

OGI Residency Enrollment Agreement

ENROLLMENT AGREEMENT
Orthopedic Residency Program
12 Month On-Site Program
Residency Leading to a Doctor of Manual Therapy Degree

The Ola Grimsby Institute, Inc.
8550 United Plaza Blvd • Suite 1001
Baton Rouge, LA 70809

www.olagrimsby.com
Phone: (800) 646-6128
Email: Info@olagrimsby.com

This enrollment agreement is to be completed by students who have already completed the application process and have been accepted for admissions. The terms of this Enrollment Agreement are contained on seven (7) pages.

To Registrar: I understand that I have been accepted for admissions into The Ola Grimsby Institute, Inc. at the training location indicated below. I agree to follow the prescribed training program and maintain continuous enrollment through program completion. Upon completion of my program and tuition obligation, I will be awarded the designated *certificate of completion*.

Date _____ Training location _____

Personal Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone (____) _____ Work phone (____) _____

E-mail address: _____ PT License # and State: _____

Training location _____

Date of birth ____/____/____ Social Security No. _____

Employer _____

Address _____

City: _____ State: _____ Zip: _____

Name and relationship of closest relative _____

Relative's home phone (____) _____ Work phone (____) _____

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Education

I understand that in order to be accepted into this program I must possess a Physical Therapy degree. I have requested transcripts from college, university, and post-graduated training (if applicable) to be sent to the Registrar's office. () yes () no

Health

Are there any health problems or disabilities that would endanger or hinder your completion of this training program? () yes () no. If yes, please attach explanation.

Program

- I have been accepted and am enrolling in the Orthopedic Manual Therapy Residency Program and will engage in all training at the _____ location.
-

Residency Program (12 Month)

- **Class Hours:** 838 hours
- **Out of Class Hours:** 576 hours
- Students will complete 10 instructional weekends and 4 weekend seminars, with an OGI Faculty member for a 12-month period.
- **Seminars:** Students are required to attend additional courses as part of the Residency curriculum. These classes may include participants that are not involved in the formal Residency or Certification programs:
 - MT6: 2 Day Spinal Manipulation
 - MT5: 3-Day Clinical Problem Solving Course
 - STEP1: Shoulder and Elbow
 - STEP4: Lumbar and Thoracic
- **1:1 Mentoring Hours:** Students will perform 150 hours of 1:1 clinical supervision with an OGI Faculty member or an OGI Clinical Mentor. **There is no fee for this clinical supervision;** however, the student is responsible for all costs related to performing this clinical experience. Students are required to have the following items in order to complete the clinical supervision:
- **Supervised Clinical Hours:** Students are also provided an additional 290 hours of clinical supervision that can be performed at the students routine work environment, however, they will be in contact with an OGI Faculty member or Clinical Mentor via phone, text, Skype, e-mail, etc., during that clinical time. Students will be made aware of specific weekly office hours for Faculty/Mentors for this communication.
- **Research Portfolio:** The Portfolio is a written record of the students' efforts to identify literature pertaining to the research topics they select, to allocate this literature to the most appropriate sections of a research proposal format that is compatible with the level of development of the literature supporting their topics, and to compose full-blown synopses of the articles they have allocated to these proposal format sections. The Portfolio development process involves interactions with Personal Research Mentors who are assigned to students and whose role it is to lead the students through each activity in the process. The Mentor provides the students with handouts that describe each of the steps, receives homework assignments from the students, and reviews the homework (offering suggestions for improvement where appropriate). When the Portfolio is complete, the students schedule Oral Defenses with the Vice President for Research, who both mentors them in their preparations for the Oral Defense and leads them through it. When students have responded to any suggestions for improvement emerging from their Oral Defenses, the Vice President guides them through the process of binding their Portfolios.
- **Travel Costs:** During the program, residents are responsible for all travel and lodging costs that may be incurred.

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- **Work Experience:** Suggested number of registered patient visits during the one-year program is 1500. Students will be required to submit a patient care log demonstrating active treatment with an orthopedic patient population.
- **Internship for 1:1 hours:** It is the student's responsibility to contact an internship site and to cover all expenses incurred during the clinical supervision (room, board, fare, etc.). 1:1 hours are free of charge when performed at the location of OGI Instructors and/or OGI Clinical Mentors. It is possible to make arrangements to have clinical mentors provide supervision in your location, but this would be at the expense of the student for travel, lodging and stipend of the Mentor.

Required with Application:

- PT License (copy)
- Proof of liability insurance to cover clinical experience (if necessary).
- CPR Certification
- HIPAA Certification (This can be obtained online.)
- OSHA Blood Borne Pathogen certification.
- TB/Hepatitis B/Immunizations (Obtain from Family Physician)
- Start date 02 / / 2017 Scheduled completion date 01 / / 2018

Tuition and Fees

The Ola Grimsby Institute, Inc., does not offer financial aid nor does it participate in any financial aid programs at this time. Tuition is to be pre-paid and is outlined as follows:

All payment(s) for tuition must be received by the 1st of each month otherwise a late fee of \$100 will be applied. Payment may be made by check or credit card. All credit card charges may incur a \$10 processing fee.

Payment plans do not include exam fees, retake exam fees, research fee, recommended and mandatory courses, flight/travel and accommodation costs.

Monthly Payment Plan

Total Tuition/Exams: **\$9,940** divided over **12 months**, with payments of **\$828.33** each month.

The 12 monthly payments are due on or before the first day of each month from Feb 1st through Jan 1st.

Note: Please refer to The Ola Grimsby Institute Tuition Fee Schedule for 2017 in the Catalog and the Enrollment Agreement.

On-Site Residency Tuition	\$8,995.00
Tuition includes residency class days, as well as course tuition for STEP1, STEP2, MT5 and MT6	
*Tuition discounts for participants that have completed any of these courses prior to enrollment.	
Exam fees (written and practical)	\$ 945.00
150 hours of Clinical Supervision	Free!
Total On-Site Residency Program	\$9,940.00
DMT Research Portfolio:	
<i>DMT Research Portfolio Research Portfolio must be completed to receive DMT title and Degree.</i>	
A \$150 monthly research portfolio fee is paid to OGI when enrolled for the Research Portfolio program.	

(Registration fee not refundable after the fifth business day of attending the first class)

Enrollment Cooling Off Period

Following enrollment in any OGI Program, the student shall have a three-business-day cooling-off period is as follows:

A three-business-day cooling-off period during which time the student may rescind the contract and

Receive a refund of all money paid

The cooling-off period may not end prior to midnight of the third business day after the latest of the following days:

(i) the day the student signs an enrollment agreement

(ii) the day the student pays the institution an initial deposit or first payment toward tuition and fees; or

(iii) the day that the student first visits the institution, if the program lasts more than 30 consecutive calendar days.

This policy is in compliance with The State of Utah Department of Commerce, and Department of Consumer Protection.

BUYER'S RIGHT TO CANCEL

NOTICE OF STUDENT RIGHTS

- (1). You may cancel your contract for school without any penalty or obligations on the fifth business day following your first class session by providing written and signed confirmation of your desire to cancel enrollment.
- (2). After the end of the cancellation period, you also have the right to stop school at any time and you have the right to receive a refund for the part of the course not taken.

Your refund rights are described within this enrollment agreement.

- (3). If the Institute closes before you graduate, you may be entitled to a refund.

For information concerning confirmation of State Registration, please contact the:

**Division of Consumer Protection
Heber Wells Building
160 East 300 South
P.O. Box 146704
Salt Lake City, UT 84114-6704
(801) 530-6601
(801) 530-6001 Fax**

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Terms and Conditions

Please read carefully and initial all items on the lines provided to indicate you have read and understood them.

This enrollment agreement is a legally binding instrument when signed by the student and accepted by the Institute. Your signature on this enrollment agreement acknowledges that you have been given reasonable time to read and understand this agreement.

Immediately after both parties have signed this agreement, you will be given a copy to retain.

- ___ 1. I understand that Ola Grimsby Institute, Inc. (The Institute) agrees to provide an instructor, training facility, equipment, support materials, curriculum, and other materials as necessary to complete the program outlined above.
- ___ 2. I (the Student/Resident) hereby agree to hold The Institute harmless for errors of omission, commission, or negligence on the part of the Instructor, the representatives, agents, contractors, or employees of The Institute. Further, I agree to hold the training facility, the instructor and The Institute harmless in the event of any personal injury or any other losses that may occur as a result of participation in the said training program. In addition, I also agree not to participate in any activities relative to the training program if I knowingly have any medical or physical condition that reasonably might put me at risk for injury. I agree that the patients presented in class for evaluation and treatment suggestions during the second year are the sole responsibility of me, and that I will hold The Institute and the instructor harmless in the event of personal injuries to or complaints from the patients.
- ___ 3. **I understand that I must have e-mail and Internet access on a regular basis.** The OGI will provide all the communications either by E-Mail or by the updates on the OGI website.
- ___ 4. I understand that I am required to attend 4 mandatory short-term courses during the program on predetermined dates and locations scheduled by OGI.
- ___ 5. I understand that my training program may require a minimum number of patient treatments in order to be allowed to sit for the Board of Examiner's review at the completion of the program.
- ___ 6. I understand that my patients may be brought to class for evaluation and treatment suggestions and that my instructor will decide when, how many, and whose patients will be presented.
- ___ 7. I understand that I have the responsibility of contacting an OGI instructor for the 150 hours 1:1 clinical supervision during the program.
- ___ 8. I understand I must complete my 150 clinical hours within one year, otherwise the incoming students will have the priority of clinical mentors.
- ___ 9. I understand that any and all expenses related to the patients' attendance in the class will be my responsibility.
- ___ 10. I understand that I am responsible for making all the travel arrangements, including lodging. The OGI will provide recommendations for nearby lodging to students. **(the OGI does not recommend making travel arrangements 30 days prior to the course)**
- ___ 11. I understand that the Institute, at its discretion, will determine whether I pass or fail the curriculum, or whether I am allowed to progress to higher levels of study, or be dismissed from the program.
- ___ 12. I understand the total tuition and fees due for my program of training. **I understand the tuition fees are to be pre-paid and are due on or prior to the 1st of each month. I understand that if my tuition is more than ten (10) days late, I will be subject to a \$100.00 late fee.** I will be subject to an additional \$100.00 fee for every thirty (30) days payment is due thereafter.

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- ___ 13. I understand my rights to cancel and the refund policies as follows: Cancellation must be in writing. If your enrollment is canceled on or before the fifth (5th) business day after the day you attend the first class of instruction, you will be refunded the amount paid. If cancellation occurs after the five day rescission period, the refund shall be the amount the student paid for instruction multiplied by a fraction, the numerator of which is the number of days of instruction which the student has not received but for which the student has paid and the denominator of which is the total number of days of instruction for which the student has paid.
- ___ 14. I understand if I overpay my tuition for a given month/quarter, the credit will rollover to the next month/quarter tuition.
- ___ 15. I understand I must submit given monthly/quarterly tuition payments, indicated in my enrollment agreement, as well as the acceptance letter, if I am on the OGI payment plan.

Example: Students pre-pay tuition. Assume your tuition is \$8,995. The quarterly pre-payments are **\$2,453** which is for 186 hours of instruction (one fourth of the 744 hour program). Assume you cancel after completing 100 hours of instruction and before completing the balance of 136.25 hours.

$$\$2,453 \times \frac{100 \text{ (instruction hours not received)}}{186 \text{ (total hours paid for)}} = \$1,318.82 \text{ refund}$$

There are no charges for equipment. **Refunds will be sent within 30 days after the Institute receives notice in writing of the cancellation.**

- ___ 16. I understand I must submit given monthly/quarterly tuition payments, indicated in my enrollment agreement, as well as the acceptance letter, if I am on the OGI payment plan.
- ___ 17. I understand all the Terms and Conditions of this enrollment agreement and the Terms and Conditions outlined in the catalog which I have received.
- ___ 18. I certify that information I have supplied is complete and accurate, and I understand that any misrepresentation may be cause for refusal of admission or subsequent dismissal.
- ___ 19. I understand that with my signature below I agree not to distribute the copyrighted OGI materials I have received. This includes (but is not limited to) using the material for lectures or in-services or the copying any of the material received for OGI and in regards to the research component provided by Miller Consulting Research Services.
- ___ 20. I understand that I must notify the Ola Grimsby Institute office should there be a change in my home/employment address and phone number.
- ___ 21. I understand that I must satisfy all student admission and enrollment requirements as outlined in the Student Catalog.
- ___ 22. I understand that The Ola Grimsby Institute does not grant prior credit, reduced hours, or discounted tuition in the program for previous education or training completed outside of the Institute.
- ___ 23. I understand that I must comply with the standards of progress, attendance, and conduct as outlined in the Student Catalog.
- ___ 24. I understand that the Institute does not offer any placement assistance or guarantee wage and salary levels.
- ___ 25. I understand that I cannot sit for my final practical exam prior to all tuition and exam fees paid.

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Terms and Conditions Continued

THIS AGREEMENT IS NOT BINDING UNLESS SIGNED BY THE STUDENT AND THE SCHOOL REPRESENTATIVE.

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The Residency Program leading to a Doctor of Manual Therapy Degree is registered under the Utah Postsecondary Proprietary School Act (Title 13, Chapter 34, Utah Code). (Registration under the Utah Postsecondary Proprietary School Act does not mean that the State of Utah supervises, recommends, nor accredits the institution. It is the student's responsibility to determine whether, degrees or certificates from the institution will transfer to other institutions or meet employers' training requirements. This may be done by calling the prospective school or employer.)

The Ola Grimsby Institute is not accredited by a regional or national accrediting agency recognized by the United States Department of Education.

NOTICE

Any holder of this consumer credit contract is subject to all claims and defense which the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds hereof. Recovery hereunder by the debtor shall not exceed amounts paid by the debtor hereunder.

By signing below I confirm that I have been given and understand the following prior to my enrollment in the program:

- A copy of the current student catalog
- Current cancellation policy (enrollment agreement and catalog)
- Copy of student rights (enrollment agreement and catalog)
- A written statement of the refund policy including examples of how it applies (enrollment agreement)
- Clinical Mentoring Guide
- Research Handbook

This agreement will replace any previous agreements/and or contracts.

I, the undersigned, have read, understood, and agreed to abide by all provisions set forth in the foregoing enrollment agreement.

Required

Student Signature	Date
Accepted by the Ola Grimsby Institute, Inc. by	Date
Authorized Signature	