

Disclaimer and Electronic Signature Consent

1. Electronic Signing and Initialing

By typing your name, initials, or other requested identifying information into this webform, you consent to the creation of an electronic signature that will be affixed to the [Enrollment Agreement](#). These electronically placed signatures and initials are legally binding and carry the same weight as handwritten signatures.

2. Form Generation and Transmission

Once you submit this webform, your provided information will automatically populate the necessary fields (including signature and initial sections) in the PDF version of the [Enrollment Agreement](#). A copy will be sent to you and EMS University administrative personnel.

3. Legally Binding Agreement

By agreeing to this webform, you acknowledge and accept each term, condition, and stipulation contained in the [Enrollment Agreement](#). Your electronic signature confirms your intention to be legally bound by all provisions.

4. Accuracy and Responsibility

You affirm that all personal and enrollment-related information you submit is truthful and accurate to the best of your knowledge. You acknowledge that any misrepresentation may result in consequences.

5. Right to Obtain a Paper Copy

You are entitled to request a paper copy of the [Enrollment Agreement](#) at any time. Contact EMS University to arrange an alternative signing process.

6. Acknowledgment and Acceptance

By selecting "I Agree" and submitting this webform, you confirm that you have reviewed and understand the [Enrollment Agreement](#) and that your electronic signature is placed knowingly and voluntarily.

If you do not agree to these terms, please exit this webform immediately and contact EMS University, LLC to request a paper copy or discuss an alternative signing process.

I consent to the use of electronic records and signatures. By checking the box below or otherwise indicating my acceptance, I understand that my electronic signature is legally binding just as if I had signed on paper.



EMS Universal Education

Instruction Location (Check One):

6910 Miramar Road, Suite 206, San Diego, CA 92121

32980 Alvarado-Niles Rd., Suite 810, Union City, CA 94587

EMT Program Enrollment Agreement

Last Name:		Middle Initial:	First Name:	
EMT Program Format? (Regular, Accelerated, Fast Track or Boot Camp):			Phone Number:	
Course Start Date:			Course End Date:	
Address:			Email Address:	
City:		State:	Zip Code:	
How Did You Hear About Us?	Social Security Number:		Date of Birth:	

I hereby agree that I received a copy and understand all aspects of the following:

1. EMT Program Clock Hours: _____ Student Initials: _____
2. The Period Covered by this Enrollment Agreement is from _____ (Date) to _____. Student Initials: _____
3. The Date by which a Student must exercise their right to cancel or withdrawal from the course _____. Student Initial: _____
4. Tuition and Other Charges Below:

Item Name	Unit Cost	Quantity	Charge to Student (Total)
<i>(Sample)</i>	<i>(\$XX.XX)</i>	<i>(X)</i>	<i>(\$XX.XX)</i>
Registration Fee (Non-Refundable)			
Tuition (Includes All Course Materials)			

Student Initial: _____

Student Tuition Recovery Fund Fee (Non-Refundable)	(ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM (\$0.00) ROUNDED UP TO THE NEAREST \$1000). MANDATORY FEE		
Course Change Fee	\$150.00		
Non-Refundable Financing Fee (If Applicable)	\$250.00		
Other (Please Specify):			

Total Amount Due (From Above): \$_____ Student Initials: _____

5. Why are you taking this class or what do you expect to become or do at the end of it? (Mark One)

- Allied Health - Other As a Prerequisite for Another Course
- Continuing Education (For ex: a nurse or physician taking the class for CE) EMT Firefighter General Interest/Entertainment
- Nurse Paramedic Physician
- Other Non-EMT (Please Specify): _____

6. EMS Universal Education Refund & Cancellation Policy Below:

STUDENT'S RIGHT TO CANCEL

An applicant who provides written notice of cancellation within seven days (excluding Saturday, Sunday and federal and state holidays) of signing an enrollment agreement or who cancels by attendance at the first class session is entitled to a refund of all monies paid (whichever is later). No later than 45 days from the last date of attendance, the school shall provide the 100% refund, less a \$50 non-refundable registration fee.

WITHDRAWAL POLICY

After the cancellation period has passed the Withdrawal Policy below shall apply. No later than 45 days from the last date of attendance, the school shall provide a refund

Student Initial: _____

less a \$50 non-refundable registration fee, course materials fees, and less the STRF fee. The refundable portion shall be made according to the percentage of the class elapsed according to the table below

Percentage of Class Elapsed	Refund Amount
None	90%
10% or Less	90%
More than 10% and less than or equal to 20%	80%
More than 20% and less than or equal to 30%	70%
More than 30% and less than or equal to 40%	60%
More than 40% and less than or equal to 50%	50%
More than 50% and less than or equal to 60%	40%
More than 60%	No Refund

Course Materials Non-Refundable

Distribution of course materials is non-refundable and includes the following items: EMS Universal Education EMT Course Packet (1. Book or eBook; 2. Uniform Shirt; 3. Stethoscope; 4. Penlight; 5. Pocket Mask; 6. EMS Universal Education Online; 7. Blood Pressure Cuff; 8. Scissors). In the event that a student cancels or withdraws from class, a service fee of \$500 will be deducted from the refund for the distribution of course materials.

Cancelled Classes

In the event that class is cancelled, students are entitled to a 100% refund irrespective of the table above.

Process of Refund

EMS Universal Education allows students to cancel or withdraw from their program at any time. To do so, a student must provide written notice to the administration. This notice can be delivered in any written form, including email, letter, or hand-delivered note. The effective date of cancellation or withdrawal will be the date the written notice is received by the institution. Our administrative office is committed to processing all requests promptly in accordance with applicable regulations.

Student Initial: _____

Calculation of Refund

The amount owed equals the daily charge for the program (total institutional charge, divided by the number of days or hours in the program), multiplied by the number of days student attended, or was scheduled to attend, prior to withdrawal. Please see the following example of how the refund to the student is calculated based on the policy above:

Total Program Cost (Accelerated Session): \$2,295.00

Program Duration: 30 days (assuming for example)

Non-Refundable Fees:

Registration Fee: \$50.00

Student Tuition Recovery Fee (STRF): \$0.00 (as it's \$0.00 per \$1,000, and the total cost is just under \$3,000)

Course Materials Non-Refundable Fee: \$500.00

Student Withdrawal: After 10 days of attendance

Calculation:

Daily Charge Calculation:

Total Institutional Charge (Tuition + Fees): \$2,295.00 (Tuition) + \$50.00 (Registration Fee) + \$0.00 (STRF Fee) = \$2,345

Number of Days in the Program: 30

Daily Charge = \$2,345.00 / 30 = \$78.16 per day

Amount Owed by the Student:

Number of Days Attended: 10

Amount Owed = \$78.16 (Daily Charge) x 10 (Days Attended) = \$781.60

Total Refund Calculation:

Student Initial: _____

Total Amount Paid by Student: \$2,345.00

Amount Owed by Student: \$781.60

Subtotal Before Non-Refundable Fees = \$2,345.00 - \$781.60 = \$1,563.40

Non-Refundable Fees: \$50.00 (Registration Fee) + \$0.00 (STRF Fee) + \$500.00 (Course Materials Fee)

Total Refund Due to Student = \$1,563.40 - (\$50.00 + \$500.00) = \$1,013.40

Financing

Students are not entitled to a refund of finance fees for payment plans or course materials. Delinquent Tuition Students who are 30 days or more past due in their tuition obligations may be taken to collections. Students should be sure to keep in contact with administration to prevent adverse action. Students owing \$1,000.00, and more that 60 days past due or more may be referred to an attorney for legal action. Students who do not pay their entire balance by the due date may be dismissed from their course(s).

Late Payments/Penalties

Students or groups having balances 40 days past the due date will be charged a \$10 late fee. If a balance is owed past 60 days, there will be a 1.5% fee charged per month on the balance owed, starting at 60 days and continuing every 30 days thereafter.

Student Initial: _____

7. EMS Universal Education Catalog Received Student Initial: _____

8. Catalog Date: _____ Student Initial: _____

9. I hereby waive placement assistance: Yes No Student Initial: _____

10. Reason for waiver (write reason(s) below):

11. Other Required Acknowledgments:

(1) 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

Student Initial: _____

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.

Student Initial: _____

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

Student Initial: _____

Agreement Section

Registration does not guarantee acceptance. Class size or commencement of class may vary depending upon needs and availability. By filling out this form, signing, and submitting payment to EMS Universal Education, I hereby agree that I meet the necessary prerequisites to attend the course. Additionally, I agree to pay the registration fee above for this class unless payment has already been received.

EMS Universal Education does not provide housing. EMS Universal Education does not offer tutoring and does not charge for transfer of credit or for charges paid to an entity other than an institution that is specifically required for participation in the education program.

If the student has received federal student financial aid funds, the student is entitled to a refund of moneys not paid from federal student financial aid program funds. if the student defaults on a federal or state loan, both the following may occur:

(1) The federal or state government or a loan guarantee agency may take action against the student, including applying any income tax refund to which the person is entitled to reduce the balance owed on the loan.

(2) The student may not be eligible for any other federal student financial aid at another institution or other government financial assistance until the loan is repaid.

Student Initial: _____

If the 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.

I hereby certify that the above information is correct and true and that I have read and understand all aspects of this enrollment agreement. I acknowledge receipt of the documents above referenced in this form and understand all aspects related to these documents as well as this Enrollment Form. The Catalog as referenced by the date above is incorporated as part of the Enrollment Agreement

TRANSFERABILITY DISCLOSURE: "NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION"

"The transferability of credits you earn at Emergency Medical Services Universal Education is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the Certificate you earn in Emergency Medical Technician 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 are not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your coursework at that institution. For this reason you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending Emergency Medical Services Universal Education to determine if your Certificate will transfer."

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 N. Market Blvd., Suite 225, Sacramento, CA 95834 P.O. Box 980818, West Sacramento, CA 95798-0818 Web site Address: www.bppe.ca.gov Telephone and Fax #'s: (888) 370-7589 or by fax (916) 263-1897 (916) 574-8900 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.

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

Student Initial: _____

AND DEFENSES THAT YOU COULD ASSERT AGAINST THIS INSTITUTION, UP TO THE AMOUNT YOU HAVE ALREADY PAID UNDER THE PROMISSORY NOTE.

Holder in Due Course Rule:

Any holder of this consumer credit contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds, hereof Recovery hereunder by the debtor shall not exceed amounts paid by the debtor (FTC Rule effective 5-14-76).

Note: Job placement is not guaranteed to graduates upon completion of the training or upon graduating. Avocational students (i.e., those taking the program to do something other than to gain employment as an EMT will not be provided with placement assistance).

Student Initial: _____

Payment Plan Agreement: (leave blank if not applicable)

Students under a payment agreement understand the financing fee is non-refundable and agree to pay the total amount due by the following date: _____ Amount Paid Today: \$ _____

Student Initials: _____

TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE: _____ \$ _____

ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM: \$ _____

TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT: \$ _____

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

Student Signature: _____ **Date:** _____

School Official Signature: _____ **Date:** _____

Student Initial: _____

Student Tuition Recovery Fund Notice

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.

Due to the changing nature of the EMT program, if a student does not complete the program successfully within the time allotted in the period covered by the enrollment agreement/by the course completion date and if the student chooses to re-enroll, the student will be required to pay applicable tuition and registration fees and restart with a new enrollment period.

If you have any questions, feel free to call/text us at (800) 728-0209 or visit www.emsuniversal.org.

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

Student Signature: _____ **Date:** _____

School Official Signature: _____ **Date:** _____

Student Initial: _____



EMS University
Standard Operating Guidelines
Hybrid Instruction Disclaimer 8-203.07

I hereby acknowledge and understand the following regarding my enrollment in the EMT Course at EMS University:

1. **Hybrid Instruction:** I understand that due to the class size or other factors, my course may be conducted using a "Hybrid Instruction" model, where the course is taught in-person at one campus and simultaneously broadcasted via Zoom at other campuses.
2. **In-Person Instruction:** I understand that if my course is conducted using the Hybrid Instruction model, I may receive in-person instruction less than 25% of the course duration.
3. **Refund Policy:** I understand that I have the right to withdraw from the course on the first day and receive a full refund if I am not comfortable with the Hybrid Instruction model. If I choose to continue with the course under the Hybrid Instruction model, I will not be eligible for a refund based on this aspect.
4. **Consent:** I understand the above conditions and hereby give my consent to participate in the Hybrid Instruction model for my course, accepting that most of the instruction may be conducted via Zoom.

By signing below, I acknowledge that I have read, understood, and agreed to the conditions outlined in this disclaimer.

Student Name (Print): _____

Student Signature: _____ Date: _____



EMS University

Standard Operating Guidelines

EMS University: The Importance of Cleanliness

Why Is Cleaning Up Essential?

Professional Preparedness: In real-life EMS scenarios, EMTs are expected to clean their ambulances, arrange equipment, and ensure a clean environment. What you practice here becomes a habit in the field.

Patient Care: Cleanliness directly correlates with the quality of patient care. An organized environment minimizes risks and improves efficiency.

Team Spirit: In the real world, you may need to clean up after others. It's about collective responsibility, not individual convenience.

Learning Environment: A tidy space is conducive to focus and efficient learning. It reduces distractions and ensures every class starts on a positive note.

How Does This Affect My Grades?

- **Participation Points:** Active participation in cleaning and organizing will contribute to your participation grade.
 - **Professional Conduct:** Your willingness to clean and maintain order showcases your commitment and mirrors professional behavior, affecting your overall conduct grade.
 - **Peer Review:** Your classmates may be asked for feedback. Demonstrating team spirit and responsibility can positively impact their views on your collaboration.
-

Clean-Up Guidelines At A Glance:

- Return all equipment and tools to designated storage spaces.
 - Wipe down workstations and desks.
 - Dispose of waste in the right bins.
 - Reset chairs and furniture to original positions.
 - Report damages or shortages promptly.
-



EMS University
Standard Operating Guidelines
EMS University: The Importance of Cleanliness

Remember: *"Leave things nicer than the way they were found."*

By maintaining cleanliness, you're not just preparing for exams but for a successful, professional future as an EMT. Let's start right, right from Day 1!

By signing this document, I agree to the above.

Student Name (Print): _____

Student Signature: _____ Date: _____



EMS University 60 DAY LIMIT TO TEST FOR NREMT

The primary aim of this document is to foster the highest rates of success for our students taking the NREMT examination. Experience and data have consistently shown that students are most likely to succeed in passing the NREMT when they test shortly after completing their class. This timely testing leverages the immediacy of knowledge and skills retention, providing students the best opportunity for success. By emphasizing a structured timeframe for taking the NREMT, EMS University is committed to ensuring that our students have the optimal advantage in achieving their certification goals.

Testing Window: After successfully passing the final examination at EMS University, I must sit for the NREMT examination within sixty (60) days from the date of my final exam pass.

Consequences for Missing the Testing Window: If I fail to test for the NREMT within the specified 60-day window:

- a. I will not be authorized by EMS University to take the NREMT examination.
- b. In order to be eligible and authorized to sit for the NREMT examination at a later date, I will be required to enroll in and successfully complete an EMT Refresher class offered by EMS University.

Personal Responsibility: It is my sole responsibility to ensure that I schedule and take the NREMT examination within the specified timeframe. I understand that any failure to adhere to this timeframe may lead to additional educational and financial implications.

Waiver of Claims: I hereby release and discharge EMS University, its instructors, employees, agents, and representatives, from any claims, demands, or causes of action which I may now have or may hereafter have as a result of my failure to test for the NREMT within the specified 60-day window.

Acknowledgment of Understanding: By signing below, I confirm that I have read this disclaimer in its entirety, understand its contents, and agree to its terms.

By signing this document, I acknowledge, understand, and agree to the following terms set by EMS University regarding the NREMT (National Registry of Emergency Medical Technicians) examination:

Student Name: _____

Student Signature: _____ Date: _____