

# Veterinary Allied Staff Education, LLC

*Registered Veterinary Technician Alternate Route Program PO Box 278, Dixon, CA 95620 888-499-8273*

Enrollment Agreement for Registered Veterinary  
Technician Alternate Route Program location –  
[www.vetstaff-edu.com](http://www.vetstaff-edu.com)

Please print and completely fill out a copy of the Enrollment Agreement form

Below and Mail to or Fax to:

Veterinary Allied Staff Education, LLC 707-693-8273 fax; PO Box 278 Dixon, CA 95620. Please  
do not send correspondence to our address at 8200 Maxwell Road, Dixon, CA 95620.

The Registered Veterinary Technician Alternate Route Program is completed 100% online from the student's own computer at our website [www.vetstaff-edu.com](http://www.vetstaff-edu.com). It is a lecture hall setting and does run live. No laboratory set up is needed for the lecture portion of the Alternate Route Program. To qualify for this program you must I certify that I have or be close to having 4,416 hours, in no less than 2 years, work experience with a California licensed Veterinarian. It is a 17 week program consisting of 306 clock hours with class times being Monday – Thursday from 6pm until 10 pm.

**1 Please clearly print your name as you wish it to appear on your records:**

**Last Name:**

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**First Name:**

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**Common name you prefer to use (if applicable)**

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**Physical Address:**


**Mailing Address:**


**E-Mail Address:** \_\_\_\_\_

**Social Security Number:**

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**Date of Birth:**

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**Phone Numbers:**

**Daytime phone number:**

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**Cell phone number:**

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**Program start date:** January 20, 2020    **Scheduled completion date:** May 14, 2020  
**Period covered by enrollment agreement:** Date of application January 20, 2020 to May 14, 2020  
**This agreement must be cancelled no later than:** January 20, 2020

**Work Experience:** Please list only the Veterinary Clinics or Veterinarians you have worked for or are currently working for within the past 5 years and please state how long you have worked for each. Please also provide contact information for each Veterinarian you have worked for or are working with currently. Use back of page if extra space is needed.

I certify that I have or are close to having 4,416 hours, in no less than 2 years, work experience with a California licensed Veterinarian.

\_\_\_\_\_ Initial here

## Education Level Completed

Please provide a copy or copies of each of the following received.

GED \_\_\_\_\_ year received \_\_\_\_\_      High School Diploma \_\_\_\_\_ year received \_\_\_\_\_

College Degree: List degree and year received \_\_\_\_\_

None of the above \_\_\_\_\_

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

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

\_\_\_\_\_ Initial here

### **Notice concerning transferability of Credits and Credentials earned at our institution**

The transferability of credits you earn at Veterinary Allied Staff Education (VASE) is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the certificate you earn in Registered Veterinary Technician Alternative Route Program is also at the complete discretion of the institution to which you may seek to transfer. If the certificate that you earn at this institution is not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your coursework at that institution. For this reason you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending VASE to determine if your certificate will transfer.

### **STUDENTS RIGHT TO CANCEL**

Students have the right to cancel and obtain a refund of charges paid through attendance at the first class session, or the seventh day after enrollment, whichever is later. Cancellation shall occur when you give written notice of cancellation at the address of the school; **VASE, PO BOX 278, DIXON, CA 95620**. You may submit a cancellation notice by mail to the above address or hand delivery. The written cancellation, if sent by mail, is effective when deposited in the mail properly addressed with postage prepaid.

### **Payment and Refund Policy:**

The student may cancel/withdraw the enrollment agreement at any time; the student will be refunded full amount of monies paid less \$100.00 registration fee during the enrollment period as stated above. The student may cancel/withdraw from a course after instruction has started and receive a pro rata refund of the unused portion of the tuition and other refundable charges if the student has completed 60% or less of the instruction.

The cost of the course is \$5000.00. Payments can be made by cash, check, money order, or credit card. Tuition is due in full by the completion date of the class the student is enrolled and will be interest free until that date. Should payment not be made in full by the end date of the program in which the student is enrolled all credentials will be held by Veterinary Allied Staff Education, LLC until all monies are paid. An interest rate of 7% will accrue on the unpaid balance and the student will be required to complete a Tuition Payment Plan or a Retail Installment Agreement. An initial minimum payment of \$1500.00 is due prior to the start date of the class in which the student is enrolling in order to begin that program.

Refunds will be made on a percentage of amounts paid to the time attended minus non-refundable application fee. This refund policy is for those students who have completed 60 percent of the course or less. Students who

have completed 61 percent or more of the course are not eligible for a refund.

The total hours for the program are 306. The cost of the program is five thousand dollars (\$5000.00). Calculated according to CEC 94820 and 94931, this equates to \$16.34 per hour. Therefore, if a student attends 48% of the program the refund would be, cost of the program (\$5000.00) less their obligation (48% of 306 hours x \$16.34 + \$100 non-refundable deposit).

*Example:*

48% of 306 hours = 146.88 hours x \$16.34 = \$2400.02 + \$100.00 = \$2500.02. Total cost of the program \$5000.00 – student's obligation \$2500.02 = student refund of \$2499.98.

VASE, without penalty or obligation, shall refund 100 percent of the amount paid for program charges, less the application fee of the one hundred dollars (\$100.00), if notice of cancellation is **made prior to or on the first day of instruction, or the seventh day after enrollment, whichever is later.**

Students who have not attended the first week of class will be dropped from the program. A refund at a prorated scale of the tuition will be provided, except for the non-refundable registration fee. The student may reapply for the next Registered Veterinary Technician Alternate Route Program without an additional registration fee. This is a one-time only consideration. Students must maintain a "C" average to be eligible for course completion.

VASE shall pay or credit refunds due on reasonable or timely basis, not to exceed 45 days following the date upon which student's withdrawal has been determined.

**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, 2535 Capital Oaks Drive, Suite 400, Sacramento, CA 95833, P. O. Box 980818, West Sacramento, CA 95798-0818, [www.bppe.ca.gov](http://www.bppe.ca.gov), toll free 888-370-7589 or by fax 916- 263-1897, or (916) 431-6959 or by fax (916) 263-1897.**

A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling (888) 370-7589 toll free or by completing a complaint form, which can be obtained on the bureau's internet web site [www.bppe.ca.gov](http://www.bppe.ca.gov).

#### **Student Tuition Recovery Fund Disclosure:**

"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."

"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, 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833, (916) 431-6959 or (888) 370-7589.

To be eligible for STRF, you must be a California resident or enrolled in a residency program, prepaid tuition, paid or deemed to have paid the STRF assessment, and suffered an economic loss as a result of any of the following:

1. The institution, a location of the institution, or an educational program offered by the institution was closed or discontinued, and you did not choose to participate in a teach-out plan approved by the Bureau or did not

complete a chosen teach-out plan approved by the Bureau.

2. You were enrolled at an institution or a location of the institution within the 120 day period before the closure of the institution or location of the institution, or were enrolled in an educational program within the 120 day period before the program was discontinued.

3. You were enrolled at an institution or a location of the institution more than 120 days before the closure of the institution or location of the institution, in an educational program offered by the institution as to which the Bureau determined there was a significant decline in the quality or value of the program more than 120 days before closure.

4. The institution has been ordered to pay a refund by the Bureau but has failed to do so.

5. The institution has failed to pay or reimburse loan proceeds under a federal student loan program as required by law, or has failed to pay or reimburse proceeds received by the institution in excess of tuition and other costs.

6. You have been awarded restitution, a refund, or other monetary award by an arbitrator or court, based on a violation of this chapter by an institution or representative of an institution, but have been unable to collect the award from the institution.

7. You sought legal counsel that resulted in the cancellation of one or more of your student loans and have an invoice for services rendered and evidence of the cancellation of the student loan or loans.

To qualify for STRF reimbursement, the application must be received within four (4) years from the date of the action or event that made the student eligible for recovery from STRF.

A student whose loan is revived by a loan holder or debt collector after a period of noncollection may, at any time, file a written application for recovery from STRF for the debt that would have otherwise been eligible for recovery. If it has been more than four (4) years since the action or event that made the student eligible, the student must have filed a written application for recovery within the original four (4) year period, unless the period has been extended by another act of law.

However, no claim can be paid to any student without a social security number or a taxpayer identification number."

### **Loan Obligation**

If a student obtains a loan to pay for an educational program, the student will have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund, and if the student has received federal student financial aid funds, the student is entitled to a refund of the monies not paid from federal student financial aid program funds.

If a student defaults on a federal or state loan, both of the following may occur:

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

**Tuition and Fees:**

**Tuition in full** \_\_\_\_\_ **\$5000.00**

**Application fee** (this is a non-refundable deposit and must accompany Application) \_\_\_\_\_ **\$ 100.00**

**or**

**Initial payment** (this amount must be paid before August 5, 2019) \_\_\_\_\_ **\$1500.00**

**Student Tuition Recovery Fund** (this is non-refundable and \$0.00 per \$1,000 must be paid with application) **N/A**

**Total Amount Paid at time of application** \$ \_\_\_\_\_

**Total charges for the current period of attendance:**

**Estimated total charges for the entire educational program: \$5000.00**

**Total charges the student is obligated to pay upon enrollment: \$100.00**

**"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.**

**Signature:**

**I DECLARE** under penalty of perjury that the statements and information submitted in this application are true and correct.

**I UNDERSTAND** that all materials and information submitted by me for purposes of enrollment become Veterinary Allied Staff Education, LLC-CA property and part of my official record.

**I UNDERSTAND** that this is a legally binding contract when signed by the student and accepted by the institution. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me.

**TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE:**  
**ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM:**  
**\$5,000; AND TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON**  
**ENROLLMENT: \$100.00.**

Students Name (printed)\_\_\_\_\_

**For Office Use Only:**

Application accepted by

Signature\_\_\_\_\_Date\_\_\_\_\_