**Transitional Doctor of Acupuncture with a Chinese Herbal Medicine Specialization**

**Enrollment Agreement – Term, Year**

**Term Start: Month, Day, Year**

Pacific College of Health and Science – San Diego main campus

7445 Mission Valley Road, Suite 105, San Diego, CA 92108

7425 Mission Valley Road, Suite 207-209, San Diego, CA 92108

All instruction will be provided online or be held at the addresses above.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Apt #:\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This enrollment agreement is a contract between Pacific College of Health and Science (“PCHS”) and the Student for the Transitional Doctor of Acupuncture with a Chinese Herbal Medicine Specialization program (“TDAcCHM” or “Program”). Initial each section below acknowledging that you have read that section of the enrollment agreement:   
\_\_\_\_\_ 1. Program Description \_\_\_\_\_ 4. Academic/Student Services

\_\_\_\_\_ 2. State and Agency Complaints \_\_\_\_\_ 5. Finance

\_\_\_\_\_ 3. Legal Clauses \_\_\_\_\_ 6. Liability/Licensure/Waivers   
  
TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE: $X

ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM: $X

TOTAL CHARGES STUDENT OBLIGATED TO PAY UPON ENROLLMENT: $X

The totals above are based on the full-time model curriculum. This agreement contains important policies and data for this institution. An admissions representative will explain all information relating to enrollment and disclosure statements and conditions to any student requesting this help, including those for whom English is a second language. Immediately upon accepting this agreement, you will be given a copy of it to retain.

I hereby agree to the conditions detailed below to enroll in and satisfy the graduation requirements of the TDAcCHM program. I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and Pacific College of Health and Science’s cancellation and refund policies have been clearly explained to me.

Student Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

– **Do Not Write Below This Line – For PCHS Administrative Use Only** –

I certify that Pacific College of Health and Science is approved to operate by and has met the enrollment agreement and disclosure requirements of the State of California and the Bureau of the Private Postsecondary Education to the best of its ability. The above student has been ACCEPTED for admission.

President/CEO Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Program Description**  
  
**1.1. Program Overview**

I have received an overview of the program by an Admissions Representative, attended an informational webinar, or received programmatic information via email and received answers to any questions I had prior to enrolling. I understand that unless prohibited by a regulatory or accreditation agency, my diploma will describe my degree as Doctor of Acupuncture.

**1.2. Hours and Credits**

For the Transitional Doctor of Acupuncture with a Chinese Herbal Medicine Specialization program, a total of 22 semester credits/360 credit hours are required to complete the program. This program consists of academic training.

**1.3. Program Duration**

This agreement is in effect for the duration of the program and dependent on the pace and units taken per term as indicated in the full-time and part-time examples below. The college operates on a 15-week semester system per calendar year. A student may engage in three semesters (15 weeks/4-month terms) per calendar year.

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of Terms** | **Type of Study** | **Average Credits per Term** | **Expected Graduation Date** |
| 2 | Full-time (model curriculum) | 11 | Month/Day/Year |
| 3 | Part-time | 7 | Month/Day/Year |

**1.4. Curriculum Requirements and Plan**

I have reviewed the required program curriculum with an administrator and understand that I must complete the specific curriculum and graduation requirements detailed in the official catalog at the time of my initial enrollment. Otherwise, I may be required to complete my original curriculum plus any upgraded, revised, or additional requirements set forth by the institution in subsequent catalogs. I understand that pre-requisite and co-requisite coursework may be required and must be completed before the degree can be issued. I understand that all courses are offered subject to sufficient enrollment. I realize that additional subjects or hours may be required by regulatory agencies or by the college if deemed necessary at any time with their own effective dates.

If I am enrolled as a non-matriculated student, I must meet all entry and course prerequisite requirements for enrollment detailed in the official catalog and my tuition and fees are not eligible to be covered by Federal Financial Aid. PCHS reserves the right to alter the curriculum, schedules, tuition, fees, and requirements at any time.

**2. State and Agency Complaints**

**2.1. State Education Department**

Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at 1747 North Market Blvd., Suite 225 Sacramento, CA 95834; phone 888-370-7589; fax 916-263-1897; [www.bppe.ca.gov](http://www.bppe.ca.gov). A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling 1-888-370-7589 toll-free or by completing a complaint form, which can be obtained at: [www.bppe.ca.gov](http://www.bppe.ca.gov).

**2.2. Institutional Accreditation**

Pacific College of Health and Science is accredited by the Western Association of Schools and Colleges Senior College and University Commission (WASC-WSCUC). WASC-WSCUC is recognized by the United States Department of Education as an institutional accrediting agency. WASC-WSCUC is located at 985 Atlantic Avenue, #100, Alameda, CA 94501; phone 510-748-9001; <https://www.wscuc.org/>.

**2.3. Wisconsin Students**

Students who are attending an online program at PCS while residing in the state of Wisconsin, direct questions to Department of Safety and Professional Services, Educational Approval Program, P.O. Box 8366, 4822 Madison Yards Way, Madison, WI 53705; phone 608-266-1996; email [dspeap@wisconsin.gov](mailto:dspeap@wisconsin.gov); [www.dsps.wi.gov](http://www.dsps.wi.gov).

**3. Legal Clauses**

**3.1. College Catalog**

I acknowledge that I have accessed and had reasonable time to download, read, review, and understand PCHS’s official catalog at <https://www.pacificcollege.edu/current/college-catalog> prior to enrollment. I understand that the catalog does not constitute a contract between the student and the institution. The current catalog, if applicable, supersedes and replaces past issues. I acknowledge that I have read and understood the following sections in the catalog:

* Academic Integrity,
* Academic Probation and Disqualification,
* Course Completion Requirements (passing grade),
* Information Technology and Support
* Professional Conduct, and
* Transfer Credits.

**3.2. School Performance Data**

Prior to signing this enrollment agreement, you must be given a catalog or brochure and School Performance Fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rates, placement rates, license examination passage rates, and salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement.

\_\_\_\_\_ I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, licensure examination passage rates, and salary or wage information, and the most recent three-year cohort default rate, if applicable, included in the School Performance Fact Sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet.

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**3.3. Mediation and Binding Arbitration**

I understand that the college is interested in my questions and concerns. I will share my questions and concerns to the best-qualified administrator(s) to act upon them, identified as such by knowledgeable customer service staff members. However, if a dispute of any nature should arise or develop out of my enrollment and/or attendance at PCHS (including without limitation, issues such as unpaid tuition, student behavior, satisfactory academic progress, test scores, quality of education, or accuracy of PCHS’s advertisements and materials), no matter what issues are involved in the dispute and how either I or PCHS might describe, state or plead the dispute, I and PCHS agree that, if we cannot resolve the dispute through our own negotiations, we shall first make a good faith effort to resolve the dispute by participating in a mediation process with a neutral mediator.   
  
**We further agree that, if any dispute we have is not resolved through mediation within ten (10) days** **after our initial meeting with the mediator, either of us may elect to resolve the dispute pursuant to binding** **arbitration under the Federal Arbitration Act.**The following terms will apply to any such mediation and/or arbitration:

* The mediator shall be selected from a list of approved mediators maintained by a court or bar association and situated in the same community as the campus of PCHS which I am attending (Local Community). The mediation will only involve the dispute between PCHS and me, and not the disputes or concerns of any other students (current or former). PCHS shall pay all of the mediator's fees.
* If arbitration occurs, it shall be conducted at a convenient location within the Local Community, pursuant to the Commercial Arbitration Rules of the American Arbitration Association (AAA) by a single arbitrator selected from an AAA list in accordance with AAA selection rules.
* I may only present a claim in arbitration for my own dispute with PCHS and may not present any claims of other students at PCHS (current or former) or attempt to act as a representative of a group or class of other students (current or former) of PCHS in the arbitration.
* I agree that I may not, and will not, file any lawsuit against PCHS concerning my claims or the claims of any other student or group or class of students of PCHS (current or former), and that I will not join as a party in any lawsuit of any kind, including without limitation, a class action, brought against PCHS by one or more other students (current or former).
* I will be responsible for paying the portion of AAA arbitration fees, arbitrator's fees and facility fees (Arbitration Costs) equal to the current amount of a filing fee for initiation of a civil lawsuit in a court situated within the Local Community (Civil Filing Fee), and all amounts of Arbitration Costs in excess of the Civil Filing Fee shall be paid by PCHS.
* If either I or PCHS decides to hire a lawyer to provide assistance in either the mediation or arbitration, then the party hiring the lawyer will be responsible for paying the lawyer's fees and costs.
* All determinations as to the scope and enforceability of this arbitration agreement shall be made by the arbitrator and not by a court.
* The arbitrator's award shall be final and binding on both parties and may be filed for enforcement by either me or PCHS in any court having jurisdiction.
* We both acknowledge that we are: (i) voluntarily and irrevocably electing binding arbitration as the remedy for any unresolved dispute we may have; and (ii) waiving any rights we may have to bring a lawsuit in any state or federal court of competent jurisdiction and to have our dispute heard and decided by either a judge or jury.

**4. Academic/Student Services**

**4.1. Transferability of Credits**

NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT INSTITUTION: The transferability of credits I earn at PCHS is at the complete discretion of an institution to which I may seek to transfer. Acceptance of the degree or certificate I earn in any PCHS program is also at the complete discretion of the institution to which I may seek to transfer. If the credits, or degree, diploma, or certificate that I earn at this institution are not accepted at the institution to which you seek to transfer, I may be required to repeat some or all of my coursework at that institution. For this reason, I should make certain that my attendance at this institution will meet my educational goals. This may include contacting an institution to which I may seek to transfer after attending PCHS to determine if my credits, or degree, diploma, or certificate will transfer.

**4.2. Times of Attendance**

I understand that classes may be offered seven days a week at all hours (hours subject to change). The college campus is generally closed during holidays and term breaks. I understand class schedules vary from term to term and am to refer to the course syllabi for any change in class times. I understand that if I elect to only take evening courses, there is no guarantee that every class is offered in the evening each term.

**4.3. State Relocation**

If I relocate to a different state than my current declared state of residence while enrolled at PCHS, it may negatively impact my ability to remain in the program, meet state licensure requirements, and/or continue to receive financial aid funding. Prior to taking any action to relocate, I must notify PCHS of my intent to relocate, including my planned new address and timeline for relocation.

**4.4. Academic Integrity and Professional Conduct**

I am responsible for familiarizing myself and complying with the professional standards of conduct plus academic, clinical, and safety regulations, and with established practices as set out in the catalog, clinical manuals and elsewhere. I will exhibit honesty, trust, fairness, respect, and responsibility in all my activities while at PCHS and support PCHS’s educational philosophy and mission statement. Therefore, I will not engage in any form of cheating, plagiarism, or forgery in coursework or on college documents. I also will not download and use stolen digital copies of textbooks. I understand that should I violate the aforementioned rules, regulations and established practices, I may be subject to disciplinary action including suspension and/or dismissal from the program.

**4.5. Course Evaluations**

I understand that evaluation of my clinical and didactic classes is my responsibility as a student of higher education. Student input is valued to improve the course content and assess teaching and learning at the college. Evaluations are submitted anonymously, and no identifying student information is available to instructors.

**5. Finance**

**5.1. Tuition and Fees**  
I understand that tuition and fees below are for the entire program at rates effective September 1, Year. I understand the estimated tuition and fees are based on the full-time model curriculum duration terms in section 1.3 Program Duration of this agreement. If I choose to attend part-time or not follow the full-time model curriculum, I understand that I will likely pay more than the estimated tuition and fees below. I realize that annual increases in tuition and fees are likely to occur resulting in higher overall costs than listed below. The tuition amount will be less if I receive transfer credit or financial credit for previous coursework, and the tuition amount will be more if I must retake classes, or if I take additional elective classes.

|  |  |
| --- | --- |
| Estimated Total Tuition | $X |
| Estimated Total Required Fees | $X |
| Estimated Total Charges for Program: | $X |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tuition** | **Refund Status** | **Frequency** | **Amount** | **Total** |
| Didactic Hours | See Section 5.5 | Per Unit (22) | $X | $X |
|  |  |  | **Total Tuition:** | $X |

I understand that equipment is purchased separately and may not be included in itemization of institutional charges and fees in this agreement or on Term Registration Form. I understand that I am not required to purchase equipment from the school. I realize that Equipment figures are estimated for the entire program based on current rates, and that the amount will be less if I utilize library books or used books and/or supplies, or that the amount will be more if I purchase additional equipment at my option or for elective classes.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Required Fees** | **Refund Status** | **Frequency** | **Amount** | **Total** |
| X | X | X | X | $X |
|  |  |  | **Total Required Fees:** | $X |

|  |  |  |  |
| --- | --- | --- | --- |
| **Additional Fees** | **Refund Status** | **Frequency** | **Amount** |
| X | Non-refundable | X | $X |

**5.2. Payment Methods and Terms**

Tuition and fees may be paid by check, money order, or credit card in full or by using a monthly payment plan. If paid in full, the tuition is due on the 16th day of the term. With a monthly payment plan, the initial payment is due on the Wednesday of the third week of the semester, and subsequent payments are due on the 10th day of each month thereafter (or the first business day thereafter if the 10th falls on the weekend.) There are four payment dates per term. Due to added expense to the college, financial aid students may not pay tuition by credit card in advance of arrival of their financial aid intended for payment of tuition.

**5.3. Loans**

**I understand that I must be enrolled in at least half-time per term to receive Federal Student Financial Aid in graduate programs.** I understand that if I obtain a loan to pay for my educational program, I will have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund. I understand that if I am eligible for a loan guaranteed by the federal or state government and I default on the loan, both of the following may occur:

* The federal or state government or a loan guarantee agency may take action against me, including applying any income tax refund to which I am entitled to reduce the balance owed on the loan.
* The student may not be eligible for any other federal student financial aid at another institution or other government assistance until the loan is repaid.

**5.4. Financial Obligation**

I understand that enrollment in this institution or the payment of a fee in advance does not constitute a contract beyond any single academic term. I agree to pay all past due tuition and relevant fees in full prior to the start of each term. No certificate of completion, degree, diploma, or transcript will be issued until my financial obligations to the College have been met.

**Residual Balance:** I understand that any grant and loan monies I obtain for my education may not cover my entire balance and that I will be responsible for any residual balance.

**5.5. Cancellation, Withdrawals and Refunds**

**Official Withdrawal: Informing the Administration of Cancellation or Withdrawal**

* Cancellation or official withdrawal will occur when the student or applicant gives notice with reason for cancellation or withdrawal to the registrar'’ office.
* Students in Wisconsin who are exercising their right to cancel the enrollment agreement are required by law to do so within the three (3) day cancellation period.
* A petition to withdraw from program may be obtained from the registrar, dean, or student advisor, or from the area where student forms are publicly distributed. All forms are available on StudentHub.

**Unofficial Withdrawal**

* An unofficial withdrawal is one in which a student stops attending classes without filing official withdrawal paperwork within the established deadlines and the college has reasonably determined that the student is no longer attending classes, including classes the student is auditing. (DOD – Date of Determination).
* Students who drop all courses or who do not register for the following term without notifying the college that they are withdrawing from the program will be presumed to have constructively withdrawn from the program. A written notice of withdrawal is not required.
* Students will be coded as an unofficial withdrawal and they will receive a Withdrawal (W) in any course not 60% completed by the last date of attendance.
* Withdrawals after 60% of the class hours have been completed result in no refund and a WF (Withdraw/Failure) grade. A “WF” grade counts as an “F” (0.0) when calculating grade point average.

**Withdrawal Refund Policy:** STUDENT’S RIGHT TO CANCEL:The student has the right to cancel the enrollment agreement and obtain a refund of charges paid through attendance at the first-class session, or the seventh day after the start date (Month, Day, Year), whichever is later. A full refund of tuition will be made if the student cancels or the DOD is within the first seven days of the term either to the Federal Direct Loan Program or to the non-financial aid student. A refund will be issued within 10 days after the date of cancellation.

If a student withdraws from a class after the seventh day of the term, a prorated refund of moneys paid for institutional charges to students who have completed 60% or less of the period of attendance will be issued within 40 days of the LDA. Refund amounts and amounts due are calculated based on percentages corresponding to the LDA. Students will be coded as an unofficial withdrawal and they will receive a Withdrawal (W) in any course not completed by the last date of attendance. Withdrawals after a student completes 60% or greater of the term have been completed result in no tuition refund and a WF (Withdraw/Failure) grade. Certain fees in addition to the application and administrative fee may be nonrefundable. The school will refund unused money collected for sending to a third party, such as professional liability (malpractice) insurance fees.

* A petition to withdraw from the program is necessary for a student to officially withdraw. These forms may be obtained from the registrar, dean, or student advisor, or from the area where student forms are publicly distributed. All forms are available on StudentHub.
* Attendance is regularly reviewed by the registrar and any student that has reached the maximum number of allowed absences is dropped from a course. If a student is dropped from all courses due to lack of attendance they are deemed to have constructively withdrawn from the school. A written notice of withdrawal is not required.
* If no petition to withdraw is submitted and the registrar determines that a student has stopped attending classes, the registrar will determine the student’s last date of attendance (LDA) for purpose of determining a refund by reviewing course attendance records, including classes the student is auditing.
* Audits are not eligible for refunds.

If a student is receiving financial aid, credit balances greater than the amount indicated by the return to Title IV (R2T4) calculation may result. PCHS is first required to perform an RT24 calculation to determine, among other things, whether adjustments to the credit balance will occur. The student is entitled to a refund of refundable monies not paid from Federal Direct Loan Program.

**Refund Calculation:** Refund amounts are calculated based on the completed portion of the course in days as indicated below:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Term Days** | 0 to 7 | 8 to 14 | 15 to 28 | 29 to 35 | 36 to 49 | 50 to 56 | 57 to 63 | 64 or more |
| **Term Week** | 1 | 2 | 3 and 4 | 5 | 6 and 7 | 8 | 9 | 10 and more |
| **Tuition Refund** | 100% | 90% | 80% | 70% | 60% | 50% | 40% | 0% |

**Dropped Class Refund Policy, Enrolled Student:**

* To drop or add a class or classes while still enrolled, the student must complete an Add/Drop Form. Students may not fall below 6 units to keep Financial Aid funds that have been disbursed.
* The class will be dropped and the refund calculated based on the date the form is received by the administration. Withdrawal after 60% of the class hours have been completed results in no refund and a WF (Withdraw/Failure) grade.
* Use Add/Drop Forms: the refund amount for a class a student stops attending without notifying the administration by using an Add/Drop Form is calculated based on the date of determination (DOD), the date which the college has determined that the student was no longer attending the class, including audited classes.

The administration will automatically drop the student from a course if the student exceeds the maximum number of hours permitted as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Hours** | **Class Hours** | **Maximum Number of Hours Permitted** | **No More than the Following may be Missed in Most Cases** |
| 45 | 42 | 10.5 | 3 full class sessions |
| 37.5 | 35 | 8.75 | 2-3 full class sessions |
| 30 | 28 | 7 | 2-3 full class sessions |
| 22.5 | 21 | 5.25 | 1-2 full class sessions |
| 15 | 14 | 3.5 | 1 full class session |

**Federal Financial Aid Refund Attribution:** In the case where all or part of the refund is returned to federal programs, it is returned in the following order:

1. Unsubsidized Direct Loan,
2. Subsidized Direct Loan,
3. Direct Graduate PLUS Loan,
4. Direct Parent PLUS Loan,
5. Pell Grant, and
6. Federal Supplemental Educational Opportunity Grant (FSEOG).

These must be refunded prior to any refund to students. **NOTICE:**YOU MAY ASSERT AGAINST THE HOLDER OF THE PROMISSORY NOTE YOU SIGNED IN ORDER TO FINANCE THE COST OF THE EDUCATIONAL PROGRAM ALL OF THE CLAIMS AND DEFENSES THAT YOU COULD ASSERT AGAINST THIS INSTITUTION, UP TO THE AMOUNT YOU HAVE ALREADY PAID UNDER THE PROMISSORY NOTE.

**Books and Supplies/Equipment Refunds:** If a student or applicant cancels enrollment within the cancellation period (the first 7 days of a term), to be eligible for a refund for books or supplies, supplies must be returned unmarked and unused in the original containers accompanied by the original sales receipt within 10 days of the cancellation notice to the school. Books and supplies in perfect condition purchased at the College Bookstore may be returned for credit after the cancellation period.

**Distance Education:** For students taking distance educational courses where the instruction is not offered in real time, (1) the college shall transmit all lessons and materials to the student if the student has fully paid for the course and, after having received the first lesson and initial materials, requests in writing that all of the material be sent, and (2) if the college transmits the balance of the material as the student requests, the college shall remain obligated to provide the other educational services it agreed to provide, but shall not be obligated to pay any refund after all of the lessons and material are transmitted.

Students have the right to cancel the enrollment agreement and receive a full refund before the first lesson and materials are received. Cancellation is effective on the date written notice of cancellation is sent. If PCHS sent the first lesson and materials before an effective cancellation notice was received, the institution shall make a refund within 45 days after the student’s return of the materials.

**5.6. State Tuition Recovery Refund (STRF)**

The State of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic loss suffered by a student in an educational program at a qualifying institution, who is or was a California resident while enrolled, or was enrolled in a residency program, if the student enrolled in the institution, prepaid tuition, and suffered an economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be paid on your behalf, if you are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of your tuition. You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if you are not a California resident, or are not enrolled in a residency program.

Effective April 1, 2024, the Student Tuition Recovery Fund (STRF) assessment rate will change from two dollars and fifty cents ($2.50) per one thousand dollars ($1,000) of institutional charges to zero dollar ($0.00) per one thousand dollars ($1,000) of institutional charges. It is important that you keep copies of your enrollment agreement, financial aid documents, receipts, or any other information that documents the amount paid to the school. Questions regarding the STRF may be directed to the Bureau for Private Postsecondary Education, 1747 North Market Blvd., Suite 225, Sacramento, California, 95834, (916) 574-8900 or (888) 370-7589.

**6. Liability/Licensure/Waivers**

**6.1. Student Practice without License**I understand that I may not treat any person with massage, acupuncture, cupping, Chinese herbal medicine, moxibustion, Gua Sha or any other Chinese medicine modality/technique unless I am licensed in the state I practice in. I will not falsify, mislead, or misrepresent academic programs, degrees, or professional credentials on official or public records, including social media platforms, websites, and resumes. All state and federal rules and laws apply. I understand that violation of this rule can result in disqualification from the program.

**6.2. Student Waives Copyright of Photo/Audio/Video**

I understand that I may be recorded, photographed, taped, or filmed while a student at PCHS or its related facilities. By signing this contract, I agree that PCHS has full right to copyright, use and publish the same in print and/or electronically, with full right of lawful disposition in any manner. I waive any right to notice, inspection, or approval of any use of the photographs/audio/video.

**6.3. Do not Solicit/Conduct Business on Campus**

I understand that I may not solicit or conduct any business on the college premises or within an online class session without the approval of the institution.

**6.4. Employment Disclaimer**

Though PCHS supports graduates with career and alumni services, the college makes no guarantee of employment or referral.

**6.5. Licensure/Certification Guarantee Disclaimer and Disclosure**

I understand that licensing and certifying agencies or employers may perform background checks to determine eligibility to become licensed or employed and that the date of my graduation may delay my ability to immediately sit for required exams. Completion of a PCHS program does not guarantee admission to, eligibility for, or passage of any licensing exam required by any state or national licensing or testing board. Students must obtain and submit their own applications for any state or national exam and request in writing that PCHS send academic documentation to the relevant agency. For more information, please see <https://www.pacificcollege.edu/about/licensure-disclosure>.

I understand that to meet examinations requirements for an acupuncture license in the state of California, I must pass the California Acupuncture Licensing Examination (CALE). The CALE was developed by the California Acupuncture Board (CAB), which is a regulatory body under the California Department of Consumer Affairs and is administered by PSI testing service. I understand that only qualified graduates of acupuncture programs that include Chinese Herbal Medicine specialization may apply to take the CALE. Before I am allowed to take the CALE, I understand the following at minimum are required:

* Fully completed Application for Examination,
* CPR and First Aid certifications from the American Heart Association or American Red Cross,
* Official transcript from ACAHM accredited school,
* Proof of Clean Needle Technique course completion, and
* Pay the application fee of $250.

Once my Application for Examination is accepted by CAB, I understand:

* I am required to pay an $800 exam fee to CAB,
* CAB notifies PSI of eligibility to schedule, and
* PSI will email a handbook and details on how to schedule the CALE within 48 hours.

I understand the following is required for acupuncture licensure in California:

* Fully completed Initial Licensing Application, which is provide upon passing the CALE, and
* Fingerprints for a background check through Live Scan.

I understand the CAB does not recognize state reciprocity, nor does it accept for licensure those who take and pass the national examinations administered by the National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM). For more information, please see https://www.acupuncture.ca.gov/. I understand that all state, district, and territory requirements for licensure/certification vary and will review the most recent state requirements in the state I plan to practice in.

**6.6. Licensure Testing Results Release**

I agree to allow the CAB and NCCAOM to release results to the college to be used to strengthen the college’s ability to support test takers. I understand my results will be held in strict confidence by the college.

|  |  |  |  |
| --- | --- | --- | --- |
| ***Wis. Admin. Code s. SPS 406.03* provides that a student shall have the right to cancel enrollment for a program until midnight of the third business day after receipt of notice of acceptance. This notice of the cancellation privilege shall be given to the student upon enrollment and must read as stated below. Questions regarding the use and applicability of this form should be directed to an Educational Approval Program staff.** | | | |
| **Notice of Cancellation** | | | |
| **Enter Date of Transaction:** | | | |
| You may cancel this transaction, without any penalty or obligation, within three business days from the above date (Saturdays, Sundays and holidays are not business days).  If you cancel, any property traded in, any payments made by you under the contract or sale, and any negotiable instruments executed by you will be returned within 10 business days following receipt by the seller of your cancellation notice, and any security interest arising out of the transaction will be canceled.  If you cancel, you must make available to the seller at your residence, in substantially as good condition as when received, any goods delivered to you under this contract or sale; or you may, if you wish, comply with the instructions of the seller regarding the return shipment of the goods at the seller’s expense and risk.  If you do make the goods available to the seller and the seller does not pick them up within 20 days of the date of your notice of cancellation, you may retain or dispose of the goods without further obligation.  To cancel this transaction, mail or deliver a signed and dated copy of this cancellation notice or any other written notice, or send a telegram to   |  | | --- | |  |   (*Name of Seller)*   |  | | --- | | at |   (Address of *Seller)*  not later than midnight of the night of   *(Date)*  Note: Purchase of educational goods and services offered by a school is deemed to take place when written and final acceptance is communicated to the student by the school. If the representative who enrolls you is authorized to grant written acceptance at the time you enroll, and does so, the cancellation period ends at the time specified above. If you have not been accepted in writing at the time you enroll, the cancellation period does not end until midnight of the third business day after the day you receive written acceptance by certified mail from the school. | | | |
| ***I hereby cancel this transaction.*** | | | |
| Date: | Buyer’s Signature: | Buyer’s Name (Print or Type): | |
| Address: | | | |
| City: | | State: | Zip Code: |