

OGI Residency Enrollment Agreement

**ENROLLMENT AGREEMENT**  
**Orthopedic Residency Program**  
**12 Month Independent Study 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

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

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*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 (\_\_\_\_) \_\_\_\_\_

## OGI Residency Enrollment Agreement

### 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.

### Independent Program

- My application to the OGI has been accepted and I am enrolling in the Orthopedic Manual Therapy Independent Study Residency Program, completing my studies online, as well as attending seminars.

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### Independent iResidency Program (12 Months)

- In Class Hours- 748 total hours (includes course work and mentoring hours)
- Out of Class Hours- 865 total hours
- Students will complete monthly Home Study courses at under the supervision of an OGI Faculty member for a 12-month period.
- Included in the in-class hours are 6 mandatory courses:
  - 2 Day MT6: Spinal Manipulation course
  - 3 Day MT5: Clinical Problem Solving course
  - 2 Day MT2 Summary of Cervical Spine and Upper Extremities Course
  - 2 Day MT3 Summary of Lumbar Spine and Lower Extremities Course
  - 2 Day STEP1: Shoulder and Upper Quarter
  - 2 Day STEP4: Lumbar Spine
- Students are NOT required to attend additional courses, but are highly encouraged to do so. These courses include: Cervical Spine and MT7: Soft Tissue Mobilization
- **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:
  - Licensure in state where clinical experience is being performed.
  - 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)
- **Supervised Clinical Hours:** Students are also provided an additional 440 hours of clinical supervision (150 of which are the 1:1 clinical hours) 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

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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.
- **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/  /2018 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 1<sup>st</sup> 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: **\$7,445** divided over **12 months**, with payments of **\$620.42** 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 2018 in the Catalog and the Enrollment Agreement.

Transitional Independent Residency Tuition	\$6,500.00
Tuition includes residency class days, as well as course tuition for STEP1, STEP2, MT2i, MT3i, 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!
<b>Total Transitional Independent Study Residency Program</b>	<b>\$7,445.00</b>
<b>DMT Research Portfolio:</b>	
<i>DMT 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**

## OGI Residency Enrollment Agreement

### Terms and Conditions

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***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 1<sup>st</sup> 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.
- \_\_\_ 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

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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.

# OGI Residency Enrollment Agreement

## 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

<b>Student Signature</b>	<b>Date</b>
<b>Accepted by the Ola Grimsby Institute, Inc. by</b>	
<b>Authorized Signature</b>	<b>Date</b>