

Institute of Oriental Medicine
 Main Campus: 2304 S. El Camino Real, San Mateo, CA 94403
 Satellite Campus: 2499 Industrial PKWY West, Hayward, CA 94545
 Phone: (650) 350-1863

Institute of Oriental Medicine Student Enrollment Agreement

The enrollment agreement is the contract signed between the student and Institute of Oriental Medicine. The agreement specifies the conditions under which the school will provide instruction to the student. It also specifies all costs a student must pay in order to enroll in the program specified. A copy of the completed enrollment agreement must be given to the student upon enrollment.

STUDENT INFORMATION

Program selected: Direct Education PHDTS TNMT TNMTP TNMTS
 Distance Education: PHDTS asynchronous/ synchronous
 COT asynchronous/ synchronous
 NCHPS asynchronous/ synchronous
 TNMTP synchronous (Applying)

Name: _____ , _____ , _____
 Last First Middle

Address: _____
 Street City State Zip Code Country

Social Security # _____ - _____ - _____ (required for certifications/state registries)

Telephone: Primary: (_____) _____ Alternate: (_____) _____

Email Address: _____ **Date of Birth:** ____ / ____ / ____

Emergency Contact: _____ **Phone No.** _____

Are you over the age of 18 (minimum accepting age)? Yes No

Enrollment Agreement Period Start Date: _____ Scheduled Completion Date: _____

CERTIFICATE PROGRAMS

Professional Degree of Herbal Dietary Therapy Specialist (PDHDTs) Specialist (43 credits, 645 hours)

Year: _____ Trimester: _____ Beginning Date: _____ Estimated Completion Date: _____

TCM Tui Na Massage Therapist (TNMT, 17 credits, 255 hours)

Year: _____ Trimester: _____ Beginning Date: _____ Estimated Completion Date: _____

TCM Tui Na Massage Therapy Professional (TNMTP, 34 credits, 510 hours)

Year: _____ Trimester: _____ Beginning Date: _____ Estimated Completion Date: _____

TCM Tui Na Massage Therapy Specialist (TNMTS, 62 credits, 1005 hours)

Year: _____ Trimester: _____ Beginning Date: _____ Estimated Completion Date: _____

**All Tui Na students: please attach a current valid government issued photographic identification.*

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Although resources for career assistance information are provided, the school cannot guarantee a job to any student or graduate.

Distance Certificate Programs

Professional Herbal Dietary Therapy Specialist (PDHDTs) Specialist (49.13 credits, 645 hours)

Year: _____ Beginning Date: _____ Estimated Completion Date: _____

Consotherapy Oncology Therapist (COT, 4 credits, 60 hours)

Year: _____ Trimester: _____ Beginning Date: _____ Estimated Completion Date: _____

New Classic Herbal Prescription Specialist (NCHPS, 8 credits, 120 hours)

Year: _____ Trimester: _____ Beginning Date: _____ Estimated Completion Date: _____

Total Cost of Programs

Program Name	Total Credits	Application Fee	Total Tuition	Estimated Cost of Books, Materials, and supplies etc.	STRF Fee \$0.00 per 1,000	Total Program Charges
Professional Herbal Dietary Therapy Specialist (PHDTS)	43	\$200	\$9,675	\$1,250	\$0	\$11,125
Tui Na Massage Therapist (TNMT)	17	\$100	\$3,925	\$450	\$0	\$4,375
Tui Na Massage Therapy Professional (TNMTP)	34	\$100	\$7,750	\$650	\$0	\$8,400
Tui Na Gushang Massage Therapy Specialist (TNGMTS)	62	\$150	\$15,225	\$1,250	\$0	\$16,475
Distance Program						
Professional Herbal Dietary Therapy Specialist (PHDTS)	49.13	\$200	\$9675	\$1250	\$0	\$11,125
Consotherapy Oncology Therapist (COT)	3.33	\$100	\$4800	\$450	\$0	\$5350

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New Classic Herbal Prescription Specialist (NCHPS)	8	\$100	\$2800	\$650	\$0	\$3550
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Please note: International students need to pay an additional \$150 application fee.

Estimated IOM Tuition (All fees are subject to change)

Program Name	Cost
Professional Herbal Dietary Therapy Specialist (PHDTS)	
Trimester 1 Tuition	\$3,600
Trimester 2 Tuition	\$3,600
Trimester 3 Tuition	\$2,475
ESTIMATED TOTAL TUITIION FOR THE ENTIRE EDUCATIONAL PROGRAM	\$9,675
Tui Na Massage Therapist (TNMT)	\$3,975
Tui Na Massage Therapy Professional (TNMTP)	\$7,750
Tui Na Gushang Massage Therapy Specialist (TNGMTS)	\$15,225
Distance Program	
Professional Herbal Dietary Therapy Specialist (PHDTS)	\$9,675
Consotherapy Oncology Therapist (COT)	\$4,800
New Classic Herbal Prescription Specialist (NCHPS)	\$2,800

Refundable Tuition Deposit (subject to restrictions)

Full-time	\$300 (within 30 days of enrollment)
Part-time	\$150 (within 30 days of enrollment)

Refundable Tuition (subject to restrictions, see Refund Policy on Page 4 and 5 for details)

Academic Courses (1 credit =15 hours) \$ 225 / credit

Clinic Courses (1 credit = 30 hours) \$ 15 / hour

Audit (1 credit = 15 hours) \$ 100 / credit

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Non-Refundable Mandatory Fees

Application Fee (International Student)	\$150 additional
Registration Fee	\$25/trimester
Late Registration Fee (within 30 days of class starting)	\$25/trimester
Transcript Fee/Documents (transcripts to NCCAOM, state, student copy etc.)	\$12/each
Re-admission Application Fee	\$50
Comprehensive Exams	\$100
Make-up Comprehensive Exams	\$125
Retake Comprehensive Exams	\$75
Student ID card/Replacement	\$10
Library Fee	\$50 (first year), \$10 (renewal each year)
Student Malpractice Insurance	\$75.00/trimester
Student Tuition Recovery Fund Fees (STRF) 0.00 per \$1,000 collected for State of California (not refundable after the Drop/Add period) (See the catalog for a full explanation of the STRF fee)	\$0
Graduation (ceremony, diploma and process)	\$250

Non-Refundable Additional Fees

Drop/Add Clinic Fee (after the first 7 days of the trimester)	\$75
Drop/Add Course Fee (after the first 7 days of the trimester)	\$25
Withdrawal Fee	\$50
Returned Check Fee (per check)	\$25
Replacement/Duplicate Diploma	\$60

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Make-up Exam/Test/Quiz (excused)	\$25/exam
Re-Take Exam/Test/Quiz (non-excused, within 7 days of receiving score)	\$100/exam
Transfer Credit Evaluation Fee	\$50
Transfer Credit Fee (per course, not to exceed \$500)	\$25
Transfer Credit Evaluation Fee (Non-TCM courses)	\$50
Transfer Credit Fee (per course, non-TCM courses, not to exceed \$500)	\$25
Clinic Fee (per trimester)	\$20
Late Tuition Fee (charged monthly on accounts past due 15 days or more)	\$25 + 1% of balance due/month
Deferred Payment Plan Fee	\$100
Change of Program Fee (after the end of Year 1)	\$100

Prices are subject to change.

DEPOSIT \$ _____ **Schedule of Payments: Total Amount Due: \$** _____
 or you will make \$ _____ monthly or weekly payments of \$ _____.
 Payments will begin on _____ and end on _____.
Student Signature: _____ **Date:** _____

CANCELLATION OF AGREEMENT

Students' Right to Cancel

- You have the right to cancel your agreement for a program of instruction, without any penalty or obligations, through attendance at the first class session or the seventh calendar day after enrollment, whichever is later. 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 pro rata refund based on the Refund Policy Table included in "Refund Policy for Withdrawal from Course" if you have completed 60 percent or less of the scheduled days/hours in the current payment period in your program through the last day of attendance.
 Cancellation of this agreement can occur up to: _____

Date
- Cancellation may occur when the student provides a written notice of cancellation at the following address: 2499 Industrial Pkwy West, Hayward, CA 94545. This can be done by mail or by hand delivery.
- The written notice of cancellation, if sent by mail, is effective when deposited in the mail properly addressed with proper postage.
- The written notice of cancellation need not take any particular form and, however expressed, it is effective if it shows that the student no longer wishes to be bound by the Enrollment Agreement.
- If the Enrollment Agreement is cancelled the school will refund the student any money he/she paid, less a registration or administration fee not to exceed \$250.00, and less any deduction for equipment not returned in good condition, within 45 days after the notice of cancellation is received.

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Refund Policy for Withdrawal from Course

Cancellation or Withdrawal shall occur when you give written notice of cancellation to the Academic Dean. You can do this by mail or hand delivery. The written notice of cancellation, if sent by mail, is effective the date received. You have the right to withdraw from a course of instruction at any time. If you withdraw from the course after the period allowed for cancellation of the Agreement, the refund shall be the amount you paid for the courses multiplied by a fraction, the numerator of which is the total number of hours of instruction which you have not received but for which you have paid, and the denominator of which is the total number of for hours which you have paid. Students completing more than 60 percent of the course of study are not eligible for a prorated refund.

Refund Policy Table

If termination occurs	School may keep	Tuition Refund
Prior to or through the first class session or 7 th calendar day after enrollment	0%	100%
During the second week	20%	80%
During the third week	30%	70%
During the fourth week	40%	60%
During the fifth week	50%	50%
During the sixth week	60%	40%
After the sixth week	100%	No Refund

A Student completing 6 weeks of instruction or more would not be eligible for a refund. For the purpose of determining the amount you owe for the time you attended, you shall be deemed to have withdrawn from the course when any of the following occurs: (a) You notify the school of your withdrawal or the actual date of withdrawal; (b) The school terminates your enrollment; or (c) you fail to complete you assigned courses as scheduled.

IOM and student enter into agreement under which the student will pay tuition and fees as indicated in the Agreement as well as adhere to IOM's rules and regulations as set forth in the school catalog. Students may receive transcripts from IOM for study completed and paid for.

If 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. Student's Initials: _____

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

- The federal or state government or a loan guarantee agency may take action against the student, including garnishing an income tax refund; and
- The student may not be eligible for any other government financial assistance at another institution until the loan is repaid.

Student's Initials: _____

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.

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

The transferability of credits you earn at IOM is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the CERTIFICATE you earn in IOM 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

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this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending IOM to determine if your CERTIFICATE will transfer. Student's Initials: _____
School Administration operational hours: 9:00am—6:00pm, Monday-Friday
(Note: make prior appointment to specific administrative office)

STATE OF CALIFORNIA STUDENT TUITION RECOVERY FUND ("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."

"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 are 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.

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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.

TRANSFER CREDIT POLICY

To request credit for previous coursework, a student must submit official documentation during the Admissions process. A \$50 Pre-enrollment Transfer Evaluation fee must accompany the request for transfer credit. After admission into the program, a \$25 per course Transfer Credit Processing fee is assessed to finalize the transfer of coursework into student records. Transfer credit may be granted for coursework from another accredited oriental medicine curriculum, provided it is documented by official transcripts. Transfer courses must be equivalent to courses offered at IOM. Students must have received a grade of "C" (2.0 GPA) or higher in the coursework for it to be considered for transfer credit. Transferable courses must have the same content as UHM courses for which transfer credit is being sought. The Academic Dean shall determine if this is the case. Up to 100% of the transfer credit may be granted for IOM courses in basic sciences and western clinical sciences if taken at an Accreditation Commission for Acupuncture and Oriental Medicine ("ACAOM") institution or at a regionally accredited college. Up to 100% transfer credit may be granted for IOM courses in Acupuncture, Herbal Medicine, and Oriental Medicine for coursework taken at an acupuncture school approved by the California Acupuncture Board ("CAB") and accredited by a candidate of ACAOM. Up to 50% transfer credit may be granted toward IOM clinical training requirements from CAB-approved and ACAOM-accredited/candidacy status institutions. Regardless of the conditions cited above, transfer students are required to complete one year of the program to graduate from UHM. Coursework taken at another institution after admission to IOM is not transferable unless approved in advance in writing by the Academic Dean. Credits used to satisfy the minimum prerequisites for admission cannot be used for transfer credit. All foreign transcripts utilized for initial admissions and/or transfer credits must be evaluated from an evaluation agency recognized by the United States Department of Education (DOE) prior to submission to IOM.

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, WWW.BPPE.CA.GOV, telephone number 916-574-8900. 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 or by completing a complaint form, which can be obtained on the bureau's Internet Web site www.bppe.ca.gov.

MASSAGE THERAPY DISCLOSURE

Attendance and/or graduation from a California Massage Therapy Council approved school does not guarantee certification by CAMTC. Applicants for certification shall meet all requirements as listed in California Business and Professions Code section 4600 et seq.

MASSAGE THERAPY STUDENTS

A student or any member of the public with questions that have not been satisfactorily answered by the school or who would like to file a complaint about this school may contact the California Massage Therapy Council at One Capitol Mall, Suite 320, Sacramento, CA 95814, www.camtc.org, phone (916) 669-5336, or fax (916) 669-5337.

If English is not the student's primary language and student prefers to read the Enrollment Agreement in Chinese, an administrator will provide the student with the translated documents in Chinese.

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INSTITUTIONAL CHARGES	
TOTAL CHARGES FOR CURRENT PERIOD OF ATTENDANCE:	
ESTIMATED TOTAL CHARGES FOR ENTIRE EDUCATIONAL PROGRAM:	
TOTAL CHARGES STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT:	

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Instructions will be held in our Satellite Campus: 2499 Industrial PKWY West, Hayward, CA 94545

I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement 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 Initials: _____

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

Name of Student (print): _____

Signature of Student: _____ Date: _____

Name and Title of School Official (print): _____

Signature of School Official: _____ Date: _____