Email: cdiaz@ultimatemedical.edu

Phone: (888) 555-1234 Mobile Number: _____

Communication from UMA

Ultimate Medical Academy may contact you regarding your enrollment and other educational services. By opting-in below, you give us your consent to use automated technology to call, text, and send pre-recorded messages to you at the phone number(s) above, including your wireless number if provided. Message and data rates may apply. Providing this consent is not required to enroll. Note that even non-automated calls are recorded for quality assurance.

Communication by Automated Technology: ☒ Opt-In ☐ Opt-Out

☒ By checking this box, I affirm that I am the person listed above and my responses are accurate and truthful.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:43:59 PM

Date



**Accrediting Bureau of
Health Education Schools (ABHES) Reporting
Period July 1, 2016 – June 30, 2017**

UMA Online

3101 W. Dr. Martin Luther King, Blvd.
Tampa, FL 33607
Tel: 888-205-2456
Fax: 888-209-8848
www.ultimatemedical.edu

Rates are for UMA Online campus only.

Program	Credential	Retention Rate*	Placement Rate**
Health and Human Services	Associate Degree	72%	70%
Health Information Technology	Associate Degree	74%	76%
Health Sciences- Health Technology & Systems	Associate Degree	77%	71%
Health Sciences- Medical Administrative Assistant	Associate Degree	72%	67%
Health Sciences- Medical Office and Billing Specialist	Associate Degree	79%	66%
Health Sciences- Pharmacy Technician	Associate Degree	72%	75%
Healthcare Management	Associate Degree	81%	72%
Healthcare Technology & Systems	Diploma	79%	77%
Medical Administrative Assistant	Diploma	75%	67%
Medical Billing and Coding	Associate Degree	79%	66%
Medical Billing and Coding	Diploma	75%	70%
Medical Office and Billing Specialist	Diploma	74%	70%
Pharmacy Technician	Diploma	54%	75%

The retention and placement calculation is for the period July 1, 2016 – June 30, 2017 and uses the retention and placement calculations prescribed by our institutional accreditor, the Accrediting Bureau of Health Education Schools (www.abhes.org). For more information on all of UMA's program student graduation rates, retention and placement rates, and student financial obligations: <https://www.ultimatemedical.edu/student-information/#ge>

***Retention Rate** = (Ending Enrollment + Graduates) / (Beginning Enrollment + New Starts + Re-entries)

****Placement Rate** = (Graduates placed in their field of training + Graduates placed in a related field of training) /
(Total Graduates – Graduates unavailable for placement***)

*******Refers to graduates who are unavailable for placement due to health-related issues, military obligations, incarceration, death or continuing education status

Externship/Practicum Notice: The Pharmacy Technician, Health Sciences – Pharmacy Technician and Health Information Technology programs require completion of an externship/practicum that may range from 30 – 40 hours per week during normal business hours Monday to Friday. Externship/Practicum placement in a specific job location or company is not guaranteed. Failure to complete an externship/practicum within the specified timeframe may affect student status and Title IV funding eligibility. Students are not paid for externship/practicum hours.

☒ By checking this box, I acknowledge that I have read and understand this disclosure.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:43:59 PM

Date



Graduate Services Registration

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Student's Legal Name TEST SAMPLE

Phone (888) 555-1234

Email Address cdiaz@ultimatemedical.edu

Address 789 MAIN ST, ANYTOWN, WISCONSIN 00000

Associate of Science in Health Sciences - Healthcare

Course Technology & Systems

Approximate Graduation Date 01/19/2020

UMA provides employment assistance to all graduates; however, the school does not guarantee employment. Students work with Career Services to identify potential positions, but students are responsible for finding employment. I acknowledge that my responsibilities include:

- The proper use of job-search techniques, interviewing techniques and resume preparation.
- Registering with local agencies and/or online employment sites that can assist me in finding relevant employment.
- Checking the classified sections of newspapers and online job postings.
- Adequately preparing for job interviews.
- Following up on job leads provided by the school or other sources.

UMA aids students in finding employment by:

- Maintaining a database of open job leads from various sources.
- Teaching job-search techniques.
- Reviewing student resumes and cover letters.
- Teaching interviewing techniques.

I am currently employed: ☐ YES ☒ NO

If yes, my current employer is _____ and my job title is _____

☒ I want employment services.

☐ I do not want employment services because:

☐ I plan to be a full-time student after graduation.

☐ Other _____

☒ By checking this box, I affirm that I understand that UMA offers careers services and assistance for students. I am aware that Career Services may contact me as I progress through my program to update my information and identify types of assistance its personnel may be able to provide me.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:43:59 PM

Date

GE ID:

F.583.04.08.16.01

Enrollment Agreement

Page 1 of 1



Employment and Background Checks

UMA Online

3101 W. Dr. Martin Luther King, Blvd.
Tampa, FL 33607
Tel: 888-205-2456
Fax: 888-209-8848
www.ultimatemedical.edu

State, federal and local governments, as well as employers and various other agencies may require a criminal background check and/or drug check before a student can be placed in an externship or take professional licensing, certification, or registration examinations. Students who have prior felony convictions or serious misdemeanors may be denied the opportunity to take professional licensing, certification, or registration examinations. These students may also be denied a license or certification to practice in some states, even if the certification or licensing examination is taken and successfully completed.

Students are responsible for inquiring with appropriate certification/licensure agencies about current requirements prior to enrolling in the program of their choice. During enrollment, if a student's circumstances change, the student is responsible for inquiring with the appropriate agencies as soon as possible to determine potential impact on certification or licensure.

Information that can be included in background screening includes the following. (NOTE: Some of the items listed are public record and are available without your permission.)

Driving Records	Vehicle Registration	Credit Records	Criminal Records
Social Security Number	Education Records	Court Records	Workers' Compensation
Bankruptcy	Character References	Neighbor Interviews	Medical Records
Property Ownership	Military Records	State Licensing Records	Drug Test Records
Past Employers	Personal References	Incarceration Records	Sex Offender Lists

Due to an increase in background screening many allied health-related externship sites and employers now require background checks.

☒ By checking this box, I agree to the following:

- I understand that any criminal convictions on my record may impede my ability to:
 - Obtain an externship site (if applicable to my program)
 - Obtain employment in my field of study
 - Sit for state or national certification examinations (varies by agency administering the examination)
 - Obtain state licensure in order to work in my field of study (varies by state)
- I do not hold Ultimate Medical Academy, its agents or employees responsible for any of these inabilities due to any criminal record I may have or may later obtain.
- I authorize Ultimate Medical Academy or their/its designee to run routine employment verifications to confirm my employment status and income. I agree to notify Ultimate Medical Academy of changes in my employment status or address during the first year following graduation.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:43:59 PM

Date



UMA Online

3101 W. Dr. Martin Luther King. Blvd.
Tampa, FL 33607
Tel: 888-205-2456
Fax: 888-209-8848
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Ultimate Medical Academy values the feedback of our students like you. Please take a moment to share your experience with friends and family. Simply list the names of anyone that you'd like to have learn about UMA.

When you refer a potential student, we will contact and invite them to speak with an admissions representative. By providing us their contact information, you are confirming that you have their permission to have us contact them via phone by phone, text message, or email via automated systems by Ultimate Medical Academy about their education at the phone numbers you provide, including on a recorded line or on any wireless number(s). They are not obligated to agree to automated contact to enroll. Referrals are a great way to foster a supportive community of learning.

Thank you in advance!

Print Student Legal Name: TEST SAMPLE

Name	Phone	Email
Sample Example	8005559874	



Enrollment Quiz

UMA Online
 3101 W. Dr. Martin Luther King. Blvd.
 Tampa, FL 33607
 Tel: 888-205-2456
 Fax: 888-209-8848
www.ultimatemedical.edu

In what program am I enrolling?	<i>Associate of Science in Health Sciences - Healthcare Technology & Systems</i>	
I understand that I must submit to UMA a copy of my proof of high school diploma, GED or equivalent		×
I feel comfortable that this is the right program for me.		×
This program aligns with my career goals.		×
I'm ready to start school on 8/20/2018 and understand that there will be additional required steps after my enrollment.		×
I have graduated from high school or a high school equivalency program.		×
I have reliable access to the internet.		×
I have reliable access to a device on which I can access the internet and do my schoolwork.		×
UMA's courses are taught in English. I am comfortable conversing, writing, and submitting my schoolwork in English.		×
I understand that I may have to take out loans to complete my program.		×



Enrollment Agreement

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.eduCommission for Independent Education License #4379
Accrediting Bureau of Health Education Schools ID # I-213-02

Please enter your legal name as it appears on your Social Security card:

Name: TEST SAMPLE (cdiaz@ultimatemedical.edu)

Address: 789 MAIN ST

City: ANYTOWN State: WISCONSIN Zip: 00000

Telephone: (888) 555-1234

Mobile Phone:

Date of Birth: 01 / 01 / 2000 (MM/DD/YYYY) Social Security #: XXX-XX-0000

PROGRAM:	
Associate of Science in Health Sciences - Pharmacy Technician	
ANTICIPATED START DATE:	8/20/2018
ANTICIPATED END DATE:	2/2/2020
PROJECTED NUMBER OF WEEKS:	77
SEMESTER CREDIT HOURS:	61.5
CREDENTIAL AWARDED:	Associate
EXTERNSHIP HOURS:	Yes

MILITARY STATUS:	Not Applicable	
CLASS SCHEDULE:	Monday-Sunday	
PROGRAM FEES:		
Tuition:	\$26,445.00	
Books:	\$0.00	
TOTAL PROGRAM FEE:		\$26,445.00

By signing this Enrollment Agreement, I certify that:

1. I acknowledge that I have been given the URL for Ultimate Medical Academy's (UMA) catalog (<http://www.ultimatemedical.edu/catalog>) and have been advised that it is my responsibility to read and understand it. By signing this enrollment agreement, I agree to be bound by all policies and requirements stated in the catalog.
2. I acknowledge that I am required to comply with the conduct expectations established by UMA, including but not limited to the requirements noted in the Student Conduct policy published in the catalog, and the other related policies listed therein. I acknowledge that my failure to do so could result in UMA issuing sanctions, including but not limited to suspension or expulsion.
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6. I understand that UMA's Gainful Employment Disclosures containing information on tuition, loan debt, completion, placement and occupations are available at <http://www.ultimatemedical.edu/gainful-employment.pdf> for diploma programs only, and it is my responsibility to review this document.
7. I understand that UMA's Campus Security Report is available at <https://www.ultimatemedical.edu/student-information/#security>.
8. I acknowledge that no verbal statements or other representations have been made contrary to what is contained in this agreement.
9. I understand there is placement assistance but no promise of any employment has been given or implied by a representative of UMA.
10. I acknowledge that if licensing is required for me to obtain employment, no guarantee has been made to me regarding any licensing, certification, or academic credit that I will derive from the program.
11. I understand that the programs offered at UMA are intended to be specialized, career-oriented degree and diploma programs. The credit hours earned at UMA are generally NOT acceptable to programs offered at other institutions. Ultimately, the decision to accept transfer credit hours is solely at the discretion of each receiving institution. UMA does not imply, promise, or guarantee transferability of credits/clock hours earned to any other institution.
12. I understand that persons with current or future criminal records may not qualify for professional licensing or credentialing and may have difficulty finding an externship site or obtaining employment.
13. I acknowledge that no guarantee has been made to me by anyone employed by UMA of any specific skill attainment that will result from this program of instruction. I understand that my actual skill level is dependent upon personal motivation, aptitude, and effort.
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19. I understand that if I wish to request transfer credit for previous education, it is my responsibility to have transcripts sent to UMA for review.
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21. I understand that this statement becomes a legally binding instrument upon my and UMA's acceptance, evidenced by signatures below in the Enrolling Student Acknowledgement box, unless canceled pursuant to the Right to Cancel outlined in this agreement. (This statement does not apply to active duty military students—see #29 below.)
22. I understand that retake fees are charged at full tuition equal to the original cost of the course being retaken.
23. I understand that if initial enrollment in my program is contingent upon satisfactory results on a background check, I will be cancelled from my program immediately if results are determined to be unsatisfactory. I

further understand that if a background check required later in or after my program returns unsatisfactory results, these results may prevent me from completing my program (including an externship), obtaining external certification or licensure, or obtaining employment.

24. I understand if I relocate to a state or territory in which UMA does not have approval to operate, this may adversely impact my ability to complete my program and/or gain in-field employment. Credentialing and employment requirements vary by state and territory.
25. I understand that throughout my program at UMA, I am responsible for having access to all online technical requirements, both hardware and software, as listed in the UMA Catalog.

FOR STUDENTS WHO HAVE MILITARY EDUCATION BENEFITS

26. I understand that if I have advised my admissions representative that I am using military Tuition Assistance, my documents will be held in a pre-enrollment status until UMA receives my branch Tuition Assistance authorization. I understand that I am not responsible for any charges and am not allowed to complete my enrollment or start my program until my branch Tuition Assistance authorization form is complete.
27. I understand that I must provide official transcripts from all previously attended postsecondary institutions to the Office of the Registrar no later than sixty days from my start date.
28. I understand that, if I am an active duty military student, I am not charged for books.
29. I understand that, if I am an active duty military student, this agreement becomes a legally binding instrument upon UMA's receipt of my branch Tuition Assistance authorization form, unless cancelled pursuant to the Right to Cancel outlined in this agreement.
30. I understand that the pricing listed above is dependent upon my providing required and acceptable documentation* to verify my military status. If I am unable to provide acceptable documentation, I agree to be charged the civilian pricing for my program. For details about civilian pricing, I understand that I should see the current catalog at <https://www.ultimatemedical.edu/catalog>.

**Examples of acceptable documentation to submit for military pricing include, but are not limited to: a DD214 with an honorable discharge, a spouse's DD214 and marriage certificate, a military ID for active duty, Leave & Earnings Statement, a spouse's military ID and marriage certificate and a certificate of eligibility. Your student finance planner can discuss this documentation in further detail.*

RIGHT TO CANCEL

An applicant may cancel his/her enrollment within 72 hours of signing the enrollment agreement without incurring any financial penalty. Additionally, students who do not begin attendance within the first seven calendar days of a program, or who cancel or are cancelled by UMA during their first course, have their enrollment canceled without incurring any tuition charges. See the Provisional Registration Status section in UMA's Catalog for more details. UMA requests that students who accept textbooks prior to their enrollment cancellation return those textbooks in new condition. Students should contact the Registrar (umaregistrar@ultimatemedical.edu) to cancel within the timeframe listed above. Students can direct other questions about their enrollment to their admission representative, new student advisor, or learner services advisor.

WITHDRAWAL PROCEDURE

Sometimes conditions or circumstances beyond the control of students and the school require that students withdraw from UMA. Such students must give notice of withdrawal to the Registrar's office in person, via telephone, mail or email, or the termination date is determined in accordance with the school's add/drop and 14 consecutive-day absence policy.

PRIVACY AND STUDENT INFORMATION

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. An explanation of these rights is provided in the UMA Catalog.

INSTITUTIONAL REFUND POLICY (PRO RATA REFUND CALCULATION)

PRO RATA REFUND CALCULATION FOR NON-TERM PROGRAMS

For all students in courses other than their first course at UMA, the other provisions in the Refund Policy below apply to determine the appropriate refund amount.

UMA may make special arrangements to provide a fair and equitable refund to a student, on a case-by-case basis, when a student is suffering extenuating circumstances and is unable to continue his/her studies.

Students enrolled in UMA non-term programs are billed by payment period.

Students enrolled in the Health Sciences – Pharmacy Technician program are charged based on the number of credit hours assigned to each payment period for all academic years.

A student withdrawing from a program receives a pro rata refund based on the percentage of the student's completion of his/her current payment period as follows:

- If students withdraw under the UMA withdrawal process before the start of a payment period for which they have been charged, a student receives a refund of 100% of tuition charges.
- If students withdraw under the UMA withdrawal process after the start of a payment period for which they have been charged but before or at the 60% completion of the payment period, students are issued a pro rata refund as follows:
 - oThe pro rata amount of tuition refunded is determined by dividing the number of calendar days remaining after a student's last date of attendance in a payment period by the number of calendar days in the payment period in which the withdrawal occurred.
 - oThe number of calendar days in a payment period is defined as the number of calendar days from the start of a payment period until the last day of the last course a student was scheduled to attend in the payment period. Scheduled breaks of 5 calendar days or more and periods of leave of absence are excluded from the calculation.
 - oRefunds are rounded to the nearest whole dollar.
- After the completion of 60% of a payment period, tuition is 100% earned, and no tuition refund is made.

UMA is required to perform institutional refund calculations (pro-rata) for all students who are no longer enrolled, are dismissed, are placed on an Administrative Leave of Absence, transfer programs or fail to return from an approved leave of absence. The institutional refund policy is in addition to the Return of Title IV Funds refund calculation. UMA performs all institutional refund calculations within thirty (30) calendar days of the date of determination. The date of determination is the date UMA has determined the student to be withdrawn, expelled, dismissed, on an Administrative Leave of Absence, or transferred to another UMA program. Refund calculations are based on the student's last date of attendance. The last day of attendance for online students is the last day a student completed an academically related activity such as discussion boards, submission of assignments and taking tests. If the student is owed a refund from the institutional refund calculation, UMA will process the necessary refund within thirty (30) calendar days. UMA returns unearned Federal Student Aid within 45 calendar days of the date of determination. Students are responsible for any balance due on their accounts as a result of withdrawal from UMA.

ULTIMATE MEDICAL ACADEMY CONTRACTS

Ultimate Medical Academy reserves the right, at its sole discretion, to change program start dates and to cancel or terminate a program but will teach out any currently enrolled students. To the extent I have outstanding federal student loan obligations incurred in connection with my enrollment at UMA, I agree that any final resolution providing for monetary damages shall be paid toward my student loan obligations.

☒ By checking this box, I acknowledge that I have received a copy of this Agreement and have read and fully understand the statements, disclosures, and UMA policies contained in this disclosure form. I further understand that these statements, disclosures, and policies are part of a legal and binding contract and I have been provided access to the UMA catalog and informed that a hard copy is available upon request.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:49:52 PM

Date

Parent's or Guardian's Signature (if student is under the age of 18)

Date

Authorized School Official

Date



Attestation of High School Graduation or Equivalent / Transcript Request Form

UMA Online

3101 W. Dr. Martin Luther King. Blvd.
Tampa, FL 33607
Tel: 888-205-2456
Fax: 888-209-8848
www.ultimatemedical.edu

Proof of Graduation Team Tel: 877-208-5023
Proof of Graduation Team Fax: 813-436-5699
POG@ultimatemedical.edu

Student Information

Student's Legal Name: TEST SAMPLE
First Name Middle Initial Last Name

Legal Name at Time of Graduation (Maiden): SCHOOL

Social Security Number: XXX-XX-0000 **Date of Birth:** 01 / 01 / 2000

I understand that only students who are high school graduates, have earned a high school equivalency (GED, HiSET, TASC or Other State-Authorized Exams Recognized as Equal to a High School Diploma) or have been officially home-schooled are eligible for admittance to Ultimate Medical Academy. UMA accepts only standard high school diplomas.

I hereby attest and certify that I have earned the following secondary school credential (check one):

☒ I graduated from Anytown High School on 05/2018
Name of High School Date of Graduation (MM/YYYY)

Address 789 MAIN ST

City ANYTOWN State WI Zip Code 00000 Country United States

☐ I earned a High School Equivalency (check one):
☐ GED ☐ HiSET ☐ TASC ☐ Other state-authorized exam recognized as equal to a high school diploma

Name of Granting Agency on Date Issued (MM/YYYY)

Address of Granting Agency

City State Zip Code

☐ I completed a home school high school program at Name of Home School

in State on Date of Graduation (MM/YYYY)

☒ By checking this box and signing my name below, I affirm:

- The high school or program completed was approved by the applicable governing or state authority.
- I understand that UMA reviews high school credentials and may determine, pursuant to UMA policy, that certain high schools do not meet admission requirements. If my high school does not meet UMA admissions requirements, I understand that my enrollment may be cancelled. Funds credited to student

accounts for applicants or students who are cancelled due to failure to meet acceptable high school requirements will have such funds credited to their original sources.

- I understand that if this information is determined to be false or untrue, my enrollment at UMA will be cancelled immediately.
- For new and returning students starting prior to January 2, 2018, I understand that UMA verifies this attestation through a sampling of students admitted. If selected for verification, I agree to provide UMA (within 30 days of receiving a request for documentation) with any documents required to verify my attestations above. (Proof of such documentation may include a copy of an original diploma, transcripts or certificates, official letter of GED approval with passing scores or written state verification of home schooling.)
- For new students (including students returning to UMA following withdrawal or dismissal) starting on January 2, 2018, or after, I understand that UMA verifies this attestation by requiring proof of high school diploma, GED or equivalent. Upon enrollment with UMA, I agree to provide to UMA within 30 days from my start date all documentation required to verify this attestation. Such documentation may include a copy of an original diploma, transcripts or certificates; official letter of GED approval with passing scores; or written state verification of home schooling. If this documentation is not received within 30 days from my start date, I understand that my enrollment may be cancelled.
- That the information above is true and accurate to the best of my knowledge.
- **I authorize the release of an official copy of my academic transcript(s) and/or scholastic records to Ultimate Medical Academy.** Ultimate Medical Academy may utilize a photo ID and this attestation to obtain records of my transcripts or other scholastic records.

TEST SAMPLE electronically signed by computer IP 10.11.

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Student's Signature

Date



Disclosure of Student Information

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Statistical Information

Information such as race, gender and age is collected at the time of admission for statistical purposes only. The information is not used in the admission process or as admission criteria. Certain federal, licensing and accrediting agencies require the school to submit such data. Please check the characteristics that apply to you and complete any pertinent information.

SEX

☒ Male ☐ Female

AGE GROUP

☐ Under 18 ☒ 18-19 ☐ 20-21 ☐ 22-24 ☐ 25-29
☐ 30-34 ☐ 35-39 ☐ 40-49 ☐ 50-64 ☐ 65 and Over

RACE AND ETHNICITY

Are you Hispanic or Latino? ☐ Yes ☐ No

(Optional)

Select one or more of the following races:

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific islander ☐ White

Date of Birth 01/01/2000

Driver's License Number _____ State _____

Dislocated Worker?

☐ YES ☐ NO

Non-Resident Alien?

☐ YES ☐ NO

US Citizen?

☐ YES ☐ NO

Name: TEST SAMPLE

Email: cdiaz@ultimatemedical.edu

Phone: (888) 555-1234

Mobile Number: _____

Communication from UMA

Ultimate Medical Academy may contact you regarding your enrollment and other educational services. By opting-in below, you give us your consent to use automated technology to call, text, and send pre-recorded messages to you at the phone number(s) above, including your wireless number if provided. Message and data rates may apply. Providing this consent is not required to enroll. Note that even non-automated calls are recorded for quality assurance.

Communication by Automated Technology: ☒ Opt-In ☐ Opt-Out

☒ By checking this box, I affirm that I am the person listed above and my responses are accurate and truthful.

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Student's Signature

08/09/2018 12:49:52 PM

Date



Accrediting Bureau of
Health Education Schools (ABHES) Reporting
Period July 1, 2016 – June 30, 2017

UMA Online

3101 W. Dr. Martin Luther King, Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Rates are for UMA Online campus only.

Program	Credential	Retention Rate*	Placement Rate**
Health and Human Services	Associate Degree	72%	70%
Health Information Technology	Associate Degree	74%	76%
Health Sciences- Health Technology & Systems	Associate Degree	77%	71%
Health Sciences- Medical Administrative Assistant	Associate Degree	72%	67%
Health Sciences- Medical Office and Billing Specialist	Associate Degree	79%	66%
Health Sciences- Pharmacy Technician	Associate Degree	72%	75%
Healthcare Management	Associate Degree	81%	72%
Healthcare Technology & Systems	Diploma	79%	77%
Medical Administrative Assistant	Diploma	75%	67%
Medical Billing and Coding	Associate Degree	79%	66%
Medical Billing and Coding	Diploma	75%	70%
Medical Office and Billing Specialist	Diploma	74%	70%
Pharmacy Technician	Diploma	54%	75%

The retention and placement calculation is for the period July 1, 2016 – June 30, 2017 and uses the retention and placement calculations prescribed by our institutional accreditor, the Accrediting Bureau of Health Education Schools (www.abhes.org). For more information on all of UMA's program student graduation rates, retention and placement rates, and student financial obligations: <https://www.ultimatemedical.edu/student-information/#ge>

***Retention Rate** = (Ending Enrollment + Graduates) / (Beginning Enrollment + New Starts + Re-entries)

****Placement Rate** = (Graduates placed in their field of training + Graduates placed in a related field of training) /
(Total Graduates – Graduates unavailable for placement***)

*******Refers to graduates who are unavailable for placement due to health-related issues, military obligations, incarceration, death or continuing education status

Externship/Practicum Notice: The Pharmacy Technician, Health Sciences – Pharmacy Technician and Health Information Technology programs require completion of an externship/practicum that may range from 30 – 40 hours per week during normal business hours Monday to Friday. Externship/Practicum placement in a specific job location or company is not guaranteed. Failure to complete an externship/practicum within the specified timeframe may affect student status and Title IV funding eligibility. Students are not paid for externship/practicum hours.

☒ By checking this box, I acknowledge that I have read and understand this disclosure.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:49:52 PM

Date



Externship/Practicum Experience Requirements

UMA Online

3101 W. Dr. Martin Luther King. Blvd.
Tampa, FL 33607
Tel: 888-205-2456
Fax: 888-209-8848
www.ultimatemedical.edu

I understand the following programs at UMA include an externship/practicum requirement that must be successfully completed in order to graduate:

- Health Information Technology
- Health Sciences - Pharmacy Technician

Once a student successfully completes online classroom training in programs that require an externship/practicum experience component, the student is placed in an onsite externship/practicum practicing the responsibilities and duties consistent with the core concentration of his/her program. An onsite externship/practicum must begin within 14 days of completing classroom training. Any time missed during an externship/practicum must be made up. A student must successfully complete the onsite externship/practicum in order to graduate and receive an applicable credential.

UMA assigns externship/practicum sites based on availability. Although UMA cannot guarantee a particular office or geographical location, a student's request is taken into consideration when making assignments. An unsatisfactory evaluation from a student's externship/practicum site may require the student to return to UMA's classroom environment for additional training which includes the potential to serve an additional onsite externship/practicum period. In order to facilitate a positive student experience, UMA reserves the right to limit enrollments from certain states based on labor market conditions or other factors. UMA currently has restrictions on enrollments from certain designated states. Please verify your eligibility with your Admissions Representative. You will be assigned an externship/practicum location. If you cannot physically attend the externship/practicum in that location, it may prevent you from graduating.

APPLICANTS FOR: Associate of Science in Health Sciences - Pharmacy Technician

UMA works with employers to find suitable sites, and students are asked to submit information to UMA about pharmacies near their location. This is in a student's best interest because students are required to travel to the site and work for 180 hours on a schedule that is agreeable to the site. Most sites require attendance during weekday hours. Although UMA cannot guarantee a particular office or geographical location, a student's request is taken into consideration when making assignments.

If you are interested in becoming a Pharmacy Technician, it is very important to note that each state has a Board of Pharmacy which has unique requirements that affect you. Be sure to review the requirements set forth by the Board of Pharmacy in the state(s) in which you are considering working and continue to periodically review them for updates. Links can be found at:
<https://nabp.pharmacy/boards-of-pharmacy/>.

☒ By checking this box, I acknowledge that I understand UMA's Externship/Practicum Experience Requirements.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:49:52 PM

Date



Graduate Services Registration

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Student's Legal Name TEST SAMPLE

Phone (888) 555-1234

Email Address cdiaz@ultimatemedical.edu

Address 789 MAIN ST, ANYTOWN, WISCONSIN 00000

Associate of Science in Health Sciences - Pharmacy

Course Technician

Approximate Graduation Date 02/02/2020

UMA provides employment assistance to all graduates; however, the school does not guarantee employment. Students work with Career Services to identify potential positions, but students are responsible for finding employment. I acknowledge that my responsibilities include:

- The proper use of job-search techniques, interviewing techniques and resume preparation.
- Registering with local agencies and/or online employment sites that can assist me in finding relevant employment.
- Checking the classified sections of newspapers and online job postings.
- Adequately preparing for job interviews.
- Following up on job leads provided by the school or other sources.

UMA aids students in finding employment by:

- Maintaining a database of open job leads from various sources.
- Teaching job-search techniques.
- Reviewing student resumes and cover letters.
- Teaching interviewing techniques.

I am currently employed: ☐ YES ☒ NO

If yes, my current employer is _____ and my job title is _____

☒ I want employment services.

☐ I do not want employment services because:

☐ I plan to be a full-time student after graduation.

☐ Other _____

☒ By checking this box, I affirm that I understand that UMA offers careers services and assistance for students. I am aware that Career Services may contact me as I progress through my program to update my information and identify types of assistance its personnel may be able to provide me.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

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Date

GE ID:

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Enrollment Agreement

Page 1 of 1



Employment and Background Checks

UMA Online

3101 W. Dr. Martin Luther King, Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

State, federal and local governments, as well as employers and various other agencies may require a criminal background check and/or drug check before a student can be placed in an externship or take professional licensing, certification, or registration examinations. Students who have prior felony convictions or serious misdemeanors may be denied the opportunity to take professional licensing, certification, or registration examinations. These students may also be denied a license or certification to practice in some states, even if the certification or licensing examination is taken and successfully completed.

Students are responsible for inquiring with appropriate certification/licensure agencies about current requirements prior to enrolling in the program of their choice. During enrollment, if a student's circumstances change, the student is responsible for inquiring with the appropriate agencies as soon as possible to determine potential impact on certification or licensure.

Information that can be included in background screening includes the following. (NOTE: Some of the items listed are public record and are available without your permission.)

Driving Records	Vehicle Registration	Credit Records	Criminal Records
Social Security Number	Education Records	Court Records	Workers' Compensation
Bankruptcy	Character References	Neighbor Interviews	Medical Records
Property Ownership	Military Records	State Licensing Records	Drug Test Records
Past Employers	Personal References	Incarceration Records	Sex Offender Lists

Due to an increase in background screening many allied health-related externship sites and employers now require background checks.

☒ By checking this box, I agree to the following:

- I understand that any criminal convictions on my record may impede my ability to:
 - Obtain an externship site (if applicable to my program)
 - Obtain employment in my field of study
 - Sit for state or national certification examinations (varies by agency administering the examination)
 - Obtain state licensure in order to work in my field of study (varies by state)
- I do not hold Ultimate Medical Academy, its agents or employees responsible for any of these disabilities due to any criminal record I may have or may later obtain.
- I authorize Ultimate Medical Academy or their/its designee to run routine employment verifications to confirm my employment status and income. I agree to notify Ultimate Medical Academy of changes in my employment status or address during the first year following graduation.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:49:52 PM

Date



Employment and Background Checks

Online Campus

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Identifying Information for Background Investigative Report

I authorize UMA to perform a criminal background check on me to assist me in making informed decisions about my choice of a program and any impact on my externship, licensing, certification and placement prospects. I understand that if initial enrollment in my program is contingent upon satisfactory results on a background check, I will be cancelled from my program immediately if results are determined to be unsatisfactory. I further understand that if a background check required later in or after my program returns unsatisfactory results, these results may prevent me from completing my program (including an externship), obtaining external certification or licensure, or obtaining employment.

First Name TEST Middle Last Name SAMPLE
Other Names Used (alias, maiden, nickname) ANYTOWN HIGH SCHOOL
Social Security Number XXX-XX-0000 Date of Birth 01/01/2000 Gender Male
Daytime Telephone Number (888) 555-1234

Current Address:

Address Line 1 789 MAIN ST Address Line 2
City ANYTOWN State/Province/Region WISCONSIN
Zip/Postal Code/Postcode 00000 Country United States
Dates 1/2018 - present

Previous Address:

Address Line 1 Address Line 2
City State/Province/Region
Zip/Postal Code/Postcode Country United States
Dates / - /

TEST SAMPLE electronically signed by computer IP 10.11.42.41

0000

Student's Signature

Last Four Digits of Social Security Number

08/09/2018 12:49:52 PM

Date



Enrollment Classification and State/Territory Disclosures for the Health Sciences - Pharmacy Technician Program

UMA Online

3101 W. Dr. Martin Luther King, Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

The information contained in this disclosure is current as of February 1, 2018, and state/territory requirements may change during or after a student's enrollment. Students are responsible for researching and understanding all examination, certification, registration and/or licensure requirements in any state/territory in which the student seeks to become certified, registered, licensed or employed. State/Territory contact information is available at the following link: <https://nabp.pharmacy/boards-of-pharmacy/>.

STATE/TERRITORY BOARD OF PHARMACY LICENSURE/REGISTRATION REQUIREMENTS

Certain states/territories require students to complete a licensure or registration process prior to the externship course. Students residing in those states/territories, or planning to work in those states/territories, must complete the registration process with the State/Territory Board of Pharmacy within the 20 weeks preceding their expected externship course start date. Students who fail to complete the requirements may be dismissed from the program.

Certain states/territories require students to complete a licensure or registration process prior to or soon after employment as a pharmacy technician. Students residing in those states/territories, or planning to work in those states/territories, must complete the licensure or registration process with the State/Territory Board of Pharmacy once they have successfully completed the UMA Health Sciences - Pharmacy Technician program. Students who fail to complete the requirements may not be able to obtain employment in a pharmacy.

PHARMACY TECHNICIAN CERTIFICATION BOARD AND STATE/TERRITORY REQUIREMENTS

States/territories have various requirements for pharmacy technicians. Certain states/territories require students to become certified by the Pharmacy Technician Certification Board (PTCB) within one or two years of initial registration or licensure. Failure to become certified by the PTCB within the required time frame after initial registration may result in the loss of registration or licensure. Students who fail to become certified by the PTCB may not be able to obtain or maintain employment in a pharmacy.

PHARMACY TECHNICIAN STATE/TERRITORY REQUIREMENTS

It is important that the students are aware of their pharmacy technician state/territory requirements. There is not one specific requirement for all states/territories. Therefore, students are required to notify UMA at statechange@ultimatemedical.edu and request authorization if they plan to move to or intend to work as a pharmacy technician in any state/territory other than those in which UMA is actively enrolling/reentering for the Health Sciences - Pharmacy Technician program (a "non-enrollment state/territory"). Students who do not request or are not granted authorization prior to moving or working as a pharmacy technician may be officially withdrawn from the program.

The chart below outlines various states/territories and whether UMA is accepting students who reside in those states/territories. The definitions below outline the different Enrollment Classifications for the Health Sciences - Pharmacy Technician program:

GE ID:

F.471.2.1.18.01

- **All Enrollment State/Territory** – a state/territory where UMA is currently allowing students to enroll, reenter, reenroll, or directly enroll in the Health Sciences - Pharmacy Technician program.
- **Non-Enrollment State/Territory** – a state/territory where UMA is currently not enrolling/reentering students in the Health Sciences - Pharmacy Technician program.

HEALTH SCIENCES – PHARMACY TECHNICIAN PROGRAM'S STATE/TERRITORY AVAILABILITY	
ALL ENROLLMENT STATES/TERRITORIES	NON-ENROLLMENT STATES/TERRITORIES
Alabama	California
Alaska	Connecticut
Arizona	Guam
Arkansas	Kentucky
Colorado	Louisiana
Delaware	Maine
Florida	Maryland
Georgia	Massachusetts
Hawaii	Minnesota
Idaho	Nevada
Illinois	New Hampshire
Indiana	New Mexico
Iowa	New York
Kansas	North Carolina
Michigan	North Dakota
Mississippi	Ohio
Missouri	Oklahoma
Montana	Puerto Rico
Nebraska	Rhode Island
New Jersey	South Carolina
Oregon	Tennessee
Pennsylvania	Texas
South Dakota	U.S. Virgin Islands
Vermont	Utah
Wisconsin	Virginia
Wyoming	Washington
	Washington D.C.
	West Virginia

Many states/territories have various requirements for pharmacy technicians. These requirements may include externship, registration/licensure, certification and/or employment specific requirements. The chart below depicts the additional pharmacy technician requirements for the state/territory the student resides in. It is best to conduct additional research for the state/territory you reside in or plan to work in. Students are encouraged to research state/territory specific requirements for pharmacy technicians as laws and regulations change frequently. State/Territory contact information is available at the following link:

<https://nabp.pharmacy/boards-of-pharmacy/>

States/Territories	Additional Pharmacy Technician Information for Students
California, Connecticut, Guam, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Nevada, New Hampshire, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Puerto Rico, Rhode Island, South Carolina, Tennessee, Texas, U.S. Virgin Islands, Utah, Virginia, Washington, Washington D.C., West Virginia	UMA is currently not enrolling in these states for the Health Sciences - Pharmacy Technician program due to regulatory requirements.
Alabama, Alaska, Arizona, Arkansas, Georgia, Idaho, Illinois, Indiana, Iowa, Michigan, Mississippi, Missouri, Montana, New Jersey, Oregon, South Dakota, Vermont, Wyoming	Students residing in these states are required to have a license or be registered in the state prior to externship. A UMA Registration Coordinator will contact students approximately 20 weeks before their externship to begin this process and provide support in obtaining licensure.
States/Territories	Additional Pharmacy Technician Information for Graduates
Colorado, Hawaii, Pennsylvania, Wisconsin	Pharmacy technicians are not currently regulated by the State Boards of Pharmacy.
Alabama, Arkansas, Florida ¹ , Georgia, Missouri, New Jersey, Vermont	Graduates must be registered with the State Board of Pharmacy to be eligible to work as a pharmacy technician in the state.
Alaska	Graduates must be licensed with the State Board of Pharmacy to be eligible to work as a pharmacy technician in the state.
Arizona	Graduates must be licensed with the State Board of Pharmacy to be eligible to work as a pharmacy technician in the state: <ol style="list-style-type: none"> 1. Pharmacy Technician Trainee - obtain certification prior to the end of second renewal OR 2. Certified Technician (must provide evidence of PTCB)
Delaware	Graduates do not need to be registered or licensed with the State Board of Pharmacy to be a Pharmacy Technician in the state; however, they must successfully complete a training program upon initial employment and complete within 90 days. Certified Pharmacy Technicians must provide evidence of PTCB.
Idaho	Graduates must be registered with the State Board of Pharmacy to be eligible to work as a pharmacy technician in the state: <ol style="list-style-type: none"> 1. Technician-In-Training - obtain certification prior to the end of second renewal OR 2. Certified Technician (must provide evidence of PTCB or ExCPT)
Illinois	Graduates must be licensed with the State Board of Pharmacy to be eligible to work as a pharmacy technician in the state and meet the following requirements: <ol style="list-style-type: none"> 1. Proof of passing certification exam PTCB or ExCPT within two years after initial licensure AND 2. Copy of pharmacy technician program certificate or diploma

¹ Residents of Florida begin this process after graduation.

States/Territories	Additional Pharmacy Technician Information for Graduates
Indiana	<p>Graduates must be licensed with the State Board of Pharmacy to be eligible to work as a pharmacy technician in the state and meet the following requirements:</p> <ol style="list-style-type: none"> 1. Technician-In-Training - obtain certification prior to the end of first renewal OR 2. Certification as a Pharmacy Technician – submit application with proof of PTCB or ExCPT
Iowa	<p>Graduates must be registered with the State Board of Pharmacy to be eligible to work as a pharmacy technician in the state:</p> <ol style="list-style-type: none"> 1. Pharmacy Technician Trainee - obtain certification prior to the end of first renewal OR 2. Certified Pharmacy Technician Registration – submit application with proof of PTCB or ExCPT
Kansas	<p>Graduates must be registered with the State Board of Pharmacy to be eligible to work as a pharmacy technician in the state:</p> <ol style="list-style-type: none"> 1. Pharmacy Technicians who register for the first time after July 1, 2017, are required to successfully pass a pharmacy technician certification exam approved by the Board before their first renewal.
Michigan	<p>Graduates must be licensed with the State Board of Pharmacy to be eligible to work as a pharmacy technician in the state:</p> <ol style="list-style-type: none"> 1. Full Licensure – submit proof of passing the PTCB or NHA exams OR 2. Limited License – requires verification of employment and is only valid during employment listed on application OR 3. Temporary License – issued to applicant that is preparing to take certification exam required for full licensure which must be obtained within one year
Mississippi	<p>Graduates must be registered with the State Board of Pharmacy to be eligible to work as a pharmacy technician in the state. Certification from the PTCB or ExCPT must be obtained prior to the first renewal.</p>
Montana	<p>Graduates must be licensed with the State Board of Pharmacy to be eligible to work as a pharmacy technician in the state:</p> <ol style="list-style-type: none"> 1. Pharmacy Technician-In-Training must obtain certification within 18 months from the PTCB or ExCPT AND employment is required OR 2. Pharmacy Technician – certified by PTCB or ExCPT
Nebraska	<p>Graduates must be registered with the State Board of Pharmacy to be eligible for work as a pharmacy technician in the state.</p> <ol style="list-style-type: none"> 1. Pharmacy Technicians who register for the first time after January 1, 2016 shall be certified by a state or national certifying body approved by the board within one year from the registration date in order to be employed as a pharmacy technician in a healthcare facility.

States/Territories	Additional Pharmacy Technician Information for Graduates
Oregon	Students residing in Oregon must apply for a Pharmacy Technician Initial License. This allows pharmacy technicians more than a year, but not more than two years, to become nationally certified by passing a national certification exam through PTCB or the ExCPT and apply for/obtain the Board's Certified Oregon Pharmacy Technician License. Students must become licensed as a Certified Oregon Pharmacy Technician to continue working as a technician.
South Dakota	<p>Graduates must be registered with the State Board of Pharmacy to be eligible to work as a pharmacy technician in the state:</p> <ol style="list-style-type: none"> 1. Technician-In-Training – undergoing certification requirements (obtain prior to first renewal) and/or enrolled in a pharmacy technician training program with an intern/externship component 2. Certified Technician - submit copy of certification from PTCB or ExCPT
Wyoming	<p>Graduates must register with the State Board of Pharmacy to be eligible to work as a pharmacy technician in the state:</p> <ol style="list-style-type: none"> 1. Pharmacy Technician in Training – apply to the Board for a training permit with the sponsoring pharmacy listed on the permit. PTCB certification must be obtained within two years (first renewal) OR 2. Pharmacy Technician Registration – Must provide evidence of PTCB Certification

- ☒ By checking this box, I acknowledge that I have read and understand this disclosure. I acknowledge and understand that, to qualify for registration, licensure, externship, certification and/or employment as a pharmacy technician, I may be required by regulations in my state/territory to answer additional questions about my background. I further understand that a member of the UMA Eligibility Team will discuss these issues with me as part of my Onboarding Checklist and answer any questions I may have.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:49:52 PM

Date



UMA Online

3101 W. Dr. Martin Luther King. Blvd.
Tampa, FL 33607
Tel: 888-205-2456
Fax: 888-209-8848
www.ultimatemedical.edu

Ultimate Medical Academy values the feedback of our students like you. Please take a moment to share your experience with friends and family. Simply list the names of anyone that you'd like to have learn about UMA.

When you refer a potential student, we will contact and invite them to speak with an admissions representative. By providing us their contact information, you are confirming that you have their permission to have us contact them via phone by phone, text message, or email via automated systems by Ultimate Medical Academy about their education at the phone numbers you provide, including on a recorded line or on any wireless number(s). They are not obligated to agree to automated contact to enroll. Referrals are a great way to foster a supportive community of learning.

Thank you in advance!

Print Student Legal Name: TEST SAMPLE

Name	Phone	Email
Sample Example	8005559874	



Enrollment Quiz

UMA Online
 3101 W. Dr. Martin Luther King. Blvd.
 Tampa, FL 33607
 Tel: 888-205-2456
 Fax: 888-209-8848
www.ultimatemedical.edu

In what program am I enrolling?	<i>Associate of Science in Health Sciences - Pharmacy Technician</i>	
I understand that I must submit to UMA a copy of my proof of high school diploma, GED or equivalent		×
I feel comfortable that this is the right program for me.		×
This program aligns with my career goals.		×
I'm ready to start school on 8/20/2018 and understand that there will be additional required steps after my enrollment.		×
I have graduated from high school or a high school equivalency program.		×
I have reliable access to the internet.		×
I have reliable access to a device on which I can access the internet and do my schoolwork.		×
UMA's courses are taught in English. I am comfortable conversing, writing, and submitting my schoolwork in English.		×
I understand that I may have to take out loans to complete my program.		×



Enrollment Agreement

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.eduCommission for Independent Education License #4379
Accrediting Bureau of Health Education Schools ID # I-213-02

Please enter your legal name as it appears on your Social Security card:

Name: TEST SAMPLE (cdiaz@ultimatemedical.edu)

Address: 789 MAIN ST

City: ANYTOWN State: WISCONSIN Zip: 00000

Telephone: (888) 555-1234

Mobile Phone:

Date of Birth: 01 / 01 / 2000 (MM/DD/YYYY) Social Security #: XXX-XX-0000

PROGRAM:	
Associate of Science in Health Sciences - Medical Office and Billing Specialist	
ANTICIPATED START DATE:	8/20/2018
ANTICIPATED END DATE:	1/19/2020
PROJECTED NUMBER OF WEEKS:	75
SEMESTER CREDIT HOURS:	62
CREDENTIAL AWARDED:	Associate
EXTERNSHIP HOURS:	No

MILITARY STATUS:	Not Applicable
CLASS SCHEDULE:	Monday-Sunday
PROGRAM FEES:	
Tuition:	\$26,660.00
Books:	\$0.00
TOTAL PROGRAM FEE:	
\$26,660.00	

By signing this Enrollment Agreement, I certify that:

1. I acknowledge that I have been given the URL for Ultimate Medical Academy's (UMA) catalog (<http://www.ultimatemedical.edu/catalog>) and have been advised that it is my responsibility to read and understand it. By signing this enrollment agreement, I agree to be bound by all policies and requirements stated in the catalog.
2. I acknowledge that I am required to comply with the conduct expectations established by UMA, including but not limited to the requirements noted in the Student Conduct policy published in the catalog, and the other related policies listed therein. I acknowledge that my failure to do so could result in UMA issuing sanctions, including but not limited to suspension or expulsion.
3. I have had sufficient opportunity to evaluate the information in the enrollment agreement and to ask questions of the school and its representatives and have received satisfactory answers to my questions.
4. I understand I am responsible for adhering to any changes in policy contained in the catalog, addendum, or supplement published by my campus during my enrollment. I further acknowledge that UMA, as a result of regulatory or licensing agency requirements, may be required to make policy or curriculum changes during my enrollment. Any changes to my curriculum will be disclosed to me in a separate document. Policy changes will be published in the campus catalog, addendum or supplement which is available at <http://www.ultimatemedical.edu/catalog> and available in hard copy upon request.

5. I understand that UMA's Student Consumer Information and Student Right-to-Know Information is available at <https://www.ultimatemedical.edu/pdfs/consumerinformation.pdf>
6. I understand that UMA's Gainful Employment Disclosures containing information on tuition, loan debt, completion, placement and occupations are available at <http://www.ultimatemedical.edu/gainful-employment.pdf> for diploma programs only, and it is my responsibility to review this document.
7. I understand that UMA's Campus Security Report is available at <https://www.ultimatemedical.edu/student-information/#security>.
8. I acknowledge that no verbal statements or other representations have been made contrary to what is contained in this agreement.
9. I understand there is placement assistance but no promise of any employment has been given or implied by a representative of UMA.
10. I acknowledge that if licensing is required for me to obtain employment, no guarantee has been made to me regarding any licensing, certification, or academic credit that I will derive from the program.
11. I understand that the programs offered at UMA are intended to be specialized, career-oriented degree and diploma programs. The credit hours earned at UMA are generally NOT acceptable to programs offered at other institutions. Ultimately, the decision to accept transfer credit hours is solely at the discretion of each receiving institution. UMA does not imply, promise, or guarantee transferability of credits/clock hours earned to any other institution.
12. I understand that persons with current or future criminal records may not qualify for professional licensing or credentialing and may have difficulty finding an externship site or obtaining employment.
13. I acknowledge that no guarantee has been made to me by anyone employed by UMA of any specific skill attainment that will result from this program of instruction. I understand that my actual skill level is dependent upon personal motivation, aptitude, and effort.
14. I agree to hold UMA, its officers, and employees harmless for any acts that I may commit through my own negligence.
15. I authorize UMA to obtain results of any certification examinations related to my program of study.
16. I understand that if I start classes and do not receive a financial aid award which covers my educational costs including books, I am personally responsible for paying whatever amounts I owe to UMA.
17. I understand that at the conclusion of my training, UMA reserves the right to retain my certificate and transcripts pending the full payment of my account.
18. I agree to pay UMA the balance of my account on demand if: an unpaid balance remains after withdrawal, my check is returned for non-payment, or a change takes place in my financial planning that alters the availability of funds. I understand that should my account become delinquent, UMA reserves the right to submit the account to collection. I further understand that I am responsible for any additional charges incurred as a result of that action. There is a \$25 service fee for all returned checks.
19. I understand that if I wish to request transfer credit for previous education, it is my responsibility to have transcripts sent to UMA for review.
20. I understand that if UMA cancels a program in which I am enrolled but have not yet begun attendance, I will receive a full refund of all monies paid. If UMA terminates a program after I have begun attendance, I am entitled to a teach-out of the program or a full refund of all monies paid.
21. I understand that this statement becomes a legally binding instrument upon my and UMA's acceptance, evidenced by signatures below in the Enrolling Student Acknowledgement box, unless canceled pursuant to the Right to Cancel outlined in this agreement. (This statement does not apply to active duty military students—see #29 below.)
22. I understand that retake fees are charged at full tuition equal to the original cost of the course being retaken.
23. I understand that if initial enrollment in my program is contingent upon satisfactory results on a background check, I will be cancelled from my program immediately if results are determined to be unsatisfactory. I

further understand that if a background check required later in or after my program returns unsatisfactory results, these results may prevent me from completing my program (including an externship), obtaining external certification or licensure, or obtaining employment.

24. I understand if I relocate to a state or territory in which UMA does not have approval to operate, this may adversely impact my ability to complete my program and/or gain in-field employment. Credentialing and employment requirements vary by state and territory.
25. I understand that throughout my program at UMA, I am responsible for having access to all online technical requirements, both hardware and software, as listed in the UMA Catalog.

FOR STUDENTS WHO HAVE MILITARY EDUCATION BENEFITS

26. I understand that if I have advised my admissions representative that I am using military Tuition Assistance, my documents will be held in a preenrollment status until UMA receives my branch Tuition Assistance authorization. I understand that I am not responsible for any charges and am not allowed to complete my enrollment or start my program until my branch Tuition Assistance authorization form is complete.
27. I understand that I must provide official transcripts from all previously attended postsecondary institutions to the Office of the Registrar no later than sixty days from my start date.
28. I understand that, if I am an active duty military student, I am not charged for books.
29. I understand that, if I am an active duty military student, this agreement becomes legally binding instrument upon UMA's receipt of my branch Tuition Assistance authorization form, unless cancelled pursuant to the Right to Cancel outlined in this agreement.
30. I understand that the pricing listed above is dependent upon my providing required and acceptable documentation* to verify my military status. If I am unable to provide acceptable documentation, I agree to be charged the civilian pricing for my program. For details about civilian pricing, I understand that I should see the current catalog at <https://www.ultimatemedical.edu/catalog>.

**Examples of acceptable documentation to submit for military pricing include, but are not limited to: a DD214 with an honorable discharge, a spouse's DD214 and marriage certificate, a military ID for active duty, Leave & Earnings Statement, a spouse's military ID and marriage certificate and a certificate of eligibility. Your student finance planner can discuss this documentation in further detail.*

RIGHT TO CANCEL

An applicant may cancel his/her enrollment within 72 hours of signing the enrollment agreement without incurring any financial penalty. Additionally, students who do not begin attendance within the first seven calendar days of a program, or who cancel or are cancelled by UMA during their first course, have their enrollment canceled without incurring any tuition charges. See the Provisional Registration Status section in UMA's Catalog for more details. UMA requests that students who accept textbooks prior to their enrollment cancellation return those textbooks in new condition. Students should contact the Registrar (umaregistrar@ultimatemedical.edu) to cancel within the timeframe listed above. Students can direct other questions about their enrollment to their admission representative, new student advisor, or learner services advisor.

WITHDRAWAL PROCEDURE

Sometimes conditions or circumstances beyond the control of students and the school require that students withdraw from UMA. Such students must give notice of withdrawal to the Registrar's office in person, via telephone, mail or email, or the termination date is determined in accordance with the school's add/drop and 14 consecutive-day absence policy.

PRIVACY AND STUDENT INFORMATION

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. An explanation of these rights is provided in the UMA Catalog.

INSTITUTIONAL REFUND POLICY (PRO RATA REFUND CALCULATION)

PRO RATA REFUND CALCULATION FOR STANDARD TERM PROGRAMS FOR WISCONSIN RESIDENTS

For all students in courses other than their first course at UMA, the other provisions in the Refund Policy below apply to determine the appropriate refund amount.

UMA may make special arrangements to provide a fair and equitable refund to a student, on a case-by-case basis, when a student is suffering extenuating circumstances and is unable to continue his/her studies.

A student who resides in Wisconsin and who ceases enrollment at UMA receives a tuition refund as follows. If a student's termination date is:

- Prior to the first day of a course and if a student does not begin attendance during the first seven calendar days of a program, a student receives a refund of 100% of tuition charges.
- During the first seven calendar days of a course, a student receives a refund of 80% of tuition charges.
- After the first seven calendar days of a course, during the second week of the course, a student receives a refund of 60% of tuition charges.
- During the third week of a course, a student receives a refund of 40% of tuition charges.
- During the fourth week of a course or later, a student receives no refund of tuition charges.

UMA is required to perform institutional refund calculations (pro-rata) for all students who are no longer enrolled, are dismissed, are placed on an Administrative Leave of Absence, transfer programs or fail to return from an approved leave of absence. The institutional refund policy is in addition to the Return of Title IV Funds refund calculation. UMA performs all institutional refund calculations within thirty (30) calendar days of the date of determination. The date of determination is the date UMA has determined the student to be withdrawn, expelled, dismissed, on an Administrative Leave of Absence, or transferred to another UMA program. Refund calculations are based on the student's last date of attendance. The last day of attendance for online students is the last day a student completed an academically related activity such as discussion boards, submission of assignments and taking tests. If the student is owed a refund from the institutional refund calculation, UMA will process the necessary refund within thirty (30) calendar days. UMA returns unearned Federal Student Aid within 45 calendar days of the date of determination. Students are responsible for any balance due on their accounts because of withdrawal from UMA.

ULTIMATE MEDICAL ACADEMY CONTRACTS

Ultimate Medical Academy reserves the right, at its sole discretion, to change program start dates and to cancel or terminate a program but will teach out any currently enrolled students. To the extent I have outstanding federal student loan obligations incurred in connection with my enrollment at UMA, I agree that any final resolution providing for monetary damages shall be paid toward my student loan obligations.

☒ By checking this box, I acknowledge that I have received a copy of this Agreement and have read and fully understand the statements, disclosures, and UMA policies contained in this disclosure form. I further understand that these statements, disclosures, and policies are part of a legal and binding contract and I have been provided access to the UMA catalog and informed that a hard copy is available upon request.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:46:42 PM

Date

Parent's or Guardian's Signature (if student is under the age of 18)

Date

Authorized School Official

Date



Attestation of High School Graduation or Equivalent / Transcript Request Form

UMA Online

3101 W. Dr. Martin Luther King. Blvd.
Tampa, FL 33607
Tel: 888-205-2456
Fax: 888-209-8848
www.ultimatemedical.edu

Proof of Graduation Team Tel: 877-208-5023
Proof of Graduation Team Fax: 813-436-5699
POG@ultimatemedical.edu

Student Information

Student's Legal Name: TEST SAMPLE
First Name Middle Initial Last Name

Legal Name at Time of Graduation (Maiden): SCHOOL

Social Security Number: XXX-XX-0000 **Date of Birth:** 01 / 01 / 2000

I understand that only students who are high school graduates, have earned a high school equivalency (GED, HiSET, TASC or Other State-Authorized Exams Recognized as Equal to a High School Diploma) or have been officially home-schooled are eligible for admittance to Ultimate Medical Academy. UMA accepts only standard high school diplomas.

I hereby attest and certify that I have earned the following secondary school credential (check one):

☒ I graduated from Anytown High School on 05/2018
Name of High School Date of Graduation (MM/YYYY)

Address 789 MAIN ST

City ANYTOWN State WI Zip Code 00000 Country United States

☐ I earned a High School Equivalency (check one):
☐ GED ☐ HiSET ☐ TASC ☐ Other state-authorized exam recognized as equal to a high school diploma

Name of Granting Agency on Date Issued (MM/YYYY)

Address of Granting Agency

City State Zip Code

☐ I completed a home school high school program at Name of Home School

in State on Date of Graduation (MM/YYYY)

☒ By checking this box and signing my name below, I affirm:

- The high school or program completed was approved by the applicable governing or state authority.
- I understand that UMA reviews high school credentials and may determine, pursuant to UMA policy, that certain high schools do not meet admission requirements. If my high school does not meet UMA admissions requirements, I understand that my enrollment may be cancelled. Funds credited to student

accounts for applicants or students who are cancelled due to failure to meet acceptable high school requirements will have such funds credited to their original sources.

- I understand that if this information is determined to be false or untrue, my enrollment at UMA will be cancelled immediately.
- For new and returning students starting prior to January 2, 2018, I understand that UMA verifies this attestation through a sampling of students admitted. If selected for verification, I agree to provide UMA (within 30 days of receiving a request for documentation) with any documents required to verify my attestations above. (Proof of such documentation may include a copy of an original diploma, transcripts or certificates, official letter of GED approval with passing scores or written state verification of home schooling.)
- For new students (including students returning to UMA following withdrawal or dismissal) starting on January 2, 2018, or after, I understand that UMA verifies this attestation by requiring proof of high school diploma, GED or equivalent. Upon enrollment with UMA, I agree to provide to UMA within 30 days from my start date all documentation required to verify this attestation. Such documentation may include a copy of an original diploma, transcripts or certificates; official letter of GED approval with passing scores; or written state verification of home schooling. If this documentation is not received within 30 days from my start date, I understand that my enrollment may be cancelled.
- That the information above is true and accurate to the best of my knowledge.
- **I authorize the release of an official copy of my academic transcript(s) and/or scholastic records to Ultimate Medical Academy.** Ultimate Medical Academy may utilize a photo ID and this attestation to obtain records of my transcripts or other scholastic records.

TEST SAMPLE electronically signed by computer IP 10.11.

08/09/2018 12:46:42 PM

Student's Signature

Date



Disclosure of Student Information

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Statistical Information

Information such as race, gender and age is collected at the time of admission for statistical purposes only. The information is not used in the admission process or as admission criteria. Certain federal, licensing and accrediting agencies require the school to submit such data. Please check the characteristics that apply to you and complete any pertinent information.

SEX

☒ Male ☐ Female

AGE GROUP

☐ Under 18 ☒ 18-19 ☐ 20-21 ☐ 22-24 ☐ 25-29
☐ 30-34 ☐ 35-39 ☐ 40-49 ☐ 50-64 ☐ 65 and Over

RACE AND ETHNICITY

Are you Hispanic or Latino? ☐ Yes ☐ No

(Optional)

Select one or more of the following races:

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific islander ☐ White

Date of Birth 01/01/2000 Driver's License Number _____ State _____

Dislocated Worker?

☐ YES ☐ NO

Non-Resident Alien?

☐ YES ☐ NO

US Citizen?

☐ YES ☐ NO

Name: TEST SAMPLE Email: cdiaz@ultimatemedical.edu

Phone: (888) 555-1234 Mobile Number: _____

Communication from UMA

Ultimate Medical Academy may contact you regarding your enrollment and other educational services. By opting-in below, you give us your consent to use automated technology to call, text, and send pre-recorded messages to you at the phone number(s) above, including your wireless number if provided. Message and data rates may apply. Providing this consent is not required to enroll. Note that even non-automated calls are recorded for quality assurance.

Communication by Automated Technology: ☒ Opt-In ☐ Opt-Out

☒ By checking this box, I affirm that I am the person listed above and my responses are accurate and truthful.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:46:42 PM

Date



Accrediting Bureau of
Health Education Schools (ABHES) Reporting
Period July 1, 2016 – June 30, 2017

UMA Online

3101 W. Dr. Martin Luther King, Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Rates are for UMA Online campus only.

Program	Credential	Retention Rate*	Placement Rate**
Health and Human Services	Associate Degree	72%	70%
Health Information Technology	Associate Degree	74%	76%
Health Sciences- Health Technology & Systems	Associate Degree	77%	71%
Health Sciences- Medical Administrative Assistant	Associate Degree	72%	67%
Health Sciences- Medical Office and Billing Specialist	Associate Degree	79%	66%
Health Sciences- Pharmacy Technician	Associate Degree	72%	75%
Healthcare Management	Associate Degree	81%	72%
Healthcare Technology & Systems	Diploma	79%	77%
Medical Administrative Assistant	Diploma	75%	67%
Medical Billing and Coding	Associate Degree	79%	66%
Medical Billing and Coding	Diploma	75%	70%
Medical Office and Billing Specialist	Diploma	74%	70%
Pharmacy Technician	Diploma	54%	75%

The retention and placement calculation is for the period July 1, 2016 – June 30, 2017 and uses the retention and placement calculations prescribed by our institutional accreditor, the Accrediting Bureau of Health Education Schools (www.abhes.org). For more information on all of UMA's program student graduation rates, retention and placement rates, and student financial obligations: <https://www.ultimatemedical.edu/student-information/#ge>

***Retention Rate** = (Ending Enrollment + Graduates) / (Beginning Enrollment + New Starts + Re-entries)

****Placement Rate** = (Graduates placed in their field of training + Graduates placed in a related field of training) /
(Total Graduates – Graduates unavailable for placement***)

*******Refers to graduates who are unavailable for placement due to health-related issues, military obligations, incarceration, death or continuing education status

Externship/Practicum Notice: The Pharmacy Technician, Health Sciences – Pharmacy Technician and Health Information Technology programs require completion of an externship/practicum that may range from 30 – 40 hours per week during normal business hours Monday to Friday. Externship/Practicum placement in a specific job location or company is not guaranteed. Failure to complete an externship/practicum within the specified timeframe may affect student status and Title IV funding eligibility. Students are not paid for externship/practicum hours.

☒ By checking this box, I acknowledge that I have read and understand this disclosure.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:46:42 PM

Date



Graduate Services Registration

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Student's Legal Name TEST SAMPLE

Phone (888) 555-1234

Email Address cdiaz@ultimatemedical.edu

Address 789 MAIN ST, ANYTOWN, WISCONSIN 00000

Associate of Science in Health Sciences - Medical Office and

Course Billing Specialist

Approximate Graduation Date 01/19/2020

UMA provides employment assistance to all graduates; however, the school does not guarantee employment. Students work with Career Services to identify potential positions, but students are responsible for finding employment. I acknowledge that my responsibilities include:

- The proper use of job-search techniques, interviewing techniques and resume preparation.
- Registering with local agencies and/or online employment sites that can assist me in finding relevant employment.
- Checking the classified sections of newspapers and online job postings.
- Adequately preparing for job interviews.
- Following up on job leads provided by the school or other sources.

UMA aids students in finding employment by:

- Maintaining a database of open job leads from various sources.
- Teaching job-search techniques.
- Reviewing student resumes and cover letters.
- Teaching interviewing techniques.

I am currently employed: ☐ YES ☒ NO

If yes, my current employer is _____ and my job title is _____

☒ I want employment services.

☐ I do not want employment services because:

☐ I plan to be a full-time student after graduation.

☐ Other _____

☒ By checking this box, I affirm that I understand that UMA offers careers services and assistance for students. I am aware that Career Services may contact me as I progress through my program to update my information and identify types of assistance its personnel may be able to provide me.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:46:42 PM

Date

GE ID:

F.583.04.08.16.01

Enrollment Agreement

Page 1 of 1



Employment and Background Checks

UMA Online

3101 W. Dr. Martin Luther King, Blvd.
Tampa, FL 33607
Tel: 888-205-2456
Fax: 888-209-8848
www.ultimatemedical.edu

State, federal and local governments, as well as employers and various other agencies may require a criminal background check and/or drug check before a student can be placed in an externship or take professional licensing, certification, or registration examinations. Students who have prior felony convictions or serious misdemeanors may be denied the opportunity to take professional licensing, certification, or registration examinations. These students may also be denied a license or certification to practice in some states, even if the certification or licensing examination is taken and successfully completed.

Students are responsible for inquiring with appropriate certification/licensure agencies about current requirements prior to enrolling in the program of their choice. During enrollment, if a student's circumstances change, the student is responsible for inquiring with the appropriate agencies as soon as possible to determine potential impact on certification or licensure.

Information that can be included in background screening includes the following. (NOTE: Some of the items listed are public record and are available without your permission.)

Driving Records	Vehicle Registration	Credit Records	Criminal Records
Social Security Number	Education Records	Court Records	Workers' Compensation
Bankruptcy	Character References	Neighbor Interviews	Medical Records
Property Ownership	Military Records	State Licensing Records	Drug Test Records
Past Employers	Personal References	Incarceration Records	Sex Offender Lists

Due to an increase in background screening many allied health-related externship sites and employers now require background checks.

☒ By checking this box, I agree to the following:

- I understand that any criminal convictions on my record may impede my ability to:
 - Obtain an externship site (if applicable to my program)
 - Obtain employment in my field of study
 - Sit for state or national certification examinations (varies by agency administering the examination)
 - Obtain state licensure in order to work in my field of study (varies by state)
- I do not hold Ultimate Medical Academy, its agents or employees responsible for any of these inabilities due to any criminal record I may have or may later obtain.
- I authorize Ultimate Medical Academy or their/its designee to run routine employment verifications to confirm my employment status and income. I agree to notify Ultimate Medical Academy of changes in my employment status or address during the first year following graduation.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:46:42 PM

Date



UMA Online

3101 W. Dr. Martin Luther King. Blvd.
Tampa, FL 33607
Tel: 888-205-2456
Fax: 888-209-8848
www.ultimatemedical.edu

Ultimate Medical Academy values the feedback of our students like you. Please take a moment to share your experience with friends and family. Simply list the names of anyone that you'd like to have learn about UMA.

When you refer a potential student, we will contact and invite them to speak with an admissions representative. By providing us their contact information, you are confirming that you have their permission to have us contact them via phone by phone, text message, or email via automated systems by Ultimate Medical Academy about their education at the phone numbers you provide, including on a recorded line or on any wireless number(s). They are not obligated to agree to automated contact to enroll. Referrals are a great way to foster a supportive community of learning.

Thank you in advance!

Print Student Legal Name: TEST SAMPLE

Name	Phone	Email
Sample Example	8005559874	



Enrollment Quiz

UMA Online
 3101 W. Dr. Martin Luther King. Blvd.
 Tampa, FL 33607
 Tel: 888-205-2456
 Fax: 888-209-8848
www.ultimatemedical.edu

In what program am I enrolling?	<i>Associate of Applied Sciences in Healthcare Accounting</i>	
I understand that I must submit to UMA a copy of my proof of high school diploma, GED or equivalent		×
I feel comfortable that this is the right program for me.		×
This program aligns with my career goals.		×
I'm ready to start school on 8/20/2018 and understand that there will be additional required steps after my enrollment.		×
I have graduated from high school or a high school equivalency program.		×
I have reliable access to the internet.		×
I have reliable access to a device on which I can access the internet and do my schoolwork.		×
UMA's courses are taught in English. I am comfortable conversing, writing, and submitting my schoolwork in English.		×
I understand that I may have to take out loans to complete my program.		×



Enrollment Agreement

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Commission for Independent Education License #4379
Accrediting Bureau of Health Education Schools ID # I-213-02

Please enter your legal name as it appears on your Social Security card:

Name: TEST SAMPLE (cdiaz@ultimatemedical.edu)

Address: 789 MAIN ST

City: ANYTOWN State: WISCONSIN Zip: 00000

Telephone: (888) 555-1234

Mobile Phone:

Date of Birth: 01 / 01 / 2000 (MM/DD/YYYY) Social Security #: XXX-XX-0000

PROGRAM:	
Associate of Applied Science in Healthcare Accounting	
ANTICIPATED START DATE:	TBD
ANTICIPATED END DATE:	TBD
PROJECTED NUMBER OF WEEKS:	70
SEMESTER CREDIT HOURS:	65
CREDENTIAL AWARDED:	Associate
EXTERNSHIP HOURS:	No

MILITARY STATUS:	Not Applicable	
CLASS SCHEDULE:	Monday-Sunday	
PROGRAM FEES:		
Tuition:	\$27,950.00	
Books:	\$0.00	
TOTAL PROGRAM FEE:		\$27,950.00

By signing this Enrollment Agreement, I certify that:

1. I acknowledge that I have been given the URL for Ultimate Medical Academy's (UMA) catalog (<http://www.ultimatemedical.edu/catalog>) and have been advised that it is my responsibility to read and understand it. By signing this enrollment agreement, I agree to be bound by all policies and requirements stated in the catalog.
2. I acknowledge that I am required to comply with the conduct expectations established by UMA, including but not limited to the requirements noted in the Student Conduct policy published in the catalog, and the other related policies listed therein. I acknowledge that my failure to do so could result in UMA issuing sanctions, including but not limited to suspension or expulsion.
3. I have had sufficient opportunity to evaluate the information in the enrollment agreement and to ask questions of the school and its representatives and have received satisfactory answers to my questions.
4. I understand I am responsible for adhering to any changes in policy contained in the catalog, addendum, or supplement published by my campus during my enrollment. I further acknowledge that UMA, as a result of regulatory or licensing agency requirements, may be required to make policy or curriculum changes during my enrollment. Any changes to my curriculum will be disclosed to me in a separate document. Policy changes will be published in the campus catalog, addendum or supplement which is available at <http://www.ultimatemedical.edu/catalog> and available in hard copy upon request.

5. I understand that UMA's Student Consumer Information and Student Right-to-Know Information is available at <https://www.ultimatemedical.edu/pdfs/consumerinformation.pdf>
6. I understand that UMA's Gainful Employment Disclosures containing information on tuition, loan debt, completion, placement and occupations are available at <http://www.ultimatemedical.edu/gainful-employment.pdf> for diploma programs only, and it is my responsibility to review this document.
7. I understand that UMA's Campus Security Report is available at <https://www.ultimatemedical.edu/student-information/#security>.
8. I acknowledge that no verbal statements or other representations have been made contrary to what is contained in this agreement.
9. I understand there is placement assistance but no promise of any employment has been given or implied by a representative of UMA.
10. I acknowledge that if licensing is required for me to obtain employment, no guarantee has been made to me regarding any licensing, certification, or academic credit that I will derive from the program.
11. I understand that the programs offered at UMA are intended to be specialized, career-oriented degree and diploma programs. The credit hours earned at UMA are generally NOT acceptable to programs offered at other institutions. Ultimately, the decision to accept transfer credit hours is solely at the discretion of each receiving institution. UMA does not imply, promise, or guarantee transferability of credits/clock hours earned to any other institution.
12. I understand that persons with current or future criminal records may not qualify for professional licensing or credentialing and may have difficulty finding an externship site or obtaining employment.
13. I acknowledge that no guarantee has been made to me by anyone employed by UMA of any specific skill attainment that will result from this program of instruction. I understand that my actual skill level is dependent upon personal motivation, aptitude, and effort.
14. I agree to hold UMA, its officers, and employees harmless for any acts that I may commit through my own negligence.
15. I authorize UMA to obtain results of any certification examinations related to my program of study.
16. I understand that if I start classes and do not receive a financial aid award which covers my educational costs including books, I am personally responsible for paying whatever amounts I owe to UMA.
17. I understand that at the conclusion of my training, UMA reserves the right to retain my certificate and transcripts pending the full payment of my account.
18. I agree to pay UMA the balance of my account on demand if: an unpaid balance remains after withdrawal, my check is returned for non-payment, or a change takes place in my financial planning that alters the availability of funds. I understand that should my account become delinquent, UMA reserves the right to submit the account to collection. I further understand that I am responsible for any additional charges incurred as a result of that action. There is a \$25 service fee for all returned checks.
19. I understand that if I wish to request transfer credit for previous education, it is my responsibility to have transcripts sent to UMA for review.
20. I understand that if UMA cancels a program in which I am enrolled but have not yet begun attendance, I will receive a full refund of all monies paid. If UMA terminates a program after I have begun attendance, I am entitled to a teach-out of the program or a full refund of all monies paid.
21. I understand that this statement becomes a legally binding instrument upon my and UMA's acceptance, evidenced by signatures below in the Enrolling Student Acknowledgement box, unless canceled pursuant to the Right to Cancel outlined in this agreement. (This statement does not apply to active duty military students—see #29 below.)
22. I understand that retake fees are charged at full tuition equal to the original cost of the course being retaken.
23. I understand that if initial enrollment in my program is contingent upon satisfactory results on a background check, I will be cancelled from my program immediately if results are determined to be unsatisfactory. I

further understand that if a background check required later in or after my program returns unsatisfactory results, these results may prevent me from completing my program (including an externship), obtaining external certification or licensure, or obtaining employment.

24. I understand if I relocate to a state or territory in which UMA does not have approval to operate, this may adversely impact my ability to complete my program and/or gain in-field employment. Credentialing and employment requirements vary by state and territory.
25. I understand that throughout my program at UMA, I am responsible for having access to all online technical requirements, both hardware and software, as listed in the UMA Catalog.

FOR STUDENTS WHO HAVE MILITARY EDUCATION BENEFITS

26. I understand that if I have advised my admissions representative that I am using military Tuition Assistance, my documents will be held in a preenrollment status until UMA receives my branch Tuition Assistance authorization. I understand that I am not responsible for any charges and am not allowed to complete my enrollment or start my program until my branch Tuition Assistance authorization form is complete.
27. I understand that I must provide official transcripts from all previously attended postsecondary institutions to the Office of the Registrar no later than sixty days from my start date.
28. I understand that, if I am an active duty military student, I am not charged for books.
29. I understand that, if I am an active duty military student, this agreement becomes legally binding instrument upon UMA's receipt of my branch Tuition Assistance authorization form, unless cancelled pursuant to the Right to Cancel outlined in this agreement.
30. I understand that the pricing listed above is dependent upon my providing required and acceptable documentation* to verify my military status. If I am unable to provide acceptable documentation, I agree to be charged the civilian pricing for my program. For details about civilian pricing, I understand that I should see the current catalog at <https://www.ultimatemedical.edu/catalog>.

**Examples of acceptable documentation to submit for military pricing include, but are not limited to: a DD214 with an honorable discharge, a spouse's DD214 and marriage certificate, a military ID for active duty, Leave & Earnings Statement, a spouse's military ID and marriage certificate and a certificate of eligibility. Your student finance planner can discuss this documentation in further detail.*

RIGHT TO CANCEL

An applicant may cancel his/her enrollment within 72 hours of signing the enrollment agreement without incurring any financial penalty. Additionally, students who do not begin attendance within the first seven calendar days of a program, or who cancel or are cancelled by UMA during their first course, have their enrollment canceled without incurring any tuition charges. See the Provisional Registration Status section in UMA's Catalog for more details. UMA requests that students who accept textbooks prior to their enrollment cancellation return those textbooks in new condition. Students should contact the Registrar (umaregistrar@ultimatemedical.edu) to cancel within the timeframe listed above. Students can direct other questions about their enrollment to their admission representative, new student advisor, or learner services advisor.

WITHDRAWAL PROCEDURE

Sometimes conditions or circumstances beyond the control of students and the school require that students withdraw from UMA. Such students must give notice of withdrawal to the Registrar's office in person, via telephone, mail or email, or the termination date is determined in accordance with the school's add/drop and 14 consecutive-day absence policy.

PRIVACY AND STUDENT INFORMATION

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. An explanation of these rights is provided in the UMA Catalog.

INSTITUTIONAL REFUND POLICY (PRO RATA REFUND CALCULATION)

PRO RATA REFUND CALCULATION FOR STANDARD TERM PROGRAMS FOR WISCONSIN RESIDENTS

For all students in courses other than their first course at UMA, the other provisions in the Refund Policy below apply to determine the appropriate refund amount.

UMA may make special arrangements to provide a fair and equitable refund to a student, on a case-by-case basis, when a student is suffering extenuating circumstances and is unable to continue his/her studies.

A student who resides in Wisconsin and who ceases enrollment at UMA receives a tuition refund as follows. If a student's termination date is:

- Prior to the first day of a course and if a student does not begin attendance during the first seven calendar days of a program, a student receives a refund of 100% of tuition charges.
- During the first seven calendar days of a course, a student receives a refund of 80% of tuition charges.
- After the first seven calendar days of a course, during the second week of the course, a student receives a refund of 60% of tuition charges.
- During the third week of a course, a student receives a refund of 40% of tuition charges.
- During the fourth week of a course or later, a student receives no refund of tuition charges.

UMA is required to perform institutional refund calculations (pro-rata) for all students who are no longer enrolled, are dismissed, are placed on an Administrative Leave of Absence, transfer programs or fail to return from an approved leave of absence. The institutional refund policy is in addition to the Return of Title IV Funds refund calculation. UMA performs all institutional refund calculations within thirty (30) calendar days of the date of determination. The date of determination is the date UMA has determined the student to be withdrawn, expelled, dismissed, on an Administrative Leave of Absence, or transferred to another UMA program. Refund calculations are based on the student's last date of attendance. The last day of attendance for online students is the last day a student completed an academically related activity such as discussion boards, submission of assignments and taking tests. If the student is owed a refund from the institutional refund calculation, UMA will process the necessary refund within thirty (30) calendar days. UMA returns unearned Federal Student Aid within 45 calendar days of the date of determination. Students are responsible for any balance due on their accounts because of withdrawal from UMA.

ULTIMATE MEDICAL ACADEMY CONTRACTS

Ultimate Medical Academy reserves the right, at its sole discretion, to change program start dates and to cancel or terminate a program but will teach out any currently enrolled students. To the extent I have outstanding federal student loan obligations incurred in connection with my enrollment at UMA, I agree that any final resolution providing for monetary damages shall be paid toward my student loan obligations.

☒ By checking this box, I acknowledge that I have received a copy of this Agreement and have read and fully understand the statements, disclosures, and UMA policies contained in this disclosure form. I further understand that these statements, disclosures, and policies are part of a legal and binding contract and I have been provided access to the UMA catalog and informed that a hard copy is available upon request.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:46:42 PM

Date

Parent's or Guardian's Signature (if student is under the age of 18)

Date

Authorized School Official

Date



Attestation of High School Graduation or Equivalent / Transcript Request Form

UMA Online

3101 W. Dr. Martin Luther King. Blvd.
Tampa, FL 33607
Tel: 888-205-2456
Fax: 888-209-8848
www.ultimatemedical.edu

Proof of Graduation Team Tel: 877-208-5023
Proof of Graduation Team Fax: 813-436-5699
POG@ultimatemedical.edu

Student Information

Student's Legal Name: TEST SAMPLE
First Name Middle Initial Last Name

Legal Name at Time of Graduation (Maiden): SCHOOL

Social Security Number: XXX-XX-0000 **Date of Birth:** 01 / 01 / 2000

I understand that only students who are high school graduates, have earned a high school equivalency (GED, HiSET, TASC or Other State-Authorized Exams Recognized as Equal to a High School Diploma) or have been officially home-schooled are eligible for admittance to Ultimate Medical Academy. UMA accepts only standard high school diplomas.

I hereby attest and certify that I have earned the following secondary school credential (check one):

☒ I graduated from Anytown High School on 05/2018
Name of High School Date of Graduation (MM/YYYY)

Address 789 MAIN ST

City ANYTOWN State WI Zip Code 00000 Country United States

☐ I earned a High School Equivalency (check one):
☐ GED ☐ HiSET ☐ TASC ☐ Other state-authorized exam recognized as equal to a high school diploma

Name of Granting Agency on Date Issued (MM/YYYY)

Address of Granting Agency

City State Zip Code

☐ I completed a home school high school program at Name of Home School

in State on Date of Graduation (MM/YYYY)

☒ By checking this box and signing my name below, I affirm:

- The high school or program completed was approved by the applicable governing or state authority.
- I understand that UMA reviews high school credentials and may determine, pursuant to UMA policy, that certain high schools do not meet admission requirements. If my high school does not meet UMA admissions requirements, I understand that my enrollment may be cancelled. Funds credited to student

accounts for applicants or students who are cancelled due to failure to meet acceptable high school requirements will have such funds credited to their original sources.

- I understand that if this information is determined to be false or untrue, my enrollment at UMA will be cancelled immediately.
- For new and returning students starting prior to January 2, 2018, I understand that UMA verifies this attestation through a sampling of students admitted. If selected for verification, I agree to provide UMA (within 30 days of receiving a request for documentation) with any documents required to verify my attestations above. (Proof of such documentation may include a copy of an original diploma, transcripts or certificates, official letter of GED approval with passing scores or written state verification of home schooling.)
- For new students (including students returning to UMA following withdrawal or dismissal) starting on January 2, 2018, or after, I understand that UMA verifies this attestation by requiring proof of high school diploma, GED or equivalent. Upon enrollment with UMA, I agree to provide to UMA within 30 days from my start date all documentation required to verify this attestation. Such documentation may include a copy of an original diploma, transcripts or certificates; official letter of GED approval with passing scores; or written state verification of home schooling. If this documentation is not received within 30 days from my start date, I understand that my enrollment may be cancelled.
- That the information above is true and accurate to the best of my knowledge.
- **I authorize the release of an official copy of my academic transcript(s) and/or scholastic records to Ultimate Medical Academy.** Ultimate Medical Academy may utilize a photo ID and this attestation to obtain records of my transcripts or other scholastic records.

TEST SAMPLE electronically signed by computer IP 10.11.

08/09/2018 12:46:42 PM

Student's Signature

Date



Disclosure of Student Information

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Statistical Information

Information such as race, gender and age is collected at the time of admission for statistical purposes only. The information is not used in the admission process or as admission criteria. Certain federal, licensing and accrediting agencies require the school to submit such data. Please check the characteristics that apply to you and complete any pertinent information.

SEX

☒ Male ☐ Female

AGE GROUP

☐ Under 18 ☒ 18-19 ☐ 20-21 ☐ 22-24 ☐ 25-29
☐ 30-34 ☐ 35-39 ☐ 40-49 ☐ 50-64 ☐ 65 and Over

RACE AND ETHNICITY

Are you Hispanic or Latino? ☐ Yes ☐ No

Select one or more of the following races:

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific islander ☐ White

Date of Birth 01/01/2000

Driver's License Number _____ State _____

Dislocated Worker?

☐ YES ☐ NO

Non-Resident Alien?

☐ YES ☐ NO

US Citizen?

☐ YES ☐ NO

Name: TEST SAMPLE

Email: cdiaz@ultimatemedical.edu

Phone: (888) 555-1234

Mobile Number: _____

Communication from UMA

Ultimate Medical Academy may contact you regarding your enrollment and other educational services. By opting-in below, you give us your consent to use automated technology to call, text, and send pre-recorded messages to you at the phone number(s) above, including your wireless number if provided. Message and data rates may apply. Providing this consent is not required to enroll. Note that even non-automated calls are recorded for quality assurance.

Communication by Automated Technology: ☒ Opt-In ☐ Opt-Out

☒ By checking this box, I affirm that I am the person listed above and my responses are accurate and truthful.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:46:42 PM

Date



**Accrediting Bureau of
Health Education Schools (ABHES) Reporting
Period July 1, 2016 – June 30, 2017**

UMA Online

3101 W. Dr. Martin Luther King, Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Rates are for UMA Online campus only.

Program	Credential	Retention Rate*	Placement Rate**
Health and Human Services	Associate Degree	72%	70%
Health Information Technology	Associate Degree	74%	76%
Health Sciences- Health Technology & Systems	Associate Degree	77%	71%
Health Sciences- Medical Administrative Assistant	Associate Degree	72%	67%
Health Sciences- Medical Office and Billing Specialist	Associate Degree	79%	66%
Health Sciences- Pharmacy Technician	Associate Degree	72%	75%
Healthcare Management	Associate Degree	81%	72%
Healthcare Technology & Systems	Diploma	79%	77%
Medical Administrative Assistant	Diploma	75%	67%
Medical Billing and Coding	Associate Degree	79%	66%
Medical Billing and Coding	Diploma	75%	70%
Medical Office and Billing Specialist	Diploma	74%	70%
Pharmacy Technician	Diploma	54%	75%

The retention and placement calculation is for the period July 1, 2016 – June 30, 2017 and uses the retention and placement calculations prescribed by our institutional accreditor, the Accrediting Bureau of Health Education Schools (www.abhes.org). For more information on all of UMA's program student graduation rates, retention and placement rates, and student financial obligations: <https://www.ultimatemedical.edu/student-information/#ge>

***Retention Rate** = (Ending Enrollment + Graduates) / (Beginning Enrollment + New Starts + Re-entries)

****Placement Rate** = (Graduates placed in their field of training + Graduates placed in a related field of training) /
(Total Graduates – Graduates unavailable for placement***)

*******Refers to graduates who are unavailable for placement due to health-related issues, military obligations, incarceration, death or continuing education status

Externship/Practicum Notice: The Pharmacy Technician, Health Sciences – Pharmacy Technician and Health Information Technology programs require completion of an externship/practicum that may range from 30 – 40 hours per week during normal business hours Monday to Friday. Externship/Practicum placement in a specific job location or company is not guaranteed. Failure to complete an externship/practicum within the specified timeframe may affect student status and Title IV funding eligibility. Students are not paid for externship/practicum hours.

☒ By checking this box, I acknowledge that I have read and understand this disclosure.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:46:42 PM

Date



Graduate Services Registration

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Student's Legal Name TEST SAMPLE

Phone (888) 555-1234

Email Address cdiaz@ultimatemedical.edu

Address 789 MAIN ST, ANYTOWN, WISCONSIN 00000

Course Associate of Applied Sciences in Healthcare Accounting

Approximate Graduation Date 01/19/2020

UMA provides employment assistance to all graduates; however, the school does not guarantee employment. Students work with Career Services to identify potential positions, but students are responsible for finding employment. I acknowledge that my responsibilities include:

- The proper use of job-search techniques, interviewing techniques and resume preparation.
- Registering with local agencies and/or online employment sites that can assist me in finding relevant employment.
- Checking the classified sections of newspapers and online job postings.
- Adequately preparing for job interviews.
- Following up on job leads provided by the school or other sources.

UMA aids students in finding employment by:

- Maintaining a database of open job leads from various sources.
- Teaching job-search techniques.
- Reviewing student resumes and cover letters.
- Teaching interviewing techniques.

I am currently employed: ☐ YES ☒ NO

If yes, my current employer is _____ and my job title is _____

☒ I want employment services.

☐ I do not want employment services because:

☐ I plan to be a full-time student after graduation.

☐ Other _____

☒ By checking this box, I affirm that I understand that UMA offers careers services and assistance for students. I am aware that Career Services may contact me as I progress through my program to update my information and identify types of assistance its personnel may be able to provide me.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:46:42 PM

Date

GE ID:

F.583.04.08.16.01

Enrollment Agreement

Page 1 of 1



Employment and Background Checks

UMA Online

3101 W. Dr. Martin Luther King, Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

State, federal and local governments, as well as employers and various other agencies may require a criminal background check and/or drug check before a student can be placed in an externship or take professional licensing, certification, or registration examinations. Students who have prior felony convictions or serious misdemeanors may be denied the opportunity to take professional licensing, certification, or registration examinations. These students may also be denied a license or certification to practice in some states, even if the certification or licensing examination is taken and successfully completed.

Students are responsible for inquiring with appropriate certification/licensure agencies about current requirements prior to enrolling in the program of their choice. During enrollment, if a student's circumstances change, the student is responsible for inquiring with the appropriate agencies as soon as possible to determine potential impact on certification or licensure.

Information that can be included in background screening includes the following. (NOTE: Some of the items listed are public record and are available without your permission.)

Driving Records	Vehicle Registration	Credit Records	Criminal Records
Social Security Number	Education Records	Court Records	Workers' Compensation
Bankruptcy	Character References	Neighbor Interviews	Medical Records
Property Ownership	Military Records	State Licensing Records	Drug Test Records
Past Employers	Personal References	Incarceration Records	Sex Offender Lists

Due to an increase in background screening many allied health-related externship sites and employers now require background checks.

☒ By checking this box, I agree to the following:

- I understand that any criminal convictions on my record may impede my ability to:
 - Obtain an externship site (if applicable to my program)
 - Obtain employment in my field of study
 - Sit for state or national certification examinations (varies by agency administering the examination)
 - Obtain state licensure in order to work in my field of study (varies by state)
- I do not hold Ultimate Medical Academy, its agents or employees responsible for any of these inabilities due to any criminal record I may have or may later obtain.
- I authorize Ultimate Medical Academy or their/its designee to run routine employment verifications to confirm my employment status and income. I agree to notify Ultimate Medical Academy of changes in my employment status or address during the first year following graduation.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:46:42 PM

Date

**UMA Online**

3101 W. Dr. Martin Luther King. Blvd.

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Ultimate Medical Academy values the feedback of our students like you. Please take a moment to share your experience with friends and family. Simply list the names of anyone that you'd like to have learn about UMA.

When you refer a potential student, we will contact and invite them to speak with an admissions representative. By providing us their contact information, you are confirming that you have their permission to have us contact them via phone by phone, text message, or email via automated systems by Ultimate Medical Academy about their education at the phone numbers you provide, including on a recorded line or on any wireless number(s). They are not obligated to agree to automated contact to enroll. Referrals are a great way to foster a supportive community of learning.

Thank you in advance!

Print Student Legal Name: TEST SAMPLE

Name	Phone	Email
Sample Example	8005559874	



Enrollment Quiz

UMA Online
 3101 W. Dr. Martin Luther King. Blvd.
 Tampa, FL 33607
 Tel: 888-205-2456
 Fax: 888-209-8848
www.ultimatemedical.edu

In what program am I enrolling?	<i>Associate of Applied Sciences in Healthcare Accounting</i>	
I understand that I must submit to UMA a copy of my proof of high school diploma, GED or equivalent		×
I feel comfortable that this is the right program for me.		×
This program aligns with my career goals.		×
I'm ready to start school on 8/20/2018 and understand that there will be additional required steps after my enrollment.		×
I have graduated from high school or a high school equivalency program.		×
I have reliable access to the internet.		×
I have reliable access to a device on which I can access the internet and do my schoolwork.		×
UMA's courses are taught in English. I am comfortable conversing, writing, and submitting my schoolwork in English.		×
I understand that I may have to take out loans to complete my program.		×



Enrollment Agreement

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Commission for Independent Education License #4379
Accrediting Bureau of Health Education Schools ID # I-213-02

Please enter your legal name as it appears on your Social Security card:

Name: TEST SAMPLE (cdiaz@ultimatemedical.edu)

Address: 789 MAIN ST

City: ANYTOWN State: WISCONSIN Zip: 00000

Telephone: (888) 555-1234

Mobile Phone: _____

Date of Birth: 01 / 01 / 2000 (MM/DD/YYYY) Social Security #: XXX-XX-0000

PROGRAM:	
Associate of Science in Healthcare Management	
ANTICIPATED START DATE:	8/20/2018
ANTICIPATED END DATE:	1/19/2020
PROJECTED NUMBER OF WEEKS:	75
SEMESTER CREDIT HOURS:	66
CREDENTIAL AWARDED:	Associate
EXTERNSHIP HOURS:	No

MILITARY STATUS:	Not Applicable	
CLASS SCHEDULE:	Monday-Sunday	
PROGRAM FEES:		
Tuition:	\$28,380.00	
Books:	\$0.00	
TOTAL PROGRAM FEE:		\$28,380.00

By signing this Enrollment Agreement, I certify that:

1. I acknowledge that I have been given the URL for Ultimate Medical Academy's (UMA) catalog (<http://www.ultimatemedical.edu/catalog>) and have been advised that it is my responsibility to read and understand it. By signing this enrollment agreement, I agree to be bound by all policies and requirements stated in the catalog.
2. I acknowledge that I am required to comply with the conduct expectations established by UMA, including but not limited to the requirements noted in the Student Conduct policy published in the catalog, and the other related policies listed therein. I acknowledge that my failure to do so could result in UMA issuing sanctions, including but not limited to suspension or expulsion.
3. I have had sufficient opportunity to evaluate the information in the enrollment agreement and to ask questions of the school and its representatives and have received satisfactory answers to my questions.
4. I understand I am responsible for adhering to any changes in policy contained in the catalog, addendum, or supplement published by my campus during my enrollment. I further acknowledge that UMA, as a result of regulatory or licensing agency requirements, may be required to make policy or curriculum changes during my enrollment. Any changes to my curriculum will be disclosed to me in a separate document. Policy changes will be published in the campus catalog, addendum or supplement which is available at <http://www.ultimatemedical.edu/catalog> and available in hard copy upon request.

5. I understand that UMA's Student Consumer Information and Student Right-to-Know Information is available at <https://www.ultimatemedical.edu/pdfs/consumerinformation.pdf>
6. I understand that UMA's Gainful Employment Disclosures containing information on tuition, loan debt, completion, placement and occupations are available at <http://www.ultimatemedical.edu/gainful-employment.pdf> for diploma programs only, and it is my responsibility to review this document.
7. I understand that UMA's Campus Security Report is available at <https://www.ultimatemedical.edu/student-information/#security>.
8. I acknowledge that no verbal statements or other representations have been made contrary to what is contained in this agreement.
9. I understand there is placement assistance but no promise of any employment has been given or implied by a representative of UMA.
10. I acknowledge that if licensing is required for me to obtain employment, no guarantee has been made to me regarding any licensing, certification, or academic credit that I will derive from the program.
11. I understand that the programs offered at UMA are intended to be specialized, career-oriented degree and diploma programs. The credit hours earned at UMA are generally NOT acceptable to programs offered at other institutions. Ultimately, the decision to accept transfer credit hours is solely at the discretion of each receiving institution. UMA does not imply, promise, or guarantee transferability of credits/clock hours earned to any other institution.
12. I understand that persons with current or future criminal records may not qualify for professional licensing or credentialing and may have difficulty finding an externship site or obtaining employment.
13. I acknowledge that no guarantee has been made to me by anyone employed by UMA of any specific skill attainment that will result from this program of instruction. I understand that my actual skill level is dependent upon personal motivation, aptitude, and effort.
14. I agree to hold UMA, its officers, and employees harmless for any acts that I may commit through my own negligence.
15. I authorize UMA to obtain results of any certification examinations related to my program of study.
16. I understand that if I start classes and do not receive a financial aid award which covers my educational costs including books, I am personally responsible for paying whatever amounts I owe to UMA.
17. I understand that at the conclusion of my training, UMA reserves the right to retain my certificate and transcripts pending the full payment of my account.
18. I agree to pay UMA the balance of my account on demand if: an unpaid balance remains after withdrawal, my check is returned for non-payment, or a change takes place in my financial planning that alters the availability of funds. I understand that should my account become delinquent, UMA reserves the right to submit the account to collection. I further understand that I am responsible for any additional charges incurred as a result of that action. There is a \$25 service fee for all returned checks.
19. I understand that if I wish to request transfer credit for previous education, it is my responsibility to have transcripts sent to UMA for review.
20. I understand that if UMA cancels a program in which I am enrolled but have not yet begun attendance, I will receive a full refund of all monies paid. If UMA terminates a program after I have begun attendance, I am entitled to a teach-out of the program or a full refund of all monies paid.
21. I understand that this statement becomes a legally binding instrument upon my and UMA's acceptance, evidenced by signatures below in the Enrolling Student Acknowledgement box, unless canceled pursuant to the Right to Cancel outlined in this agreement. (This statement does not apply to active duty military students—see #29 below.)
22. I understand that retake fees are charged at full tuition equal to the original cost of the course being retaken.
23. I understand that if initial enrollment in my program is contingent upon satisfactory results on a background check, I will be cancelled from my program immediately if results are determined to be unsatisfactory. I

further understand that if a background check required later in or after my program returns unsatisfactory results, these results may prevent me from completing my program (including an externship), obtaining external certification or licensure, or obtaining employment.

24. I understand if I relocate to a state or territory in which UMA does not have approval to operate, this may adversely impact my ability to complete my program and/or gain in-field employment. Credentialing and employment requirements vary by state and territory.
25. I understand that throughout my program at UMA, I am responsible for having access to all online technical requirements, both hardware and software, as listed in the UMA Catalog.

FOR STUDENTS WHO HAVE MILITARY EDUCATION BENEFITS

26. I understand that if I have advised my admissions representative that I am using military Tuition Assistance, my documents will be held in a preenrollment status until UMA receives my branch Tuition Assistance authorization. I understand that I am not responsible for any charges and am not allowed to complete my enrollment or start my program until my branch Tuition Assistance authorization form is complete.
27. I understand that I must provide official transcripts from all previously attended postsecondary institutions to the Office of the Registrar no later than sixty days from my start date.
28. I understand that, if I am an active duty military student, I am not charged for books.
29. I understand that, if I am an active duty military student, this agreement becomes legally binding instrument upon UMA's receipt of my branch Tuition Assistance authorization form, unless cancelled pursuant to the Right to Cancel outlined in this agreement.
30. I understand that the pricing listed above is dependent upon my providing required and acceptable documentation* to verify my military status. If I am unable to provide acceptable documentation, I agree to be charged the civilian pricing for my program. For details about civilian pricing, I understand that I should see the current catalog at <https://www.ultimatemedical.edu/catalog>.

**Examples of acceptable documentation to submit for military pricing include, but are not limited to: a DD214 with an honorable discharge, a spouse's DD214 and marriage certificate, a military ID for active duty, Leave & Earnings Statement, a spouse's military ID and marriage certificate and a certificate of eligibility. Your student finance planner can discuss this documentation in further detail.*

RIGHT TO CANCEL

An applicant may cancel his/her enrollment within 72 hours of signing the enrollment agreement without incurring any financial penalty. Additionally, students who do not begin attendance within the first seven calendar days of a program, or who cancel or are cancelled by UMA during their first course, have their enrollment canceled without incurring any tuition charges. See the Provisional Registration Status section in UMA's Catalog for more details. UMA requests that students who accept textbooks prior to their enrollment cancellation return those textbooks in new condition. Students should contact the Registrar (umaregistrar@ultimatemedical.edu) to cancel within the timeframe listed above. Students can direct other questions about their enrollment to their admission representative, new student advisor, or learner services advisor.

WITHDRAWAL PROCEDURE

Sometimes conditions or circumstances beyond the control of students and the school require that students withdraw from UMA. Such students must give notice of withdrawal to the Registrar's office in person, via telephone, mail or email, or the termination date is determined in accordance with the school's add/drop and 14 consecutive-day absence policy.

PRIVACY AND STUDENT INFORMATION

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. An explanation of these rights is provided in the UMA Catalog.

INSTITUTIONAL REFUND POLICY (PRO RATA REFUND CALCULATION)

PRO RATA REFUND CALCULATION FOR STANDARD TERM PROGRAMS FOR WISCONSIN RESIDENTS

For all students in courses other than their first course at UMA, the other provisions in the Refund Policy below apply to determine the appropriate refund amount.

UMA may make special arrangements to provide a fair and equitable refund to a student, on a case-by-case basis, when a student is suffering extenuating circumstances and is unable to continue his/her studies.

A student who resides in Wisconsin and who ceases enrollment at UMA receives a tuition refund as follows. If a student's termination date is:

- Prior to the first day of a course and if a student does not begin attendance during the first seven calendar days of a program, a student receives a refund of 100% of tuition charges.
- During the first seven calendar days of a course, a student receives a refund of 80% of tuition charges.
- After the first seven calendar days of a course, during the second week of the course, a student receives a refund of 60% of tuition charges.
- During the third week of a course, a student receives a refund of 40% of tuition charges.
- During the fourth week of a course or later, a student receives no refund of tuition charges.

UMA is required to perform institutional refund calculations (pro-rata) for all students who are no longer enrolled, are dismissed, are placed on an Administrative Leave of Absence, transfer programs or fail to return from an approved leave of absence. The institutional refund policy is in addition to the Return of Title IV Funds refund calculation. UMA performs all institutional refund calculations within thirty (30) calendar days of the date of determination. The date of determination is the date UMA has determined the student to be withdrawn, expelled, dismissed, on an Administrative Leave of Absence, or transferred to another UMA program. Refund calculations are based on the student's last date of attendance. The last day of attendance for online students is the last day a student completed an academically related activity such as discussion boards, submission of assignments and taking tests. If the student is owed a refund from the institutional refund calculation, UMA will process the necessary refund within thirty (30) calendar days. UMA returns unearned Federal Student Aid within 45 calendar days of the date of determination. Students are responsible for any balance due on their accounts as a result of withdrawal from UMA.

ULTIMATE MEDICAL ACADEMY CONTRACTS

Ultimate Medical Academy reserves the right, at its sole discretion, to change program start dates and to cancel or terminate a program but will teach out any currently enrolled students. To the extent I have outstanding federal student loan obligations incurred in connection with my enrollment at UMA, I agree that any final resolution providing for monetary damages shall be paid toward my student loan obligations.

- ☒ By checking this box, I acknowledge that I have received a copy of this Agreement and have read and fully understand the statements, disclosures, and UMA policies contained in this disclosure form. I further understand that these statements, disclosures, and policies are part of a legal and binding contract and I have been provided access to the UMA catalog and informed that a hard copy is available upon request.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:55:26 PM

Date

Parent's or Guardian's Signature (if student is under the age of 18)

Date

Authorized School Official

Date



Attestation of High School Graduation or Equivalent / Transcript Request Form

UMA Online

3101 W. Dr. Martin Luther King. Blvd.
Tampa, FL 33607
Tel: 888-205-2456
Fax: 888-209-8848
www.ultimatemedical.edu

Proof of Graduation Team Tel: 877-208-5023
Proof of Graduation Team Fax: 813-436-5699
POG@ultimatemedical.edu

Student Information

Student's Legal Name: TEST SAMPLE
First Name Middle Initial Last Name

Legal Name at Time of Graduation (Maiden): SCHOOL

Social Security Number: XXX-XX-0000 **Date of Birth:** 01 / 01 / 2000

I understand that only students who are high school graduates, have earned a high school equivalency (GED, HiSET, TASC or Other State-Authorized Exams Recognized as Equal to a High School Diploma) or have been officially home-schooled are eligible for admittance to Ultimate Medical Academy. UMA accepts only standard high school diplomas.

I hereby attest and certify that I have earned the following secondary school credential (check one):

☒ I graduated from Anytown High School on 05/2018
Name of High School Date of Graduation (MM/YYYY)

Address 789 MAIN ST

City ANYTOWN State WI Zip Code 00000 Country United States

☐ I earned a High School Equivalency (check one):
☐ GED ☐ HiSET ☐ TASC ☐ Other state-authorized exam recognized as equal to a high school diploma

Name of Granting Agency on Date Issued (MM/YYYY)

Address of Granting Agency

City State Zip Code

☐ I completed a home school high school program at Name of Home School

in State on Date of Graduation (MM/YYYY)

☒ By checking this box and signing my name below, I affirm:

- The high school or program completed was approved by the applicable governing or state authority.
- I understand that UMA reviews high school credentials and may determine, pursuant to UMA policy, that certain high schools do not meet admission requirements. If my high school does not meet UMA admissions requirements, I understand that my enrollment may be cancelled. Funds credited to student

accounts for applicants or students who are cancelled due to failure to meet acceptable high school requirements will have such funds credited to their original sources.

- I understand that if this information is determined to be false or untrue, my enrollment at UMA will be cancelled immediately.
- For new and returning students starting prior to January 2, 2018, I understand that UMA verifies this attestation through a sampling of students admitted. If selected for verification, I agree to provide UMA (within 30 days of receiving a request for documentation) with any documents required to verify my attestations above. (Proof of such documentation may include a copy of an original diploma, transcripts or certificates, official letter of GED approval with passing scores or written state verification of home schooling.)
- For new students (including students returning to UMA following withdrawal or dismissal) starting on January 2, 2018, or after, I understand that UMA verifies this attestation by requiring proof of high school diploma, GED or equivalent. Upon enrollment with UMA, I agree to provide to UMA within 30 days from my start date all documentation required to verify this attestation. Such documentation may include a copy of an original diploma, transcripts or certificates; official letter of GED approval with passing scores; or written state verification of home schooling. If this documentation is not received within 30 days from my start date, I understand that my enrollment may be cancelled.
- That the information above is true and accurate to the best of my knowledge.
- **I authorize the release of an official copy of my academic transcript(s) and/or scholastic records to Ultimate Medical Academy.** Ultimate Medical Academy may utilize a photo ID and this attestation to obtain records of my transcripts or other scholastic records.

TEST SAMPLE electronically signed by computer IP 10.11.

08/09/2018 12:55:26 PM

Student's Signature

Date



Disclosure of Student Information

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Statistical Information

Information such as race, gender and age is collected at the time of admission for statistical purposes only. The information is not used in the admission process or as admission criteria. Certain federal, licensing and accrediting agencies require the school to submit such data. Please check the characteristics that apply to you and complete any pertinent information.

SEX

☒ Male ☐ Female

AGE GROUP

☐ Under 18 ☒ 18-19 ☐ 20-21 ☐ 22-24 ☐ 25-29
☐ 30-34 ☐ 35-39 ☐ 40-49 ☐ 50-64 ☐ 65 and Over

RACE AND ETHNICITY

Are you Hispanic or Latino? ☐ Yes ☐ No

Select one or more of the following races:

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific islander ☐ White

Date of Birth 01/01/2000

Driver's License Number _____ State _____

Dislocated Worker?

☐ YES ☐ NO

Non-Resident Alien?

☐ YES ☐ NO

US Citizen?

☐ YES ☐ NO

Name: TEST SAMPLE

Email: cdiaz@ultimatemedical.edu

Phone: (888) 555-1234

Mobile Number: _____

Communication from UMA

Ultimate Medical Academy may contact you regarding your enrollment and other educational services. By opting-in below, you give us your consent to use automated technology to call, text, and send pre-recorded messages to you at the phone number(s) above, including your wireless number if provided. Message and data rates may apply. Providing this consent is not required to enroll. Note that even non-automated calls are recorded for quality assurance.

Communication by Automated Technology: ☒ Opt-In ☐ Opt-Out

☒ By checking this box, I affirm that I am the person listed above and my responses are accurate and truthful.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:55:26 PM

Date



Accrediting Bureau of
Health Education Schools (ABHES) Reporting
Period July 1, 2016 – June 30, 2017

UMA Online

3101 W. Dr. Martin Luther King, Blvd.
Tampa, FL 33607
Tel: 888-205-2456
Fax: 888-209-8848
www.ultimatemedical.edu

Rates are for UMA Online campus only.

Program	Credential	Retention Rate*	Placement Rate**
Health and Human Services	Associate Degree	72%	70%
Health Information Technology	Associate Degree	74%	76%
Health Sciences- Health Technology & Systems	Associate Degree	77%	71%
Health Sciences- Medical Administrative Assistant	Associate Degree	72%	67%
Health Sciences- Medical Office and Billing Specialist	Associate Degree	79%	66%
Health Sciences- Pharmacy Technician	Associate Degree	72%	75%
Healthcare Management	Associate Degree	81%	72%
Healthcare Technology & Systems	Diploma	79%	77%
Medical Administrative Assistant	Diploma	75%	67%
Medical Billing and Coding	Associate Degree	79%	66%
Medical Billing and Coding	Diploma	75%	70%
Medical Office and Billing Specialist	Diploma	74%	70%
Pharmacy Technician	Diploma	54%	75%

The retention and placement calculation is for the period July 1, 2016 – June 30, 2017 and uses the retention and placement calculations prescribed by our institutional accreditor, the Accrediting Bureau of Health Education Schools (www.abhes.org). For more information on all of UMA's program student graduation rates, retention and placement rates, and student financial obligations: <https://www.ultimatemedical.edu/student-information/#ge>

***Retention Rate** = (Ending Enrollment + Graduates) / (Beginning Enrollment + New Starts + Re-entries)

****Placement Rate** = (Graduates placed in their field of training + Graduates placed in a related field of training) / (Total Graduates – Graduates unavailable for placement***)

*******Refers to graduates who are unavailable for placement due to health-related issues, military obligations, incarceration, death or continuing education status

Externship/Practicum Notice: The Pharmacy Technician, Health Sciences – Pharmacy Technician and Health Information Technology programs require completion of an externship/practicum that may range from 30 – 40 hours per week during normal business hours Monday to Friday. Externship/Practicum placement in a specific job location or company is not guaranteed. Failure to complete an externship/practicum within the specified timeframe may affect student status and Title IV funding eligibility. Students are not paid for externship/practicum hours.

☒ By checking this box, I acknowledge that I have read and understand this disclosure.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:55:26 PM

Date



Graduate Services Registration

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Student's Legal Name TEST SAMPLE

Phone (888) 555-1234

Email Address cdiaz@ultimatemedical.edu

Address 789 MAIN ST, ANYTOWN, WISCONSIN 00000

Associate of Science in Healthcare Management

Course _____ Approximate Graduation Date 01/19/2020

UMA provides employment assistance to all graduates; however, the school does not guarantee employment. Students work with Career Services to identify potential positions, but students are responsible for finding employment. I acknowledge that my responsibilities include:

- The proper use of job-search techniques, interviewing techniques and resume preparation.
- Registering with local agencies and/or online employment sites that can assist me in finding relevant employment.
- Checking the classified sections of newspapers and online job postings.
- Adequately preparing for job interviews.
- Following up on job leads provided by the school or other sources.

UMA aids students in finding employment by:

- Maintaining a database of open job leads from various sources.
- Teaching job-search techniques.
- Reviewing student resumes and cover letters.
- Teaching interviewing techniques.

I am currently employed: ☐ YES ☒ NO

If yes, my current employer is _____ and my job title is _____

☒ I want employment services.

☐ I do not want employment services because:

☐ I plan to be a full-time student after graduation.

☐ Other _____

☒ By checking this box, I affirm that I understand that UMA offers careers services and assistance for students. I am aware that Career Services may contact me as I progress through my program to update my information and identify types of assistance its personnel may be able to provide me.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:55:26 PM

Date

GE ID:

F.583.04.08.16.01

Enrollment Agreement

Page 1 of 1



Employment and Background Checks

UMA Online

3101 W. Dr. Martin Luther King, Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

State, federal and local governments, as well as employers and various other agencies may require a criminal background check and/or drug check before a student can be placed in an externship or take professional licensing, certification, or registration examinations. Students who have prior felony convictions or serious misdemeanors may be denied the opportunity to take professional licensing, certification, or registration examinations. These students may also be denied a license or certification to practice in some states, even if the certification or licensing examination is taken and successfully completed.

Students are responsible for inquiring with appropriate certification/licensure agencies about current requirements prior to enrolling in the program of their choice. During enrollment, if a student's circumstances change, the student is responsible for inquiring with the appropriate agencies as soon as possible to determine potential impact on certification or licensure.

Information that can be included in background screening includes the following. (NOTE: Some of the items listed are public record and are available without your permission.)

Driving Records	Vehicle Registration	Credit Records	Criminal Records
Social Security Number	Education Records	Court Records	Workers' Compensation
Bankruptcy	Character References	Neighbor Interviews	Medical Records
Property Ownership	Military Records	State Licensing Records	Drug Test Records
Past Employers	Personal References	Incarceration Records	Sex Offender Lists

Due to an increase in background screening many allied health-related externship sites and employers now require background checks.

☒ By checking this box, I agree to the following:

- I understand that any criminal convictions on my record may impede my ability to:
 - Obtain an externship site (if applicable to my program)
 - Obtain employment in my field of study
 - Sit for state or national certification examinations (varies by agency administering the examination)
 - Obtain state licensure in order to work in my field of study (varies by state)
- I do not hold Ultimate Medical Academy, its agents or employees responsible for any of these inabilities due to any criminal record I may have or may later obtain.
- I authorize Ultimate Medical Academy or their/its designee to run routine employment verifications to confirm my employment status and income. I agree to notify Ultimate Medical Academy of changes in my employment status or address during the first year following graduation.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 12:55:26 PM

Date

**UMA Online**

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Ultimate Medical Academy values the feedback of our students like you. Please take a moment to share your experience with friends and family. Simply list the names of anyone that you'd like to have learn about UMA.

When you refer a potential student, we will contact and invite them to speak with an admissions representative. By providing us their contact information, you are confirming that you have their permission to have us contact them via phone by phone, text message, or email via automated systems by Ultimate Medical Academy about their education at the phone numbers you provide, including on a recorded line or on any wireless number(s). They are not obligated to agree to automated contact to enroll. Referrals are a great way to foster a supportive community of learning.

Thank you in advance!

Print Student Legal Name: TEST SAMPLE

Name	Phone	Email
Sample Example	8005559874	



Enrollment Quiz

UMA Online
 3101 W. Dr. Martin Luther King. Blvd.
 Tampa, FL 33607
 Tel: 888-205-2456
 Fax: 888-209-8848
www.ultimatemedical.edu

In what program am I enrolling?	<i>Associate of Science in Healthcare Management</i>	
I understand that I must submit to UMA a copy of my proof of high school diploma, GED or equivalent		×
I feel comfortable that this is the right program for me.		×
This program aligns with my career goals.		×
I'm ready to start school on 8/20/2018 and understand that there will be additional required steps after my enrollment.		×
I have graduated from high school or a high school equivalency program.		×
I have reliable access to the internet.		×
I have reliable access to a device on which I can access the internet and do my schoolwork.		×
UMA's courses are taught in English. I am comfortable conversing, writing, and submitting my schoolwork in English.		×
I understand that I may have to take out loans to complete my program.		×



Enrollment Agreement

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Commission for Independent Education License #4379
Accrediting Bureau of Health Education Schools ID # I-213-02

Please enter your legal name as it appears on your Social Security card:

Name: TEST SAMPLE (cdiaz@ultimatemedical.edu)

Address: 789 MAIN ST

City: ANYTOWN State: WISCONSIN Zip: 00000

Telephone: (888) 555-1234

Mobile Phone:

Date of Birth: 01 / 01 / 2000 (MM/DD/YYYY) Social Security #: XXX-XX-0000

PROGRAM:	
Medical Administrative Assistant	
ANTICIPATED START DATE:	8/20/2018
ANTICIPATED END DATE:	6/9/2019
PROJECTED NUMBER OF WEEKS:	45
SEMESTER CREDIT HOURS:	38
CREDENTIAL AWARDED:	Diploma
EXTERNSHIP HOURS:	No

MILITARY STATUS:	Not Applicable
CLASS SCHEDULE:	Monday-Sunday
PROGRAM FEES:	
Tuition:	\$16,340.00
Books:	\$0.00
TOTAL PROGRAM FEE:	
\$16,340.00	

By signing this Enrollment Agreement, I certify that:

1. I acknowledge that I have been given the URL for Ultimate Medical Academy's (UMA) catalog (<http://www.ultimatemedical.edu/catalog>) and have been advised that it is my responsibility to read and understand it. By signing this enrollment agreement, I agree to be bound by all policies and requirements stated in the catalog.
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6. I understand that UMA's Gainful Employment Disclosures containing information on tuition, loan debt, completion, placement and occupations are available at <http://www.ultimatemedical.edu/gainful-employment.pdf> for diploma programs only, and it is my responsibility to review this document.
7. I understand that UMA's Campus Security Report is available at <https://www.ultimatemedical.edu/student-information/#security>.
8. I acknowledge that no verbal statements or other representations have been made contrary to what is contained in this agreement.
9. I understand there is placement assistance but no promise of any employment has been given or implied by a representative of UMA.
10. I acknowledge that if licensing is required for me to obtain employment, no guarantee has been made to me regarding any licensing, certification, or academic credit that I will derive from the program.
11. I understand that the programs offered at UMA are intended to be specialized, career-oriented degree and diploma programs. The credit hours earned at UMA are generally NOT acceptable to programs offered at other institutions. Ultimately, the decision to accept transfer credit hours is solely at the discretion of each receiving institution. UMA does not imply, promise, or guarantee transferability of credits/clock hours earned to any other institution.
12. I understand that persons with current or future criminal records may not qualify for professional licensing or credentialing and may have difficulty finding an externship site or obtaining employment.
13. I acknowledge that no guarantee has been made to me by anyone employed by UMA of any specific skill attainment that will result from this program of instruction. I understand that my actual skill level is dependent upon personal motivation, aptitude, and effort.
14. I agree to hold UMA, its officers, and employees harmless for any acts that I may commit through my own negligence.
15. I authorize UMA to obtain results of any certification examinations related to my program of study.
16. I understand that if I start classes and do not receive a financial aid award which covers my educational costs including books, I am personally responsible for paying whatever amounts I owe to UMA.
17. I understand that at the conclusion of my training, UMA reserves the right to retain my certificate and transcripts pending the full payment of my account.
18. I agree to pay UMA the balance of my account on demand if: an unpaid balance remains after withdrawal, my check is returned for non-payment, or a change takes place in my financial planning that alters the availability of funds. I understand that should my account become delinquent, UMA reserves the right to submit the account to collection. I further understand that I am responsible for any additional charges incurred as a result of that action. There is a \$25 service fee for all returned checks.
19. I understand that if I wish to request transfer credit for previous education, it is my responsibility to have transcripts sent to UMA for review.
20. I understand that if UMA cancels a program in which I am enrolled but have not yet begun attendance, I will receive a full refund of all monies paid. If UMA terminates a program after I have begun attendance, I am entitled to a teach-out of the program or a full refund of all monies paid.
21. I understand that this statement becomes a legally binding instrument upon my and UMA's acceptance, evidenced by signatures below in the Enrolling Student Acknowledgement box, unless canceled pursuant to the Right to Cancel outlined in this agreement. (This statement does not apply to active duty military students—see #29 below.)
22. I understand that retake fees are charged at full tuition equal to the original cost of the course being retaken.
23. I understand that if initial enrollment in my program is contingent upon satisfactory results on a background check, I will be cancelled from my program immediately if results are determined to be unsatisfactory. I

further understand that if a background check required later in or after my program returns unsatisfactory results, these results may prevent me from completing my program (including an externship), obtaining external certification or licensure, or obtaining employment.

24. I understand if I relocate to a state or territory in which UMA does not have approval to operate, this may adversely impact my ability to complete my program and/or gain in-field employment. Credentialing and employment requirements vary by state and territory.
25. I understand that throughout my program at UMA, I am responsible for having access to all online technical requirements, both hardware and software, as listed in the UMA Catalog.

FOR STUDENTS WHO HAVE MILITARY EDUCATION BENEFITS

26. I understand that if I have advised my admissions representative that I am using military Tuition Assistance, my documents will be held in a preenrollment status until UMA receives my branch Tuition Assistance authorization. I understand that I am not responsible for any charges and am not allowed to complete my enrollment or start my program until my branch Tuition Assistance authorization form is complete.
27. I understand that I must provide official transcripts from all previously attended postsecondary institutions to the Office of the Registrar no later than sixty days from my start date.
28. I understand that, if I am an active duty military student, I am not charged for books.
29. I understand that, if I am an active duty military student, this agreement becomes legally binding instrument upon UMA's receipt of my branch Tuition Assistance authorization form, unless cancelled pursuant to the Right to Cancel outlined in this agreement.
30. I understand that the pricing listed above is dependent upon my providing required and acceptable documentation* to verify my military status. If I am unable to provide acceptable documentation, I agree to be charged the civilian pricing for my program. For details about civilian pricing, I understand that I should see the current catalog at <https://www.ultimatemedical.edu/catalog>.

**Examples of acceptable documentation to submit for military pricing include, but are not limited to: a DD214 with an honorable discharge, a spouse's DD214 and marriage certificate, a military ID for active duty, Leave & Earnings Statement, a spouse's military ID and marriage certificate and a certificate of eligibility. Your student finance planner can discuss this documentation in further detail.*

RIGHT TO CANCEL

An applicant may cancel his/her enrollment within 72 hours of signing the enrollment agreement without incurring any financial penalty. Additionally, students who do not begin attendance within the first seven calendar days of a program, or who cancel or are cancelled by UMA during their first course, have their enrollment canceled without incurring any tuition charges. See the Provisional Registration Status section in UMA's Catalog for more details. UMA requests that students who accept textbooks prior to their enrollment cancellation return those textbooks in new condition. Students should contact the Registrar (umaregistrar@ultimatemedical.edu) to cancel within the timeframe listed above. Students can direct other questions about their enrollment to their admission representative, new student advisor, or learner services advisor.

WITHDRAWAL PROCEDURE

Sometimes conditions or circumstances beyond the control of students and the school require that students withdraw from UMA. Such students must give notice of withdrawal to the Registrar's office in person, via telephone, mail or email, or the termination date is determined in accordance with the school's add/drop and 14 consecutive-day absence policy.

PRIVACY AND STUDENT INFORMATION

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. An explanation of these rights is provided in the UMA Catalog.

INSTITUTIONAL REFUND POLICY (PRO RATA REFUND CALCULATION)

PRO RATA REFUND CALCULATION FOR STANDARD TERM PROGRAMS FOR WISCONSIN RESIDENTS

For all students in courses other than their first course at UMA, the other provisions in the Refund Policy below apply to determine the appropriate refund amount.

UMA may make special arrangements to provide a fair and equitable refund to a student, on a case-by-case basis, when a student is suffering extenuating circumstances and is unable to continue his/her studies.

A student who resides in Wisconsin and who ceases enrollment at UMA receives a tuition refund as follows. If a student's termination date is:

- Prior to the first day of a course and if a student does not begin attendance during the first seven calendar days of a program, a student receives a refund of 100% of tuition charges.
- During the first seven calendar days of a course, a student receives a refund of 80% of tuition charges.
- After the first seven calendar days of a course, during the second week of the course, a student receives a refund of 60% of tuition charges.
- During the third week of a course, a student receives a refund of 40% of tuition charges.
- During the fourth week of a course or later, a student receives no refund of tuition charges.

UMA is required to perform institutional refund calculations (pro-rata) for all students who are no longer enrolled, are dismissed, are placed on an Administrative Leave of Absence, transfer programs or fail to return from an approved leave of absence. The institutional refund policy is in addition to the Return of Title IV Funds refund calculation. UMA performs all institutional refund calculations within thirty (30) calendar days of the date of determination. The date of determination is the date UMA has determined the student to be withdrawn, expelled, dismissed, on an Administrative Leave of Absence, or transferred to another UMA program. Refund calculations are based on the student's last date of attendance. The last day of attendance for online students is the last day a student completed an academically related activity such as discussion boards, submission of assignments and taking tests. If the student is owed a refund from the institutional refund calculation, UMA will process the necessary refund within thirty (30) calendar days. UMA returns unearned Federal Student Aid within 45 calendar days of the date of determination. Students are responsible for any balance due on their accounts as a result of withdrawal from UMA

ULTIMATE MEDICAL ACADEMY CONTRACTS

Ultimate Medical Academy reserves the right, at its sole discretion, to change program start dates and to cancel or terminate a program but will teach out any currently enrolled students. To the extent I have outstanding federal student loan obligations incurred in connection with my enrollment at UMA, I agree that any final resolution providing for monetary damages shall be paid toward my student loan obligations.

☒ By checking this box, I acknowledge that I have received a copy of this Agreement and have read and fully understand the statements, disclosures, and UMA policies contained in this disclosure form. I further understand that these statements, disclosures, and policies are part of a legal and binding contract and I have been provided access to the UMA catalog and informed that a hard copy is available upon request.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 1:18:32 PM

Date

Parent's or Guardian's Signature (if student is under the age of 18)

Date

Authorized School Official

Date



Attestation of High School Graduation or Equivalent / Transcript Request Form

UMA Online

3101 W. Dr. Martin Luther King. Blvd.
Tampa, FL 33607
Tel: 888-205-2456
Fax: 888-209-8848
www.ultimatemedical.edu

Proof of Graduation Team Tel: 877-208-5023
Proof of Graduation Team Fax: 813-436-5699
POG@ultimatemedical.edu

Student Information

Student's Legal Name: TEST SAMPLE
First Name Middle Initial Last Name

Legal Name at Time of Graduation (Maiden): SCHOOL

Social Security Number: XXX-XX-0000 **Date of Birth:** 01 / 01 / 2000

I understand that only students who are high school graduates, have earned a high school equivalency (GED, HiSET, TASC or Other State-Authorized Exams Recognized as Equal to a High School Diploma) or have been officially home-schooled are eligible for admittance to Ultimate Medical Academy. UMA accepts only standard high school diplomas.

I hereby attest and certify that I have earned the following secondary school credential (check one):

☒ I graduated from Anytown High School on 05/2018
Name of High School Date of Graduation (MM/YYYY)

Address 789 MAIN ST

City ANYTOWN State WI Zip Code 00000 Country United States

☐ I earned a High School Equivalency (check one):
☐ GED ☐ HiSET ☐ TASC ☐ Other state-authorized exam recognized as equal to a high school diploma

Name of Granting Agency on Date Issued (MM/YYYY)

Address of Granting Agency

City State Zip Code

☐ I completed a home school high school program at Name of Home School

in State on Date of Graduation (MM/YYYY)

☒ By checking this box and signing my name below, I affirm:

- The high school or program completed was approved by the applicable governing or state authority.
- I understand that UMA reviews high school credentials and may determine, pursuant to UMA policy, that certain high schools do not meet admission requirements. If my high school does not meet UMA admissions requirements, I understand that my enrollment may be cancelled. Funds credited to student

accounts for applicants or students who are cancelled due to failure to meet acceptable high school requirements will have such funds credited to their original sources.

- I understand that if this information is determined to be false or untrue, my enrollment at UMA will be cancelled immediately.
- For new and returning students starting prior to January 2, 2018, I understand that UMA verifies this attestation through a sampling of students admitted. If selected for verification, I agree to provide UMA (within 30 days of receiving a request for documentation) with any documents required to verify my attestations above. (Proof of such documentation may include a copy of an original diploma, transcripts or certificates, official letter of GED approval with passing scores or written state verification of home schooling.)
- For new students (including students returning to UMA following withdrawal or dismissal) starting on January 2, 2018, or after, I understand that UMA verifies this attestation by requiring proof of high school diploma, GED or equivalent. Upon enrollment with UMA, I agree to provide to UMA within 30 days from my start date all documentation required to verify this attestation. Such documentation may include a copy of an original diploma, transcripts or certificates; official letter of GED approval with passing scores; or written state verification of home schooling. If this documentation is not received within 30 days from my start date, I understand that my enrollment may be cancelled.
- That the information above is true and accurate to the best of my knowledge.
- **I authorize the release of an official copy of my academic transcript(s) and/or scholastic records to Ultimate Medical Academy.** Ultimate Medical Academy may utilize a photo ID and this attestation to obtain records of my transcripts or other scholastic records.

TEST SAMPLE electronically signed by computer IP 10.11.

08/09/2018 1:18:32 PM

Student's Signature

Date



Disclosure of Student Information

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Statistical Information

Information such as race, gender and age is collected at the time of admission for statistical purposes only. The information is not used in the admission process or as admission criteria. Certain federal, licensing and accrediting agencies require the school to submit such data. Please check the characteristics that apply to you and complete any pertinent information.

SEX

☒ Male ☐ Female

AGE GROUP

☐ Under 18 ☒ 18-19 ☐ 20-21 ☐ 22-24 ☐ 25-29
☐ 30-34 ☐ 35-39 ☐ 40-49 ☐ 50-64 ☐ 65 and Over

RACE AND ETHNICITY

Are you Hispanic or Latino? ☐ Yes ☐ No

Select one or more of the following races:

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific islander ☐ White

(Optional)

Date of Birth 01/01/2000 Driver's License Number _____ State _____

Dislocated Worker?

☐ YES ☐ NO

Non-Resident Alien?

☐ YES ☐ NO

US Citizen?

☐ YES ☐ NO

Name: TEST SAMPLE Email: cdiaz@ultimatemedical.edu

Phone: (888) 555-1234 Mobile Number: _____

Communication from UMA

Ultimate Medical Academy may contact you regarding your enrollment and other educational services. By opting-in below, you give us your consent to use automated technology to call, text, and send pre-recorded messages to you at the phone number(s) above, including your wireless number if provided. Message and data rates may apply. Providing this consent is not required to enroll. Note that even non-automated calls are recorded for quality assurance.

Communication by Automated Technology: ☒ Opt-In ☐ Opt-Out

☒ By checking this box, I affirm that I am the person listed above and my responses are accurate and truthful.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 1:18:32 PM

Date



**Accrediting Bureau of
Health Education Schools (ABHES) Reporting
Period July 1, 2016 – June 30, 2017**

UMA Online

3101 W. Dr. Martin Luther King, Blvd.
Tampa, FL 33607
Tel: 888-205-2456
Fax: 888-209-8848
www.ultimatemedical.edu

Rates are for UMA Online campus only.

Program	Credential	Retention Rate*	Placement Rate**
Health and Human Services	Associate Degree	72%	70%
Health Information Technology	Associate Degree	74%	76%
Health Sciences- Health Technology & Systems	Associate Degree	77%	71%
Health Sciences- Medical Administrative Assistant	Associate Degree	72%	67%
Health Sciences- Medical Office and Billing Specialist	Associate Degree	79%	66%
Health Sciences- Pharmacy Technician	Associate Degree	72%	75%
Healthcare Management	Associate Degree	81%	72%
Healthcare Technology & Systems	Diploma	79%	77%
Medical Administrative Assistant	Diploma	75%	67%
Medical Billing and Coding	Associate Degree	79%	66%
Medical Billing and Coding	Diploma	75%	70%
Medical Office and Billing Specialist	Diploma	74%	70%
Pharmacy Technician	Diploma	54%	75%

The retention and placement calculation is for the period July 1, 2016 – June 30, 2017 and uses the retention and placement calculations prescribed by our institutional accreditor, the Accrediting Bureau of Health Education Schools (www.abhes.org). For more information on all of UMA's program student graduation rates, retention and placement rates, and student financial obligations: <https://www.ultimatemedical.edu/student-information/#ge>

***Retention Rate** = (Ending Enrollment + Graduates) / (Beginning Enrollment + New Starts + Re-entries)

****Placement Rate** = (Graduates placed in their field of training + Graduates placed in a related field of training) /
(Total Graduates – Graduates unavailable for placement***)

*******Refers to graduates who are unavailable for placement due to health-related issues, military obligations, incarceration, death or continuing education status

Externship/Practicum Notice: The Pharmacy Technician, Health Sciences – Pharmacy Technician and Health Information Technology programs require completion of an externship/practicum that may range from 30 – 40 hours per week during normal business hours Monday to Friday. Externship/Practicum placement in a specific job location or company is not guaranteed. Failure to complete an externship/practicum within the specified timeframe may affect student status and Title IV funding eligibility. Students are not paid for externship/practicum hours.

☒ By checking this box, I acknowledge that I have read and understand this disclosure.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 1:18:32 PM

Date



Graduate Services Registration

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Student's Legal Name TEST SAMPLE

Phone (888) 555-1234

Email Address cdiaz@ultimatemedical.edu

Address 789 MAIN ST, ANYTOWN, WISCONSIN 00000

Medical Administrative Assistant

Course _____ Approximate Graduation Date 06/09/2019

UMA provides employment assistance to all graduates; however, the school does not guarantee employment. Students work with Career Services to identify potential positions, but students are responsible for finding employment. I acknowledge that my responsibilities include:

- The proper use of job-search techniques, interviewing techniques and resume preparation.
- Registering with local agencies and/or online employment sites that can assist me in finding relevant employment.
- Checking the classified sections of newspapers and online job postings.
- Adequately preparing for job interviews.
- Following up on job leads provided by the school or other sources.

UMA aids students in finding employment by:

- Maintaining a database of open job leads from various sources.
- Teaching job-search techniques.
- Reviewing student resumes and cover letters.
- Teaching interviewing techniques.

I am currently employed: ☐ YES ☒ NO

If yes, my current employer is _____ and my job title is _____

☒ I want employment services.

☐ I do not want employment services because:

☐ I plan to be a full-time student after graduation.

☐ Other _____

☒ By checking this box, I affirm that I understand that UMA offers careers services and assistance for students. I am aware that Career Services may contact me as I progress through my program to update my information and identify types of assistance its personnel may be able to provide me.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 1:18:32 PM

Date

GE ID:

F.583.04.08.16.01

Enrollment Agreement

Page 1 of 1



Employment and Background Checks

UMA Online

3101 W. Dr. Martin Luther King, Blvd.
Tampa, FL 33607
Tel: 888-205-2456
Fax: 888-209-8848
www.ultimatemedical.edu

State, federal and local governments, as well as employers and various other agencies may require a criminal background check and/or drug check before a student can be placed in an externship or take professional licensing, certification, or registration examinations. Students who have prior felony convictions or serious misdemeanors may be denied the opportunity to take professional licensing, certification, or registration examinations. These students may also be denied a license or certification to practice in some states, even if the certification or licensing examination is taken and successfully completed.

Students are responsible for inquiring with appropriate certification/licensure agencies about current requirements prior to enrolling in the program of their choice. During enrollment, if a student's circumstances change, the student is responsible for inquiring with the appropriate agencies as soon as possible to determine potential impact on certification or licensure.

Information that can be included in background screening includes the following. (NOTE: Some of the items listed are public record and are available without your permission.)

Driving Records	Vehicle Registration	Credit Records	Criminal Records
Social Security Number	Education Records	Court Records	Workers' Compensation
Bankruptcy	Character References	Neighbor Interviews	Medical Records
Property Ownership	Military Records	State Licensing Records	Drug Test Records
Past Employers	Personal References	Incarceration Records	Sex Offender Lists

Due to an increase in background screening many allied health-related externship sites and employers now require background checks.

☒ By checking this box, I agree to the following:

- I understand that any criminal convictions on my record may impede my ability to:
 - Obtain an externship site (if applicable to my program)
 - Obtain employment in my field of study
 - Sit for state or national certification examinations (varies by agency administering the examination)
 - Obtain state licensure in order to work in my field of study (varies by state)
- I do not hold Ultimate Medical Academy, its agents or employees responsible for any of these disabilities due to any criminal record I may have or may later obtain.
- I authorize Ultimate Medical Academy or their/its designee to run routine employment verifications to confirm my employment status and income. I agree to notify Ultimate Medical Academy of changes in my employment status or address during the first year following graduation.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 1:18:32 PM

Date



UMA Online

3101 W. Dr. Martin Luther King. Blvd.
Tampa, FL 33607
Tel: 888-205-2456
Fax: 888-209-8848
www.ultimatemedical.edu

Ultimate Medical Academy values the feedback of our students like you. Please take a moment to share your experience with friends and family. Simply list the names of anyone that you'd like to have learn about UMA.

When you refer a potential student, we will contact and invite them to speak with an admissions representative. By providing us their contact information, you are confirming that you have their permission to have us contact them via phone by phone, text message, or email via automated systems by Ultimate Medical Academy about their education at the phone numbers you provide, including on a recorded line or on any wireless number(s). They are not obligated to agree to automated contact to enroll. Referrals are a great way to foster a supportive community of learning.

Thank you in advance!

Print Student Legal Name: TEST SAMPLE

Name	Phone	Email
Sample Example	8005559874	



Enrollment Quiz

UMA Online
 3101 W. Dr. Martin Luther King. Blvd.
 Tampa, FL 33607
 Tel: 888-205-2456
 Fax: 888-209-8848
www.ultimatemedical.edu

In what program am I enrolling? Medical Administrative Assistant	
I understand that I must submit to UMA a copy of my proof of high school diploma, GED or equivalent	×
I feel comfortable that this is the right program for me.	×
This program aligns with my career goals.	×
I'm ready to start school on 8/20/2018 and understand that there will be additional required steps after my enrollment.	×
I have graduated from high school or a high school equivalency program.	×
I have reliable access to the internet.	×
I have reliable access to a device on which I can access the internet and do my schoolwork.	×
UMA's courses are taught in English. I am comfortable conversing, writing, and submitting my schoolwork in English.	×
I understand that I may have to take out loans to complete my program.	×



Enrollment Agreement

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.eduCommission for Independent Education License #4379
Accrediting Bureau of Health Education Schools ID # I-213-02

Please enter your legal name as it appears on your Social Security card:

Name: TEST SAMPLE (cdiaz@ultimatemedical.edu)

Address: 789 MAIN ST

City: ANYTOWN State: WISCONSIN Zip: 00000

Telephone: (888) 555-1234

Mobile Phone:

Date of Birth: 01 / 01 / 2000 (MM/DD/YYYY) Social Security #: XXX-XX-0000

PROGRAM:	
Medical Billing and Coding	
ANTICIPATED START DATE:	8/20/2018
ANTICIPATED END DATE:	6/19/2019
PROJECTED NUMBER OF WEEKS:	45
SEMESTER CREDIT HOURS:	39
CREDENTIAL AWARDED:	Diploma
EXTERNSHIP HOURS:	No

MILITARY STATUS:	Not Applicable
CLASS SCHEDULE:	Monday-Sunday
PROGRAM FEES:	
Tuition:	\$16,770.00
Books:	\$0.00
TOTAL PROGRAM FEE:	
\$16,770.00	

By signing this Enrollment Agreement, I certify that:

1. I acknowledge that I have been given the URL for Ultimate Medical Academy's (UMA) catalog (<http://www.ultimatemedical.edu/catalog>) and have been advised that it is my responsibility to read and understand it. By signing this enrollment agreement, I agree to be bound by all policies and requirements stated in the catalog.
2. I acknowledge that I am required to comply with the conduct expectations established by UMA, including but not limited to the requirements noted in the Student Conduct policy published in the catalog, and the other related policies listed therein. I acknowledge that my failure to do so could result in UMA issuing sanctions, including but not limited to suspension or expulsion.
3. I have had sufficient opportunity to evaluate the information in the enrollment agreement and to ask questions of the school and its representatives and have received satisfactory answers to my questions.
4. I understand I am responsible for adhering to any changes in policy contained in the catalog, addendum, or supplement published by my campus during my enrollment. I further acknowledge that UMA, as a result of regulatory or licensing agency requirements, may be required to make policy or curriculum changes during my enrollment. Any changes to my curriculum will be disclosed to me in a separate document. Policy changes will be published in the campus catalog, addendum or supplement which is available at <http://www.ultimatemedical.edu/catalog> and available in hard copy upon request.

5. I understand that UMA's Student Consumer Information and Student Right-to-Know Information is available at <https://www.ultimatemedical.edu/pdfs/consumerinformation.pdf>
6. I understand that UMA's Gainful Employment Disclosures containing information on tuition, loan debt, completion, placement and occupations are available at <http://www.ultimatemedical.edu/gainful-employment.pdf> for diploma programs only, and it is my responsibility to review this document.
7. I understand that UMA's Campus Security Report is available at <https://www.ultimatemedical.edu/student-information/#security>.
8. I acknowledge that no verbal statements or other representations have been made contrary to what is contained in this agreement.
9. I understand there is placement assistance but no promise of any employment has been given or implied by a representative of UMA.
10. I acknowledge that if licensing is required for me to obtain employment, no guarantee has been made to me regarding any licensing, certification, or academic credit that I will derive from the program.
11. I understand that the programs offered at UMA are intended to be specialized, career-oriented degree and diploma programs. The credit hours earned at UMA are generally NOT acceptable to programs offered at other institutions. Ultimately, the decision to accept transfer credit hours is solely at the discretion of each receiving institution. UMA does not imply, promise, or guarantee transferability of credits/clock hours earned to any other institution.
12. I understand that persons with current or future criminal records may not qualify for professional licensing or credentialing and may have difficulty finding an externship site or obtaining employment.
13. I acknowledge that no guarantee has been made to me by anyone employed by UMA of any specific skill attainment that will result from this program of instruction. I understand that my actual skill level is dependent upon personal motivation, aptitude, and effort.
14. I agree to hold UMA, its officers, and employees harmless for any acts that I may commit through my own negligence.
15. I authorize UMA to obtain results of any certification examinations related to my program of study.
16. I understand that if I start classes and do not receive a financial aid award which covers my educational costs including books, I am personally responsible for paying whatever amounts I owe to UMA.
17. I understand that at the conclusion of my training, UMA reserves the right to retain my certificate and transcripts pending the full payment of my account.
18. I agree to pay UMA the balance of my account on demand if: an unpaid balance remains after withdrawal, my check is returned for non-payment, or a change takes place in my financial planning that alters the availability of funds. I understand that should my account become delinquent, UMA reserves the right to submit the account to collection. I further understand that I am responsible for any additional charges incurred as a result of that action. There is a \$25 service fee for all returned checks.
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FOR STUDENTS WHO HAVE MILITARY EDUCATION BENEFITS

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Sometimes conditions or circumstances beyond the control of students and the school require that students withdraw from UMA. Such students must give notice of withdrawal to the Registrar's office in person, via telephone, mail or email, or the termination date is determined in accordance with the school's add/drop and 14 consecutive-day absence policy.

PRIVACY AND STUDENT INFORMATION

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. An explanation of these rights is provided in the UMA Catalog.

INSTITUTIONAL REFUND POLICY (PRO RATA REFUND CALCULATION)

PRO RATA REFUND CALCULATION FOR STANDARD TERM PROGRAMS FOR WISCONSIN RESIDENTS

For all students in courses other than their first course at UMA, the other provisions in the Refund Policy below apply to determine the appropriate refund amount.

UMA may make special arrangements to provide a fair and equitable refund to a student, on a case-by-case basis, when a student is suffering extenuating circumstances and is unable to continue his/her studies.

A student who resides in Wisconsin and who ceases enrollment at UMA receives a tuition refund as follows. If a student's termination date is:

- Prior to the first day of a course and if a student does not begin attendance during the first seven calendar days of a program, a student receives a refund of 100% of tuition charges.
- During the first seven calendar days of a course, a student receives a refund of 80% of tuition charges.
- After the first seven calendar days of a course, during the second week of the course, a student receives a refund of 60% of tuition charges.
- During the third week of a course, a student receives a refund of 40% of tuition charges.
- During the fourth week of a course or later, a student receives no refund of tuition charges.

UMA is required to perform institutional refund calculations (pro-rata) for all students who are no longer enrolled, are dismissed, are placed on an Administrative Leave of Absence, transfer programs or fail to return from an approved leave of absence. The institutional refund policy is in addition to the Return of Title IV Funds refund calculation. UMA performs all institutional refund calculations within thirty (30) calendar days of the date of determination. The date of determination is the date UMA has determined the student to be withdrawn, expelled, dismissed, on an Administrative Leave of Absence, or transferred to another UMA program. Refund calculations are based on the student's last date of attendance. The last day of attendance for online students is the last day a student completed an academically related activity such as discussion boards, submission of assignments and taking tests. If the student is owed a refund from the institutional refund calculation, UMA will process the necessary refund within thirty (30) calendar days. UMA returns unearned Federal Student Aid within 45 calendar days of the date of determination. Students are responsible for any balance due on their accounts as a result of withdrawal from UMA.

ULTIMATE MEDICAL ACADEMY CONTRACTS

Ultimate Medical Academy reserves the right, at its sole discretion, to change program start dates and to cancel or terminate a program but will teach out any currently enrolled students. To the extent I have outstanding federal student loan obligations incurred in connection with my enrollment at UMA, I agree that any final resolution providing for monetary damages shall be paid toward my student loan obligations.

- ☒ By checking this box, I acknowledge that I have received a copy of this Agreement and have read and fully understand the statements, disclosures, and UMA policies contained in this disclosure form. I further understand that these statements, disclosures, and policies are part of a legal and binding contract and I have been provided access to the UMA catalog and informed that a hard copy is available upon request.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 1:20:06 PM

Date

Parent's or Guardian's Signature (if student is under the age of 18)

Date

Authorized School Official

Date



Attestation of High School Graduation or Equivalent / Transcript Request Form

UMA Online

3101 W. Dr. Martin Luther King, Blvd.
Tampa, FL 33607
Tel: 888-205-2456
Fax: 888-209-8848
www.ultimatemedical.edu

Proof of Graduation Team Tel: 877-208-5023
Proof of Graduation Team Fax: 813-436-5699
POG@ultimatemedical.edu

Student Information

Student's Legal Name: TEST SAMPLE
First Name Middle Initial Last Name

Legal Name at Time of Graduation (Maiden): SCHOOL

Social Security Number: XXX-XX-0000 **Date of Birth:** 01 / 01 / 2000

I understand that only students who are high school graduates, have earned a high school equivalency (GED, HiSET, TASC or Other State-Authorized Exams Recognized as Equal to a High School Diploma) or have been officially home-schooled are eligible for admittance to Ultimate Medical Academy. UMA accepts only standard high school diplomas.

I hereby attest and certify that I have earned the following secondary school credential (check one):

☒ I graduated from Anytown High School on 05/2018
Name of High School Date of Graduation (MM/YYYY)

Address 789 MAIN ST

City ANYTOWN State WI Zip Code 00000 Country United States

☐ I earned a High School Equivalency (check one):
☐ GED ☐ HiSET ☐ TASC ☐ Other state-authorized exam recognized as equal to a high school diploma

Name of Granting Agency on Date Issued (MM/YYYY)

Address of Granting Agency

City State Zip Code

☐ I completed a home school high school program at Name of Home School

in State on Date of Graduation (MM/YYYY)

☒ By checking this box and signing my name below, I affirm:

- The high school or program completed was approved by the applicable governing or state authority.
- I understand that UMA reviews high school credentials and may determine, pursuant to UMA policy, that certain high schools do not meet admission requirements. If my high school does not meet UMA admissions requirements, I understand that my enrollment may be cancelled. Funds credited to student

accounts for applicants or students who are cancelled due to failure to meet acceptable high school requirements will have such funds credited to their original sources.

- I understand that if this information is determined to be false or untrue, my enrollment at UMA will be cancelled immediately.
- For new and returning students starting prior to January 2, 2018, I understand that UMA verifies this attestation through a sampling of students admitted. If selected for verification, I agree to provide UMA (within 30 days of receiving a request for documentation) with any documents required to verify my attestations above. (Proof of such documentation may include a copy of an original diploma, transcripts or certificates, official letter of GED approval with passing scores or written state verification of home schooling.)
- For new students (including students returning to UMA following withdrawal or dismissal) starting on January 2, 2018, or after, I understand that UMA verifies this attestation by requiring proof of high school diploma, GED or equivalent. Upon enrollment with UMA, I agree to provide to UMA within 30 days from my start date all documentation required to verify this attestation. Such documentation may include a copy of an original diploma, transcripts or certificates; official letter of GED approval with passing scores; or written state verification of home schooling. If this documentation is not received within 30 days from my start date, I understand that my enrollment may be cancelled.
- That the information above is true and accurate to the best of my knowledge.
- **I authorize the release of an official copy of my academic transcript(s) and/or scholastic records to Ultimate Medical Academy.** Ultimate Medical Academy may utilize a photo ID and this attestation to obtain records of my transcripts or other scholastic records.

TEST SAMPLE electronically signed by computer IP 10.11.

08/09/2018 1:20:06 PM

Student's Signature

Date



Disclosure of Student Information

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Statistical Information

Information such as race, gender and age is collected at the time of admission for statistical purposes only. The information is not used in the admission process or as admission criteria. Certain federal, licensing and accrediting agencies require the school to submit such data. Please check the characteristics that apply to you and complete any pertinent information.

SEX

☒ Male ☐ Female

AGE GROUP

☐ Under 18 ☒ 18-19 ☐ 20-21 ☐ 22-24 ☐ 25-29
☐ 30-34 ☐ 35-39 ☐ 40-49 ☐ 50-64 ☐ 65 and Over

RACE AND ETHNICITY

Are you Hispanic or Latino? ☐ Yes ☐ No

Select one or more of the following races:

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific islander ☐ White

Date of Birth 01/01/2000

Driver's License Number _____ State _____

Dislocated Worker?

☐ YES ☐ NO

Non-Resident Alien?

☐ YES ☐ NO

US Citizen?

☐ YES ☐ NO

Name: TEST SAMPLE

Email: cdiaz@ultimatemedical.edu

Phone: (888) 555-1234

Mobile Number: _____

Communication from UMA

Ultimate Medical Academy may contact you regarding your enrollment and other educational services. By opting-in below, you give us your consent to use automated technology to call, text, and send pre-recorded messages to you at the phone number(s) above, including your wireless number if provided. Message and data rates may apply. Providing this consent is not required to enroll. Note that even non-automated calls are recorded for quality assurance.

Communication by Automated Technology: ☒ Opt-In ☐ Opt-Out

☒ By checking this box, I affirm that I am the person listed above and my responses are accurate and truthful.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 1:20:06 PM

Date



Accrediting Bureau of
Health Education Schools (ABHES) Reporting
Period July 1, 2016 – June 30, 2017

UMA Online

3101 W. Dr. Martin Luther King, Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Rates are for UMA Online campus only.

Program	Credential	Retention Rate*	Placement Rate**
Health and Human Services	Associate Degree	72%	70%
Health Information Technology	Associate Degree	74%	76%
Health Sciences- Health Technology & Systems	Associate Degree	77%	71%
Health Sciences- Medical Administrative Assistant	Associate Degree	72%	67%
Health Sciences- Medical Office and Billing Specialist	Associate Degree	79%	66%
Health Sciences- Pharmacy Technician	Associate Degree	72%	75%
Healthcare Management	Associate Degree	81%	72%
Healthcare Technology & Systems	Diploma	79%	77%
Medical Administrative Assistant	Diploma	75%	67%
Medical Billing and Coding	Associate Degree	79%	66%
Medical Billing and Coding	Diploma	75%	70%
Medical Office and Billing Specialist	Diploma	74%	70%
Pharmacy Technician	Diploma	54%	75%

The retention and placement calculation is for the period July 1, 2016 – June 30, 2017 and uses the retention and placement calculations prescribed by our institutional accreditor, the Accrediting Bureau of Health Education Schools (www.abhes.org). For more information on all of UMA's program student graduation rates, retention and placement rates, and student financial obligations: <https://www.ultimatemedical.edu/student-information/#ge>

***Retention Rate** = (Ending Enrollment + Graduates) / (Beginning Enrollment + New Starts + Re-entries)

****Placement Rate** = (Graduates placed in their field of training + Graduates placed in a related field of training) / (Total Graduates – Graduates unavailable for placement***)

*******Refers to graduates who are unavailable for placement due to health-related issues, military obligations, incarceration, death or continuing education status

Externship/Practicum Notice: The Pharmacy Technician, Health Sciences – Pharmacy Technician and Health Information Technology programs require completion of an externship/practicum that may range from 30 – 40 hours per week during normal business hours Monday to Friday. Externship/Practicum placement in a specific job location or company is not guaranteed. Failure to complete an externship/practicum within the specified timeframe may affect student status and Title IV funding eligibility. Students are not paid for externship/practicum hours.

☒ By checking this box, I acknowledge that I have read and understand this disclosure.

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Student's Signature

08/09/2018 1:20:06 PM

Date



Graduate Services Registration

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Student's Legal Name TEST SAMPLE

Phone (888) 555-1234

Email Address cdiaz@ultimatemedical.edu

Address 789 MAIN ST, ANYTOWN, WISCONSIN 00000

Medical Billing and Coding

Course _____ Approximate Graduation Date 06/19/2019

UMA provides employment assistance to all graduates; however, the school does not guarantee employment. Students work with Career Services to identify potential positions, but students are responsible for finding employment. I acknowledge that my responsibilities include:

- The proper use of job-search techniques, interviewing techniques and resume preparation.
- Registering with local agencies and/or online employment sites that can assist me in finding relevant employment.
- Checking the classified sections of newspapers and online job postings.
- Adequately preparing for job interviews.
- Following up on job leads provided by the school or other sources.

UMA aids students in finding employment by:

- Maintaining a database of open job leads from various sources.
- Teaching job-search techniques.
- Reviewing student resumes and cover letters.
- Teaching interviewing techniques.

I am currently employed: ☐ YES ☒ NO

If yes, my current employer is _____ and my job title is _____

☒ I want employment services.

☐ I do not want employment services because:

☐ I plan to be a full-time student after graduation.

☐ Other _____

☒ By checking this box, I affirm that I understand that UMA offers careers services and assistance for students. I am aware that Career Services may contact me as I progress through my program to update my information and identify types of assistance its personnel may be able to provide me.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 1:20:06 PM

Date

GE ID:

F.583.04.08.16.01

Enrollment Agreement

Page 1 of 1



Employment and Background Checks

UMA Online

3101 W. Dr. Martin Luther King, Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

State, federal and local governments, as well as employers and various other agencies may require a criminal background check and/or drug check before a student can be placed in an externship or take professional licensing, certification, or registration examinations. Students who have prior felony convictions or serious misdemeanors may be denied the opportunity to take professional licensing, certification, or registration examinations. These students may also be denied a license or certification to practice in some states, even if the certification or licensing examination is taken and successfully completed.

Students are responsible for inquiring with appropriate certification/licensure agencies about current requirements prior to enrolling in the program of their choice. During enrollment, if a student's circumstances change, the student is responsible for inquiring with the appropriate agencies as soon as possible to determine potential impact on certification or licensure.

Information that can be included in background screening includes the following. (NOTE: Some of the items listed are public record and are available without your permission.)

Driving Records	Vehicle Registration	Credit Records	Criminal Records
Social Security Number	Education Records	Court Records	Workers' Compensation
Bankruptcy	Character References	Neighbor Interviews	Medical Records
Property Ownership	Military Records	State Licensing Records	Drug Test Records
Past Employers	Personal References	Incarceration Records	Sex Offender Lists

Due to an increase in background screening many allied health-related externship sites and employers now require background checks.

☒ By checking this box, I agree to the following:

- I understand that any criminal convictions on my record may impede my ability to:
 - Obtain an externship site (if applicable to my program)
 - Obtain employment in my field of study
 - Sit for state or national certification examinations (varies by agency administering the examination)
 - Obtain state licensure in order to work in my field of study (varies by state)
- I do not hold Ultimate Medical Academy, its agents or employees responsible for any of these inabilities due to any criminal record I may have or may later obtain.
- I authorize Ultimate Medical Academy or their/its designee to run routine employment verifications to confirm my employment status and income. I agree to notify Ultimate Medical Academy of changes in my employment status or address during the first year following graduation.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 1:20:06 PM

Date

**UMA Online**

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Tampa, FL 33607

Tel: 888-205-2456

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www.ultimatemedical.edu

Ultimate Medical Academy values the feedback of our students like you. Please take a moment to share your experience with friends and family. Simply list the names of anyone that you'd like to have learn about UMA.

When you refer a potential student, we will contact and invite them to speak with an admissions representative. By providing us their contact information, you are confirming that you have their permission to have us contact them via phone by phone, text message, or email via automated systems by Ultimate Medical Academy about their education at the phone numbers you provide, including on a recorded line or on any wireless number(s). They are not obligated to agree to automated contact to enroll. Referrals are a great way to foster a supportive community of learning.

Thank you in advance!

Print Student Legal Name: TEST SAMPLE

Name	Phone	Email
Sample Example	8005559874	



Enrollment Quiz

UMA Online
 3101 W. Dr. Martin Luther King. Blvd.
 Tampa, FL 33607
 Tel: 888-205-2456
 Fax: 888-209-8848
www.ultimatemedical.edu

In what program am I enrolling? Medical Billing and Coding	
I understand that I must submit to UMA a copy of my proof of high school diploma, GED or equivalent	×
I feel comfortable that this is the right program for me.	×
This program aligns with my career goals.	×
I'm ready to start school on 8/20/2018 and understand that there will be additional required steps after my enrollment.	×
I have graduated from high school or a high school equivalency program.	×
I have reliable access to the internet.	×
I have reliable access to a device on which I can access the internet and do my schoolwork.	×
UMA's courses are taught in English. I am comfortable conversing, writing, and submitting my schoolwork in English.	×
I understand that I may have to take out loans to complete my program.	×



Enrollment Agreement

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.eduCommission for Independent Education License #4379
Accrediting Bureau of Health Education Schools ID # I-213-02

Please enter your legal name as it appears on your Social Security card:

Name: TEST SAMPLE (cdiaz@ultimatemedical.edu)

Address: 789 MAIN ST

City: ANYTOWN State: WISCONSIN Zip: 00000

Telephone: (888) 555-1234

Mobile Phone:

Date of Birth: 01 / 01 / 2000 (MM/DD/YYYY) Social Security #: XXX-XX-0000

PROGRAM:	
Associate of Science in Medical Billing and Coding	
ANTICIPATED START DATE: 8/20/2018	
ANTICIPATED END DATE:	1/19/2020
PROJECTED NUMBER OF WEEKS:	75
SEMESTER CREDIT HOURS:	63
CREDENTIAL AWARDED:	Associate
EXTERNSHIP HOURS:	No

MILITARY STATUS:	Not Applicable
CLASS SCHEDULE:	Monday-Sunday
PROGRAM FEES:	
Tuition:	\$27,090.00
Books:	\$0.00
TOTAL PROGRAM FEE:	\$27,090.00

By signing this Enrollment Agreement, I certify that:

1. I acknowledge that I have been given the URL for Ultimate Medical Academy's (UMA) catalog (<http://www.ultimatemedical.edu/catalog>) and have been advised that it is my responsibility to read and understand it. By signing this enrollment agreement, I agree to be bound by all policies and requirements stated in the catalog.
2. I acknowledge that I am required to comply with the conduct expectations established by UMA, including but not limited to the requirements noted in the Student Conduct policy published in the catalog, and the other related policies listed therein. I acknowledge that my failure to do so could result in UMA issuing sanctions, including but not limited to suspension or expulsion.
3. I have had sufficient opportunity to evaluate the information in the enrollment agreement and to ask questions of the school and its representatives and have received satisfactory answers to my questions.
4. I understand I am responsible for adhering to any changes in policy contained in the catalog, addendum, or supplement published by my campus during my enrollment. I further acknowledge that UMA, as a result of regulatory or licensing agency requirements, may be required to make policy or curriculum changes during my enrollment. Any changes to my curriculum will be disclosed to me in a separate document. Policy changes will be published in the campus catalog, addendum or supplement which is available at <http://www.ultimatemedical.edu/catalog> and available in hard copy upon request.

5. I understand that UMA's Student Consumer Information and Student Right-to-Know Information is available at <https://www.ultimatemedical.edu/pdfs/consumerinformation.pdf>
6. I understand that UMA's Gainful Employment Disclosures containing information on tuition, loan debt, completion, placement and occupations are available at <http://www.ultimatemedical.edu/gainful-employment.pdf> for diploma programs only, and it is my responsibility to review this document.
7. I understand that UMA's Campus Security Report is available at <https://www.ultimatemedical.edu/student-information/#security>.
8. I acknowledge that no verbal statements or other representations have been made contrary to what is contained in this agreement.
9. I understand there is placement assistance but no promise of any employment has been given or implied by a representative of UMA.
10. I acknowledge that if licensing is required for me to obtain employment, no guarantee has been made to me regarding any licensing, certification, or academic credit that I will derive from the program.
11. I understand that the programs offered at UMA are intended to be specialized, career-oriented degree and diploma programs. The credit hours earned at UMA are generally NOT acceptable to programs offered at other institutions. Ultimately, the decision to accept transfer credit hours is solely at the discretion of each receiving institution. UMA does not imply, promise, or guarantee transferability of credits/clock hours earned to any other institution.
12. I understand that persons with current or future criminal records may not qualify for professional licensing or credentialing and may have difficulty finding an externship site or obtaining employment.
13. I acknowledge that no guarantee has been made to me by anyone employed by UMA of any specific skill attainment that will result from this program of instruction. I understand that my actual skill level is dependent upon personal motivation, aptitude, and effort.
14. I agree to hold UMA, its officers, and employees harmless for any acts that I may commit through my own negligence.
15. I authorize UMA to obtain results of any certification examinations related to my program of study.
16. I understand that if I start classes and do not receive a financial aid award which covers my educational costs including books, I am personally responsible for paying whatever amounts I owe to UMA.
17. I understand that at the conclusion of my training, UMA reserves the right to retain my certificate and transcripts pending the full payment of my account.
18. I agree to pay UMA the balance of my account on demand if: an unpaid balance remains after withdrawal, my check is returned for non-payment, or a change takes place in my financial planning that alters the availability of funds. I understand that should my account become delinquent, UMA reserves the right to submit the account to collection. I further understand that I am responsible for any additional charges incurred as a result of that action. There is a \$25 service fee for all returned checks.
19. I understand that if I wish to request transfer credit for previous education, it is my responsibility to have transcripts sent to UMA for review.
20. I understand that if UMA cancels a program in which I am enrolled but have not yet begun attendance, I will receive a full refund of all monies paid. If UMA terminates a program after I have begun attendance, I am entitled to a teach-out of the program or a full refund of all monies paid.
21. I understand that this statement becomes a legally binding instrument upon my and UMA's acceptance, evidenced by signatures below in the Enrolling Student Acknowledgement box, unless canceled pursuant to the Right to Cancel outlined in this agreement. (This statement does not apply to active duty military students—see #29 below.)
22. I understand that retake fees are charged at full tuition equal to the original cost of the course being retaken.
23. I understand that if initial enrollment in my program is contingent upon satisfactory results on a background check, I will be cancelled from my program immediately if results are determined to be unsatisfactory. I

further understand that if a background check required later in or after my program returns unsatisfactory results, these results may prevent me from completing my program (including an externship), obtaining external certification or licensure, or obtaining employment.

24. I understand if I relocate to a state or territory in which UMA does not have approval to operate, this may adversely impact my ability to complete my program and/or gain in-field employment. Credentialing and employment requirements vary by state and territory.
25. I understand that throughout my program at UMA, I am responsible for having access to all online technical requirements, both hardware and software, as listed in the UMA Catalog.

FOR STUDENTS WHO HAVE MILITARY EDUCATION BENEFITS

26. I understand that if I have advised my admissions representative that I am using military Tuition Assistance, my documents will be held in a preenrollment status until UMA receives my branch Tuition Assistance authorization. I understand that I am not responsible for any charges and am not allowed to complete my enrollment or start my program until my branch Tuition Assistance authorization form is complete.
27. I understand that I must provide official transcripts from all previously attended postsecondary institutions to the Office of the Registrar no later than sixty days from my start date.
28. I understand that, if I am an active duty military student, I am not charged for books.
29. I understand that, if I am an active duty military student, this agreement becomes legally binding instrument upon UMA's receipt of my branch Tuition Assistance authorization form, unless cancelled pursuant to the Right to Cancel outlined in this agreement.
30. I understand that the pricing listed above is dependent upon my providing required and acceptable documentation* to verify my military status. If I am unable to provide acceptable documentation, I agree to be charged the civilian pricing for my program. For details about civilian pricing, I understand that I should see the current catalog at <https://www.ultimatemedical.edu/catalog>.

**Examples of acceptable documentation to submit for military pricing include, but are not limited to: a DD214 with an honorable discharge, a spouse's DD214 and marriage certificate, a military ID for active duty, Leave & Earnings Statement, a spouse's military ID and marriage certificate and a certificate of eligibility. Your student finance planner can discuss this documentation in further detail.*

RIGHT TO CANCEL

An applicant may cancel his/her enrollment within 72 hours of signing the enrollment agreement without incurring any financial penalty. Additionally, students who do not begin attendance within the first seven calendar days of a program, or who cancel or are cancelled by UMA during their first course, have their enrollment canceled without incurring any tuition charges. See the Provisional Registration Status section in UMA's Catalog for more details. UMA requests that students who accept textbooks prior to their enrollment cancellation return those textbooks in new condition. Students should contact the Registrar (umaregistrar@ultimatemedical.edu) to cancel within the timeframe listed above. Students can direct other questions about their enrollment to their admission representative, new student advisor, or learner services advisor.

WITHDRAWAL PROCEDURE

Sometimes conditions or circumstances beyond the control of students and the school require that students withdraw from UMA. Such students must give notice of withdrawal to the Registrar's office in person, via telephone, mail or email, or the termination date is determined in accordance with the school's add/drop and 14 consecutive-day absence policy.

PRIVACY AND STUDENT INFORMATION

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. An explanation of these rights is provided in the UMA Catalog.

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PRO RATA REFUND CALCULATION FOR STANDARD TERM PROGRAMS FOR WISCONSIN RESIDENTS

For all students in courses other than their first course at UMA, the other provisions in the Refund Policy below apply to determine the appropriate refund amount.

UMA may make special arrangements to provide a fair and equitable refund to a student, on a case-by-case basis, when a student is suffering extenuating circumstances and is unable to continue his/her studies.

A student who resides in Wisconsin and who ceases enrollment at UMA receives a tuition refund as follows. If a student's termination date is:

- Prior to the first day of a course and if a student does not begin attendance during the first seven calendar days of a program, a student receives a refund of 100% of tuition charges.
- During the first seven calendar days of a course, a student receives a refund of 80% of tuition charges.
- After the first seven calendar days of a course, during the second week of the course, a student receives a refund of 60% of tuition charges.
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UMA is required to perform institutional refund calculations (pro-rata) for all students who are no longer enrolled, are dismissed, are placed on an Administrative Leave of Absence, transfer programs or fail to return from an approved leave of absence. The institutional refund policy is in addition to the Return of Title IV Funds refund calculation. UMA performs all institutional refund calculations within thirty (30) calendar days of the date of determination. The date of determination is the date UMA has determined the student to be withdrawn, expelled, dismissed, on an Administrative Leave of Absence, or transferred to another UMA program. Refund calculations are based on the student's last date of attendance. The last day of attendance for online students is the last day a student completed an academically related activity such as discussion boards, submission of assignments and taking tests. If the student is owed a refund from the institutional refund calculation, UMA will process the necessary refund within thirty (30) calendar days. UMA returns unearned Federal Student Aid within 45 calendar days of the date of determination. Students are responsible for any balance due on their accounts as a result of withdrawal from UMA.

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TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 1:00:54 PM

Date

Parent's or Guardian's Signature (if student is under the age of 18)

Date

Authorized School Official

Date



Attestation of High School Graduation or Equivalent / Transcript Request Form

UMA Online

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Tampa, FL 33607
Tel: 888-205-2456
Fax: 888-209-8848
www.ultimatemedical.edu

Proof of Graduation Team Tel: 877-208-5023
Proof of Graduation Team Fax: 813-436-5699
POG@ultimatemedical.edu

Student Information

Student's Legal Name: TEST SAMPLE
First Name Middle Initial Last Name

Legal Name at Time of Graduation (Maiden): SCHOOL

Social Security Number: XXX-XX-0000 **Date of Birth:** 01 / 01 / 2000

I understand that only students who are high school graduates, have earned a high school equivalency (GED, HiSET, TASC or Other State-Authorized Exams Recognized as Equal to a High School Diploma) or have been officially home-schooled are eligible for admittance to Ultimate Medical Academy. UMA accepts only standard high school diplomas.

I hereby attest and certify that I have earned the following secondary school credential (check one):

☒ I graduated from Anytown High School on 05/2018
Name of High School Date of Graduation (MM/YYYY)

Address 789 MAIN ST

City ANYTOWN State WI Zip Code 00000 Country United States

☐ I earned a High School Equivalency (check one):
☐ GED ☐ HiSET ☐ TASC ☐ Other state-authorized exam recognized as equal to a high school diploma

Name of Granting Agency on Date Issued (MM/YYYY)

Address of Granting Agency

City State Zip Code

☐ I completed a home school high school program at Name of Home School

in State on Date of Graduation (MM/YYYY)

☒ By checking this box and signing my name below, I affirm:

- The high school or program completed was approved by the applicable governing or state authority.
- I understand that UMA reviews high school credentials and may determine, pursuant to UMA policy, that certain high schools do not meet admission requirements. If my high school does not meet UMA admissions requirements, I understand that my enrollment may be cancelled. Funds credited to student

accounts for applicants or students who are cancelled due to failure to meet acceptable high school requirements will have such funds credited to their original sources.

- I understand that if this information is determined to be false or untrue, my enrollment at UMA will be cancelled immediately.
- For new and returning students starting prior to January 2, 2018, I understand that UMA verifies this attestation through a sampling of students admitted. If selected for verification, I agree to provide UMA (within 30 days of receiving a request for documentation) with any documents required to verify my attestations above. (Proof of such documentation may include a copy of an original diploma, transcripts or certificates, official letter of GED approval with passing scores or written state verification of home schooling.)
- For new students (including students returning to UMA following withdrawal or dismissal) starting on January 2, 2018, or after, I understand that UMA verifies this attestation by requiring proof of high school diploma, GED or equivalent. Upon enrollment with UMA, I agree to provide to UMA within 30 days from my start date all documentation required to verify this attestation. Such documentation may include a copy of an original diploma, transcripts or certificates; official letter of GED approval with passing scores; or written state verification of home schooling. If this documentation is not received within 30 days from my start date, I understand that my enrollment may be cancelled.
- That the information above is true and accurate to the best of my knowledge.
- **I authorize the release of an official copy of my academic transcript(s) and/or scholastic records to Ultimate Medical Academy.** Ultimate Medical Academy may utilize a photo ID and this attestation to obtain records of my transcripts or other scholastic records.

TEST SAMPLE electronically signed by computer IP 10.11.

08/09/2018 1:00:54 PM

Student's Signature

Date



Disclosure of Student Information

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Statistical Information

Information such as race, gender and age is collected at the time of admission for statistical purposes only. The information is not used in the admission process or as admission criteria. Certain federal, licensing and accrediting agencies require the school to submit such data. Please check the characteristics that apply to you and complete any pertinent information.

SEX

☒ Male ☐ Female

AGE GROUP

☐ Under 18 ☒ 18-19 ☐ 20-21 ☐ 22-24 ☐ 25-29
☐ 30-34 ☐ 35-39 ☐ 40-49 ☐ 50-64 ☐ 65 and Over

RACE AND ETHNICITY

Are you Hispanic or Latino? ☐ Yes ☐ No

Select one or more of the following races:

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific islander ☐ White

Date of Birth 01/01/2000

Driver's License Number _____ State _____

Dislocated Worker?

☐ YES ☐ NO

Non-Resident Alien?

☐ YES ☐ NO

US Citizen?

☐ YES ☐ NO

Name: TEST SAMPLE

Email: cdiaz@ultimatemedical.edu

Phone: (888) 555-1234

Mobile Number: _____

Communication from UMA

Ultimate Medical Academy may contact you regarding your enrollment and other educational services. By opting-in below, you give us your consent to use automated technology to call, text, and send pre-recorded messages to you at the phone number(s) above, including your wireless number if provided. Message and data rates may apply. Providing this consent is not required to enroll. Note that even non-automated calls are recorded for quality assurance.

Communication by Automated Technology: ☒ Opt-In ☐ Opt-Out

☒ By checking this box, I affirm that I am the person listed above and my responses are accurate and truthful.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 1:00:54 PM

Date



Accrediting Bureau of
Health Education Schools (ABHES) Reporting
Period July 1, 2016 – June 30, 2017

UMA Online

3101 W. Dr. Martin Luther King, Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Rates are for UMA Online campus only.

Program	Credential	Retention Rate*	Placement Rate**
Health and Human Services	Associate Degree	72%	70%
Health Information Technology	Associate Degree	74%	76%
Health Sciences- Health Technology & Systems	Associate Degree	77%	71%
Health Sciences- Medical Administrative Assistant	Associate Degree	72%	67%
Health Sciences- Medical Office and Billing Specialist	Associate Degree	79%	66%
Health Sciences- Pharmacy Technician	Associate Degree	72%	75%
Healthcare Management	Associate Degree	81%	72%
Healthcare Technology & Systems	Diploma	79%	77%
Medical Administrative Assistant	Diploma	75%	67%
Medical Billing and Coding	Associate Degree	79%	66%
Medical Billing and Coding	Diploma	75%	70%
Medical Office and Billing Specialist	Diploma	74%	70%
Pharmacy Technician	Diploma	54%	75%

The retention and placement calculation is for the period July 1, 2016 – June 30, 2017 and uses the retention and placement calculations prescribed by our institutional accreditor, the Accrediting Bureau of Health Education Schools (www.abhes.org). For more information on all of UMA's program student graduation rates, retention and placement rates, and student financial obligations: <https://www.ultimatemedical.edu/student-information/#ge>

***Retention Rate** = (Ending Enrollment + Graduates) / (Beginning Enrollment + New Starts + Re-entries)

****Placement Rate** = (Graduates placed in their field of training + Graduates placed in a related field of training) /
(Total Graduates – Graduates unavailable for placement***)

*******Refers to graduates who are unavailable for placement due to health-related issues, military obligations, incarceration, death or continuing education status

Externship/Practicum Notice: The Pharmacy Technician, Health Sciences – Pharmacy Technician and Health Information Technology programs require completion of an externship/practicum that may range from 30 – 40 hours per week during normal business hours Monday to Friday. Externship/Practicum placement in a specific job location or company is not guaranteed. Failure to complete an externship/practicum within the specified timeframe may affect student status and Title IV funding eligibility. Students are not paid for externship/practicum hours.

☒ By checking this box, I acknowledge that I have read and understand this disclosure.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 1:00:54 PM

Date



Graduate Services Registration

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Student's Legal Name TEST SAMPLE

Phone (888) 555-1234

Email Address cdiaz@ultimatemedical.edu

Address 789 MAIN ST, ANYTOWN, WISCONSIN 00000

Associate of Science in Medical Billing and Coding

Course _____ Approximate Graduation Date 01/19/2020

UMA provides employment assistance to all graduates; however, the school does not guarantee employment. Students work with Career Services to identify potential positions, but students are responsible for finding employment. I acknowledge that my responsibilities include:

- The proper use of job-search techniques, interviewing techniques and resume preparation.
- Registering with local agencies and/or online employment sites that can assist me in finding relevant employment.
- Checking the classified sections of newspapers and online job postings.
- Adequately preparing for job interviews.
- Following up on job leads provided by the school or other sources.

UMA aids students in finding employment by:

- Maintaining a database of open job leads from various sources.
- Teaching job-search techniques.
- Reviewing student resumes and cover letters.
- Teaching interviewing techniques.

I am currently employed: ☐ YES ☒ NO

If yes, my current employer is _____ and my job title is _____

☒ I want employment services.

☐ I do not want employment services because:

☐ I plan to be a full-time student after graduation.

☐ Other _____

☒ By checking this box, I affirm that I understand that UMA offers careers services and assistance for students. I am aware that Career Services may contact me as I progress through my program to update my information and identify types of assistance its personnel may be able to provide me.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 1:00:54 PM

Date

GE ID:

F.583.04.08.16.01

Enrollment Agreement

Page 1 of 1



Employment and Background Checks

UMA Online

3101 W. Dr. Martin Luther King, Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

State, federal and local governments, as well as employers and various other agencies may require a criminal background check and/or drug check before a student can be placed in an externship or take professional licensing, certification, or registration examinations. Students who have prior felony convictions or serious misdemeanors may be denied the opportunity to take professional licensing, certification, or registration examinations. These students may also be denied a license or certification to practice in some states, even if the certification or licensing examination is taken and successfully completed.

Students are responsible for inquiring with appropriate certification/licensure agencies about current requirements prior to enrolling in the program of their choice. During enrollment, if a student's circumstances change, the student is responsible for inquiring with the appropriate agencies as soon as possible to determine potential impact on certification or licensure.

Information that can be included in background screening includes the following. (NOTE: Some of the items listed are public record and are available without your permission.)

Driving Records	Vehicle Registration	Credit Records	Criminal Records
Social Security Number	Education Records	Court Records	Workers' Compensation
Bankruptcy	Character References	Neighbor Interviews	Medical Records
Property Ownership	Military Records	State Licensing Records	Drug Test Records
Past Employers	Personal References	Incarceration Records	Sex Offender Lists

Due to an increase in background screening many allied health-related externship sites and employers now require background checks.

☒ By checking this box, I agree to the following:

- I understand that any criminal convictions on my record may impede my ability to:
 - Obtain an externship site (if applicable to my program)
 - Obtain employment in my field of study
 - Sit for state or national certification examinations (varies by agency administering the examination)
 - Obtain state licensure in order to work in my field of study (varies by state)
- I do not hold Ultimate Medical Academy, its agents or employees responsible for any of these inabilities due to any criminal record I may have or may later obtain.
- I authorize Ultimate Medical Academy or their/its designee to run routine employment verifications to confirm my employment status and income. I agree to notify Ultimate Medical Academy of changes in my employment status or address during the first year following graduation.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 1:00:54 PM

Date



UMA Online

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Ultimate Medical Academy values the feedback of our students like you. Please take a moment to share your experience with friends and family. Simply list the names of anyone that you'd like to have learn about UMA.

When you refer a potential student, we will contact and invite them to speak with an admissions representative. By providing us their contact information, you are confirming that you have their permission to have us contact them via phone by phone, text message, or email via automated systems by Ultimate Medical Academy about their education at the phone numbers you provide, including on a recorded line or on any wireless number(s). They are not obligated to agree to automated contact to enroll. Referrals are a great way to foster a supportive community of learning.

Thank you in advance!

Print Student Legal Name: TEST SAMPLE

Name	Phone	Email
Sample Example	8005559874	



Enrollment Quiz

UMA Online
3101 W. Dr. Martin Luther King. Blvd.
Tampa, FL 33607
Tel: 888-205-2456
Fax: 888-209-8848
www.ultimatemedical.edu

In what program am I enrolling?	<i>Associate of Science in Medical Billing and Coding</i>	
I understand that I must submit to UMA a copy of my proof of high school diploma, GED or equivalent		×
I feel comfortable that this is the right program for me.		×
This program aligns with my career goals.		×
I'm ready to start school on 8/20/2018 and understand that there will be additional required steps after my enrollment.		×
I have graduated from high school or a high school equivalency program.		×
I have reliable access to the internet.		×
I have reliable access to a device on which I can access the internet and do my schoolwork.		×
UMA's courses are taught in English. I am comfortable conversing, writing, and submitting my schoolwork in English.		×
I understand that I may have to take out loans to complete my program.		×



Enrollment Agreement

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Commission for Independent Education License #4379
Accrediting Bureau of Health Education Schools ID # I-213-02

Please enter your legal name as it appears on your Social Security card:

Name: TEST SAMPLE (cdiaz@ultimatemedical.edu)

Address: 789 MAIN ST

City: ANYTOWN State: WISCONSIN Zip: 00000

Telephone: (888) 555-1234

Mobile Phone:

Date of Birth: 01 / 01 / 2000 (MM/DD/YYYY) Social Security #: XXX-XX-0000

PROGRAM:	
Medical Office and Billing Specialist	
ANTICIPATED START DATE:	8/20/2018
ANTICIPATED END DATE:	6/9/2019
PROJECTED NUMBER OF WEEKS:	45
SEMESTER CREDIT HOURS:	38
CREDENTIAL AWARDED:	Diploma
EXTERNSHIP HOURS:	No

MILITARY STATUS:	Not Applicable	
CLASS SCHEDULE:	Monday-Sunday	
PROGRAM FEES:		
Tuition:	\$16,340.00	
Books:	\$0.00	
TOTAL PROGRAM FEE:		\$16,340.00

By signing this Enrollment Agreement, I certify that:

1. I acknowledge that I have been given the URL for Ultimate Medical Academy's (UMA) catalog (<http://www.ultimatemedical.edu/catalog>) and have been advised that it is my responsibility to read and understand it. By signing this enrollment agreement, I agree to be bound by all policies and requirements stated in the catalog.
2. I acknowledge that I am required to comply with the conduct expectations established by UMA, including but not limited to the requirements noted in the Student Conduct policy published in the catalog, and the other related policies listed therein. I acknowledge that my failure to do so could result in UMA issuing sanctions, including but not limited to suspension or expulsion.
3. I have had sufficient opportunity to evaluate the information in the enrollment agreement and to ask questions of the school and its representatives and have received satisfactory answers to my questions.
4. I understand I am responsible for adhering to any changes in policy contained in the catalog, addendum, or supplement published by my campus during my enrollment. I further acknowledge that UMA, as a result of regulatory or licensing agency requirements, may be required to make policy or curriculum changes during my enrollment. Any changes to my curriculum will be disclosed to me in a separate document. Policy changes will be published in the campus catalog, addendum or supplement which is available at <http://www.ultimatemedical.edu/catalog> and available in hard copy upon request.

5. I understand that UMA's Student Consumer Information and Student Right-to-Know Information is available at <https://www.ultimatemedical.edu/pdfs/consumerinformation.pdf>
6. I understand that UMA's Gainful Employment Disclosures containing information on tuition, loan debt, completion, placement and occupations are available at <http://www.ultimatemedical.edu/gainful-employment.pdf> for diploma programs only, and it is my responsibility to review this document.
7. I understand that UMA's Campus Security Report is available at <https://www.ultimatemedical.edu/student-information/#security>.
8. I acknowledge that no verbal statements or other representations have been made contrary to what is contained in this agreement.
9. I understand there is placement assistance but no promise of any employment has been given or implied by a representative of UMA.
10. I acknowledge that if licensing is required for me to obtain employment, no guarantee has been made to me regarding any licensing, certification, or academic credit that I will derive from the program.
11. I understand that the programs offered at UMA are intended to be specialized, career-oriented degree and diploma programs. The credit hours earned at UMA are generally NOT acceptable to programs offered at other institutions. Ultimately, the decision to accept transfer credit hours is solely at the discretion of each receiving institution. UMA does not imply, promise, or guarantee transferability of credits/clock hours earned to any other institution.
12. I understand that persons with current or future criminal records may not qualify for professional licensing or credentialing and may have difficulty finding an externship site or obtaining employment.
13. I acknowledge that no guarantee has been made to me by anyone employed by UMA of any specific skill attainment that will result from this program of instruction. I understand that my actual skill level is dependent upon personal motivation, aptitude, and effort.
14. I agree to hold UMA, its officers, and employees harmless for any acts that I may commit through my own negligence.
15. I authorize UMA to obtain results of any certification examinations related to my program of study.
16. I understand that if I start classes and do not receive a financial aid award which covers my educational costs including books, I am personally responsible for paying whatever amounts I owe to UMA.
17. I understand that at the conclusion of my training, UMA reserves the right to retain my certificate and transcripts pending the full payment of my account.
18. I agree to pay UMA the balance of my account on demand if: an unpaid balance remains after withdrawal, my check is returned for non-payment, or a change takes place in my financial planning that alters the availability of funds. I understand that should my account become delinquent, UMA reserves the right to submit the account to collection. I further understand that I am responsible for any additional charges incurred as a result of that action. There is a \$25 service fee for all returned checks.
19. I understand that if I wish to request transfer credit for previous education, it is my responsibility to have transcripts sent to UMA for review.
20. I understand that if UMA cancels a program in which I am enrolled but have not yet begun attendance, I will receive a full refund of all monies paid. If UMA terminates a program after I have begun attendance, I am entitled to a teach-out of the program or a full refund of all monies paid.
21. I understand that this statement becomes a legally binding instrument upon my and UMA's acceptance, evidenced by signatures below in the Enrolling Student Acknowledgement box, unless canceled pursuant to the Right to Cancel outlined in this agreement. (This statement does not apply to active duty military students—see #29 below.)
22. I understand that retake fees are charged at full tuition equal to the original cost of the course being retaken.
23. I understand that if initial enrollment in my program is contingent upon satisfactory results on a background check, I will be cancelled from my program immediately if results are determined to be unsatisfactory. I

further understand that if a background check required later in or after my program returns unsatisfactory results, these results may prevent me from completing my program (including an externship), obtaining external certification or licensure, or obtaining employment.

24. I understand if I relocate to a state or territory in which UMA does not have approval to operate, this may adversely impact my ability to complete my program and/or gain in-field employment. Credentialing and employment requirements vary by state and territory.
25. I understand that throughout my program at UMA, I am responsible for having access to all online technical requirements, both hardware and software, as listed in the UMA Catalog.

FOR STUDENTS WHO HAVE MILITARY EDUCATION BENEFITS

26. I understand that if I have advised my admissions representative that I am using military Tuition Assistance, my documents will be held in a preenrollment status until UMA receives my branch Tuition Assistance authorization. I understand that I am not responsible for any charges and am not allowed to complete my enrollment or start my program until my branch Tuition Assistance authorization form is complete.
27. I understand that I must provide official transcripts from all previously attended postsecondary institutions to the Office of the Registrar no later than sixty days from my start date.
28. I understand that, if I am an active duty military student, I am not charged for books.
29. I understand that, if I am an active duty military student, this agreement becomes legally binding instrument upon UMA's receipt of my branch Tuition Assistance authorization form, unless cancelled pursuant to the Right to Cancel outlined in this agreement.
30. I understand that the pricing listed above is dependent upon my providing required and acceptable documentation* to verify my military status. If I am unable to provide acceptable documentation, I agree to be charged the civilian pricing for my program. For details about civilian pricing, I understand that I should see the current catalog at <https://www.ultimatemedical.edu/catalog>.

**Examples of acceptable documentation to submit for military pricing include, but are not limited to: a DD214 with an honorable discharge, a spouse's DD214 and marriage certificate, a military ID for active duty, Leave & Earnings Statement, a spouse's military ID and marriage certificate and a certificate of eligibility. Your student finance planner can discuss this documentation in further detail.*

RIGHT TO CANCEL

An applicant may cancel his/her enrollment within 72 hours of signing the enrollment agreement without incurring any financial penalty. Additionally, students who do not begin attendance within the first seven calendar days of a program, or who cancel or are cancelled by UMA during their first course, have their enrollment canceled without incurring any tuition charges. See the Provisional Registration Status section in UMA's Catalog for more details. UMA requests that students who accept textbooks prior to their enrollment cancellation return those textbooks in new condition. Students should contact the Registrar (umaregistrar@ultimatemedical.edu) to cancel within the timeframe listed above. Students can direct other questions about their enrollment to their admission representative, new student advisor, or learner services advisor.

WITHDRAWAL PROCEDURE

Sometimes conditions or circumstances beyond the control of students and the school require that students withdraw from UMA. Such students must give notice of withdrawal to the Registrar's office in person, via telephone, mail or email, or the termination date is determined in accordance with the school's add/drop and 14 consecutive-day absence policy.

PRIVACY AND STUDENT INFORMATION

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. An explanation of these rights is provided in the UMA Catalog.

INSTITUTIONAL REFUND POLICY (PRO RATA REFUND CALCULATION)

PRO RATA REFUND CALCULATION FOR STANDARD TERM PROGRAMS FOR WISCONSIN RESIDENTS

For all students in courses other than their first course at UMA, the other provisions in the Refund Policy below apply to determine the appropriate refund amount.

UMA may make special arrangements to provide a fair and equitable refund to a student, on a case-by-case basis, when a student is suffering extenuating circumstances and is unable to continue his/her studies.

A student who resides in Wisconsin and who ceases enrollment at UMA receives a tuition refund as follows. If a student's termination date is:

- Prior to the first day of a course and if a student does not begin attendance during the first seven calendar days of a program, a student receives a refund of 100% of tuition charges.
- During the first seven calendar days of a course, a student receives a refund of 80% of tuition charges.
- After the first seven calendar days of a course, during the second week of the course, a student receives a refund of 60% of tuition charges.
- During the third week of a course, a student receives a refund of 40% of tuition charges.
- During the fourth week of a course or later, a student receives no refund of tuition charges.

UMA is required to perform institutional refund calculations (pro-rata) for all students who are no longer enrolled, are dismissed, are placed on an Administrative Leave of Absence, transfer programs or fail to return from an approved leave of absence. The institutional refund policy is in addition to the Return of Title IV Funds refund calculation. UMA performs all institutional refund calculations within thirty (30) calendar days of the date of determination. The date of determination is the date UMA has determined the student to be withdrawn, expelled, dismissed, on an Administrative Leave of Absence, or transferred to another UMA program. Refund calculations are based on the student's last date of attendance. The last day of attendance for online students is the last day a student completed an academically related activity such as discussion boards, submission of assignments and taking tests. If the student is owed a refund from the institutional refund calculation, UMA will process the necessary refund within thirty (30) calendar days. UMA returns unearned Federal Student Aid within 45 calendar days of the date of determination. Students are responsible for any balance due on their accounts as a result of withdrawal from UMA.

ULTIMATE MEDICAL ACADEMY CONTRACTS

Ultimate Medical Academy reserves the right, at its sole discretion, to change program start dates and to cancel or terminate a program but will teach out any currently enrolled students. To the extent I have outstanding federal student loan obligations incurred in connection with my enrollment at UMA, I agree that any final resolution providing for monetary damages shall be paid toward my student loan obligations.

☒ By checking this box, I acknowledge that I have received a copy of this Agreement and have read and fully understand the statements, disclosures, and UMA policies contained in this disclosure form. I further understand that these statements, disclosures, and policies are part of a legal and binding contract and I have been provided access to the UMA catalog and informed that a hard copy is available upon request.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 1:22:34 PM

Date

Parent's or Guardian's Signature (if student is under the age of 18)

Date

Authorized School Official

Date



Attestation of High School Graduation or Equivalent / Transcript Request Form

UMA Online

3101 W. Dr. Martin Luther King, Blvd.
Tampa, FL 33607
Tel: 888-205-2456
Fax: 888-209-8848
www.ultimatemedical.edu

Proof of Graduation Team Tel: 877-208-5023
Proof of Graduation Team Fax: 813-436-5699
POG@ultimatemedical.edu

Student Information

Student's Legal Name: TEST SAMPLE
First Name Middle Initial Last Name

Legal Name at Time of Graduation (Maiden): SCHOOL

Social Security Number: XXX-XX-0000 **Date of Birth:** 01 / 01 / 2000

I understand that only students who are high school graduates, have earned a high school equivalency (GED, HiSET, TASC or Other State-Authorized Exams Recognized as Equal to a High School Diploma) or have been officially home-schooled are eligible for admittance to Ultimate Medical Academy. UMA accepts only standard high school diplomas.

I hereby attest and certify that I have earned the following secondary school credential (check one):

☒ I graduated from Anytown High School on 05/2018
Name of High School Date of Graduation (MM/YYYY)

Address 789 MAIN ST

City ANYTOWN State WI Zip Code 00000 Country United States

☐ I earned a High School Equivalency (check one):
☐ GED ☐ HiSET ☐ TASC ☐ Other state-authorized exam recognized as equal to a high school diploma

Name of Granting Agency on Date Issued (MM/YYYY)

Address of Granting Agency

City State Zip Code

☐ I completed a home school high school program at Name of Home School

in State on Date of Graduation (MM/YYYY)

☒ By checking this box and signing my name below, I affirm:

- The high school or program completed was approved by the applicable governing or state authority.
- I understand that UMA reviews high school credentials and may determine, pursuant to UMA policy, that certain high schools do not meet admission requirements. If my high school does not meet UMA admissions requirements, I understand that my enrollment may be cancelled. Funds credited to student

accounts for applicants or students who are cancelled due to failure to meet acceptable high school requirements will have such funds credited to their original sources.

- I understand that if this information is determined to be false or untrue, my enrollment at UMA will be cancelled immediately.
- For new and returning students starting prior to January 2, 2018, I understand that UMA verifies this attestation through a sampling of students admitted. If selected for verification, I agree to provide UMA (within 30 days of receiving a request for documentation) with any documents required to verify my attestations above. (Proof of such documentation may include a copy of an original diploma, transcripts or certificates, official letter of GED approval with passing scores or written state verification of home schooling.)
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- That the information above is true and accurate to the best of my knowledge.
- **I authorize the release of an official copy of my academic transcript(s) and/or scholastic records to Ultimate Medical Academy.** Ultimate Medical Academy may utilize a photo ID and this attestation to obtain records of my transcripts or other scholastic records.

TEST SAMPLE electronically signed by computer IP 10.11.

08/09/2018 1:22:34 PM

Student's Signature

Date



Disclosure of Student Information

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Statistical Information

Information such as race, gender and age is collected at the time of admission for statistical purposes only. The information is not used in the admission process or as admission criteria. Certain federal, licensing and accrediting agencies require the school to submit such data. Please check the characteristics that apply to you and complete any pertinent information.

SEX

☒ Male ☐ Female

AGE GROUP

☐ Under 18 ☒ 18-19 ☐ 20-21 ☐ 22-24 ☐ 25-29
☐ 30-34 ☐ 35-39 ☐ 40-49 ☐ 50-64 ☐ 65 and Over

RACE AND ETHNICITY

Are you Hispanic or Latino? ☐ Yes ☐ No

Select one or more of the following races:

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific islander ☐ White

Date of Birth 01/01/2000

Driver's License Number _____ State _____

Dislocated Worker?

☐ YES ☐ NO

Non-Resident Alien?

☐ YES ☐ NO

US Citizen?

☐ YES ☐ NO

Name: TEST SAMPLE

Email: cdiaz@ultimatemedical.edu

Phone: (888) 555-1234

Mobile Number: _____

Communication from UMA

Ultimate Medical Academy may contact you regarding your enrollment and other educational services. By opting-in below, you give us your consent to use automated technology to call, text, and send pre-recorded messages to you at the phone number(s) above, including your wireless number if provided. Message and data rates may apply. Providing this consent is not required to enroll. Note that even non-automated calls are recorded for quality assurance.

Communication by Automated Technology: ☒ Opt-In ☐ Opt-Out

☒ By checking this box, I affirm that I am the person listed above and my responses are accurate and truthful.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 1:22:34 PM

Date



**Accrediting Bureau of
Health Education Schools (ABHES) Reporting
Period July 1, 2016 – June 30, 2017**

UMA Online

3101 W. Dr. Martin Luther King, Blvd.
Tampa, FL 33607
Tel: 888-205-2456
Fax: 888-209-8848
www.ultimatemedical.edu

Rates are for UMA Online campus only.

Program	Credential	Retention Rate*	Placement Rate**
Health and Human Services	Associate Degree	72%	70%
Health Information Technology	Associate Degree	74%	76%
Health Sciences- Health Technology & Systems	Associate Degree	77%	71%
Health Sciences- Medical Administrative Assistant	Associate Degree	72%	67%
Health Sciences- Medical Office and Billing Specialist	Associate Degree	79%	66%
Health Sciences- Pharmacy Technician	Associate Degree	72%	75%
Healthcare Management	Associate Degree	81%	72%
Healthcare Technology & Systems	Diploma	79%	77%
Medical Administrative Assistant	Diploma	75%	67%
Medical Billing and Coding	Associate Degree	79%	66%
Medical Billing and Coding	Diploma	75%	70%
Medical Office and Billing Specialist	Diploma	74%	70%
Pharmacy Technician	Diploma	54%	75%

The retention and placement calculation is for the period July 1, 2016 – June 30, 2017 and uses the retention and placement calculations prescribed by our institutional accreditor, the Accrediting Bureau of Health Education Schools (www.abhes.org). For more information on all of UMA's program student graduation rates, retention and placement rates, and student financial obligations: <https://www.ultimatemedical.edu/student-information/#ge>

***Retention Rate** = (Ending Enrollment + Graduates) / (Beginning Enrollment + New Starts + Re-entries)

****Placement Rate** = (Graduates placed in their field of training + Graduates placed in a related field of training) /
(Total Graduates – Graduates unavailable for placement***)

*******Refers to graduates who are unavailable for placement due to health-related issues, military obligations, incarceration, death or continuing education status

Externship/Practicum Notice: The Pharmacy Technician, Health Sciences – Pharmacy Technician and Health Information Technology programs require completion of an externship/practicum that may range from 30 – 40 hours per week during normal business hours Monday to Friday. Externship/Practicum placement in a specific job location or company is not guaranteed. Failure to complete an externship/practicum within the specified timeframe may affect student status and Title IV funding eligibility. Students are not paid for externship/practicum hours.

☒ By checking this box, I acknowledge that I have read and understand this disclosure.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 1:22:34 PM

Date



Graduate Services Registration

UMA Online

3101 W. Dr. Martin Luther King. Blvd.

Tampa, FL 33607

Tel: 888-205-2456

Fax: 888-209-8848

www.ultimatemedical.edu

Student's Legal Name TEST SAMPLE

Phone (888) 555-1234

Email Address cdiaz@ultimatemedical.edu

Address 789 MAIN ST, ANYTOWN, WISCONSIN 00000

Medical Office and Billing Specialist

Course _____ Approximate Graduation Date 06/09/2019

UMA provides employment assistance to all graduates; however, the school does not guarantee employment. Students work with Career Services to identify potential positions, but students are responsible for finding employment. I acknowledge that my responsibilities include:

- The proper use of job-search techniques, interviewing techniques and resume preparation.
- Registering with local agencies and/or online employment sites that can assist me in finding relevant employment.
- Checking the classified sections of newspapers and online job postings.
- Adequately preparing for job interviews.
- Following up on job leads provided by the school or other sources.

UMA aids students in finding employment by:

- Maintaining a database of open job leads from various sources.
- Teaching job-search techniques.
- Reviewing student resumes and cover letters.
- Teaching interviewing techniques.

I am currently employed: ☐ YES ☒ NO

If yes, my current employer is _____ and my job title is _____

☒ I want employment services.

☐ I do not want employment services because:

☐ I plan to be a full-time student after graduation.

☐ Other _____

☒ By checking this box, I affirm that I understand that UMA offers careers services and assistance for students. I am aware that Career Services may contact me as I progress through my program to update my information and identify types of assistance its personnel may be able to provide me.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 1:22:34 PM

Date

GE ID:

F.583.04.08.16.01

Enrollment Agreement

Page 1 of 1



Employment and Background Checks

UMA Online

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Tampa, FL 33607
Tel: 888-205-2456
Fax: 888-209-8848
www.ultimatemedical.edu

State, federal and local governments, as well as employers and various other agencies may require a criminal background check and/or drug check before a student can be placed in an externship or take professional licensing, certification, or registration examinations. Students who have prior felony convictions or serious misdemeanors may be denied the opportunity to take professional licensing, certification, or registration examinations. These students may also be denied a license or certification to practice in some states, even if the certification or licensing examination is taken and successfully completed.

Students are responsible for inquiring with appropriate certification/licensure agencies about current requirements prior to enrolling in the program of their choice. During enrollment, if a student's circumstances change, the student is responsible for inquiring with the appropriate agencies as soon as possible to determine potential impact on certification or licensure.

Information that can be included in background screening includes the following. (NOTE: Some of the items listed are public record and are available without your permission.)

Driving Records	Vehicle Registration	Credit Records	Criminal Records
Social Security Number	Education Records	Court Records	Workers' Compensation
Bankruptcy	Character References	Neighbor Interviews	Medical Records
Property Ownership	Military Records	State Licensing Records	Drug Test Records
Past Employers	Personal References	Incarceration Records	Sex Offender Lists

Due to an increase in background screening many allied health-related externship sites and employers now require background checks.

☒ By checking this box, I agree to the following:

- I understand that any criminal convictions on my record may impede my ability to:
 - Obtain an externship site (if applicable to my program)
 - Obtain employment in my field of study
 - Sit for state or national certification examinations (varies by agency administering the examination)
 - Obtain state licensure in order to work in my field of study (varies by state)
- I do not hold Ultimate Medical Academy, its agents or employees responsible for any of these inabilities due to any criminal record I may have or may later obtain.
- I authorize Ultimate Medical Academy or their/its designee to run routine employment verifications to confirm my employment status and income. I agree to notify Ultimate Medical Academy of changes in my employment status or address during the first year following graduation.

TEST SAMPLE electronically signed by computer IP 10.11.42.41

Student's Signature

08/09/2018 1:22:34 PM

Date

**UMA Online**

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Ultimate Medical Academy values the feedback of our students like you. Please take a moment to share your experience with friends and family. Simply list the names of anyone that you'd like to have learn about UMA.

When you refer a potential student, we will contact and invite them to speak with an admissions representative. By providing us their contact information, you are confirming that you have their permission to have us contact them via phone by phone, text message, or email via automated systems by Ultimate Medical Academy about their education at the phone numbers you provide, including on a recorded line or on any wireless number(s). They are not obligated to agree to automated contact to enroll. Referrals are a great way to foster a supportive community of learning.

Thank you in advance!

Print Student Legal Name: TEST SAMPLE

Name	Phone	Email
Sample Example	8005559874	



Enrollment Quiz

UMA Online
 3101 W. Dr. Martin Luther King. Blvd.
 Tampa, FL 33607
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In what program am I enrolling?	Medical Office and Billing Specialist	
I understand that I must submit to UMA a copy of my proof of high school diploma, GED or equivalent		×
I feel comfortable that this is the right program for me.		×
This program aligns with my career goals.		×
I'm ready to start school on 8/20/2018 and understand that there will be additional required steps after my enrollment.		×
I have graduated from high school or a high school equivalency program.		×
I have reliable access to the internet.		×
I have reliable access to a device on which I can access the internet and do my schoolwork.		×
UMA's courses are taught in English. I am comfortable conversing, writing, and submitting my schoolwork in English.		×
I understand that I may have to take out loans to complete my program.		×