



LOTUS MEDICAL CAREER COLLEGE

1460 E. Holt Avenue, Suite 176A, Pomona, CA 91767 | Phone: (909) 625-8050 | <https://lmccpomona.com>

RNA ENROLLMENT AGREEMENT

Restorative Nursing Assistant (RNA) Program

SECTION 1: STUDENT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
STREET ADDRESS	APT/SUITE	
CITY	STATE	ZIP CODE
PRIMARY PHONE	CELL PHONE	EMAIL ADDRESS
DATE OF BIRTH	SOCIAL SECURITY # OR SEVIS	CA ID OR DRIVER LICENSE #
ID STATE	ID EXPIRATION DATE	CITIZENSHIP STATUS: <input type="checkbox"/> Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Neither

SECTION 2: PROGRAM DETAILS

Program Title	Restorative Nursing Assistant (RNA)
CIP Code / SOC Code	51.3902 / 31-1131
Total Clock Hours	16 hours (Theory)
Program Length	2 days
Credential Awarded	Certificate of Completion
Instruction Method	Residential: On-site Classroom Theory
Class Location	1460 E. Holt Avenue, Suite 176A, Pomona, CA 91767
Enrollment Date	
Start Date	
Expected Completion Date	
Last Date to Cancel	7th day after enrollment or first class, whichever is later: _____

RNA Class Schedule

Schedule	2 Days
Day 1 - Day 2: Theory	8:00 AM - 5:00 PM (with breaks)

Note: All course schedules are subject to change. Students will be notified of any schedule changes. Clinical sites are assigned by the Program Director.

SECTION 3: FEES, CHARGES & EXPENSES

DESCRIPTION	AMOUNT	NOTES
Registration Fee	\$250.00	Non-refundable
Tuition	\$330.00	Program tuition
Lab Supplies	\$20.00	Supplies included
Textbook / Learning Media	\$85.50	Required materials
Student Tuition Recovery Fund (STRF)	\$0.00	\$0.00 per \$1,000 eff. 4/1/24
TOTAL PROGRAM COST	\$685.50	

Optional Services (not included): Tutoring: \$50.00/hour | Credit Assessment: \$20.00

SECTION 4: PAYMENT OPTIONS

- Option 1: Full Payment**
Pay the full program cost of \$685.50 at enrollment.
- Option 2: Payment Plan**
2-3 installment payments. Additional \$50.00 fee. Final payment due one day before graduation.
- Option 3: Private Loan / Career Training Loan**
Apply through third-party lenders (TFC Tuition, Sallie Mae). LMCC has no direct loan involvement.
- Option 4: Third-Party Agency Sponsorship**
Tuition paid by a government or workforce agency. Agency approval required prior to enrollment.
- Option 5: Employer Reimbursement or Direct Payment**
Employer pays tuition at original or discounted cost.

Payment Plan Terms (If Option 2 Selected)

- Payment plan fee: \$50.00 (added to total program cost)
- Late fees: 1-3 days = \$25 | 4-8 days = \$50/day | 10+ days = student may be dropped
- If sponsored by a third-party that fails to pay, student remains responsible for full tuition

SECTION 5: STUDENT'S RIGHT TO CANCEL

IMPORTANT: YOUR RIGHT TO CANCEL

THE STUDENT HAS THE RIGHT TO CANCEL THE ENROLLMENT AGREEMENT AND OBTAIN A REFUND OF CHARGES PAID THROUGH ATTENDANCE AT THE FIRST CLASS SESSION, OR THE SEVENTH DAY AFTER ENROLLMENT, WHICHEVER IS LATER. You must submit your cancellation in writing. Cancellation is effective on the date written notice is sent.

Cancellation Procedure

To cancel this enrollment agreement, submit written notice via email, letter, or in-person delivery.

Deadline: Postmarked no later than (a) the day of the first class session, OR (b) the seventh day after enrollment—whichever is later.

Refund for Cancellation

If you cancel within the allowed period, you will receive a refund of **100% of institutional charges paid, less the \$250.00 non-refundable registration fee**. Refund will be issued within 45 days.

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.

SECTION 6: WITHDRAWAL POLICY

Students who wish to withdraw from the program must officially notify the school in writing.

Withdrawal Procedure

1. Contact the Program Director or Institute Director in writing
2. Meet with the Program Director (required)
3. **Official withdrawal date = last date of class attendance**

Refunds and final grade determinations are based on the last official class attendance date.

SECTION 7: REFUND POLICY

Pro-Rata Refund Entitlement

A student who withdraws after instruction has begun is entitled to a **pro-rata refund** if the student has completed **60% or less** of the period of attendance. Refunds are issued within 45 days.

Refund Calculation

1. Hourly charge = Total institutional charges ÷ Number of program hours
2. Amount owed = Hourly charge × Number of hours attended
3. Refund = Total charges paid – Amount owed

Example: Tuition paid: \$435.50 | Registration fee (non-refundable): \$250 | Charges subject to refund: \$435.50

Hourly rate: $\$435.50 \div 16 \text{ hours} = \$27.22/\text{hour}$

If student completed 4 hours: Amount owed = $4 \times \$27.22 = \108.88

Refund due = $\$435.50 - \$108.88 = \$326.62$

Additional Terms

- Equipment and supplies cannot be returned due to infection control—no refund for these items
- If the school cancels the program, you will receive a full refund of all charges
- Refund notification will include: date, amount, calculation method, and payee information
- Per CEC §94920(d): Pro-rata refund applies for students who complete 60% or less of attendance

SECTION 8: LOAN DISCLOSURES

NOTICE REGARDING STUDENT LOANS

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.

Loan Default Consequences

If the 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 reduce the balance owed.
2. The student may not be eligible for other federal student financial aid at another institution until the loan is repaid.

"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."

SECTION 9: NON-PAYMENT OF CHARGES

Non-payment of tuition, fees, and/or other charges due to Lotus Medical Career College will result in your being obligated for additional collection costs, collection agency costs, and other legal costs.

SECTION 10: TRANSFERABILITY OF CREDITS AND CREDENTIALS

Students must complete 100% of the program to obtain the certificate.

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

The transferability of credits you earn at Lotus Medical Career College is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the certificate you earn in the Home Health Aide Program is also at the complete discretion of the institution to which you may seek to transfer. If the credits or 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 Lotus Medical Career College to determine if your credits or certificate will transfer.

LMCC has not entered into an articulation or transfer agreement with any other college or university. Students must complete 100% of the program to obtain full credits.

SECTION 11: ADDITIONAL PROGRAM INFORMATION

Course Delivery

- **Day 1 - Day 2 (Theory): Classroom instruction, 8:00 AM - 5:00 PM (with scheduled breaks)**

Students receive access to learning materials prior to course start. This program does not require clinical rotation at an SNF—all training is completed on-site at LMCC.

Attendance Policy

Attendance is mandatory for all scheduled classes. Due to the short duration of this program (2 days), any unexcused absence may result in automatic withdrawal. Up to 10% of scheduled hours (approximately 1.5 hours) may be treated as excused absences for emergencies; all hours must be made up. **See the School Catalog for complete attendance, make-up, and dismissal policies.**

Grievance Procedure

Students are encouraged to address concerns informally with instructors first. If unresolved, students may file a formal written complaint with the Program Director within 10 days. **The complete grievance procedure is detailed in the School Catalog.**

Housing

Housing is not provided by the institution. Students may search for local rentals at www.zillow.com or www.apartments.com.

English Proficiency

Students must have intermediate English proficiency. All courses are delivered in English only. Proficiency is assessed during the enrollment interview. If English is not your primary language and you cannot understand this agreement, you have the right to request a translated transcript of the terms and conditions.

SECTION 12: STUDENT TUITION RECOVERY FUND (STRF) 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, 1747 N. Market Blvd. Ste 225, Sacramento, CA 95834, (916) 574-8900 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."

NOTE: Effective April 1, 2024, the STRF assessment rate is zero dollars (\$0.00) per one thousand dollars (\$1,000) of institutional charges.

Student Initials: _____ **Date:** _____

SECTION 13: BUREAU FOR PRIVATE POSTSECONDARY EDUCATION

Any question a student may have regarding this enrollment agreement that has not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education:

Physical Address: 1747 N. Market Blvd., Suite 225, Sacramento, CA 95834
Mailing Address: P.O. Box 980818, West Sacramento, CA 95798-0818
Website: www.bppe.ca.gov
Phone: (888) 370-7589 (toll-free) or (916) 574-8900
Fax: (916) 263-1897

A student or any member of the public may file a complaint about this institution with the Bureau by calling **(888) 370-7589** toll-free or by completing a complaint form at www.bppe.ca.gov.

SECTION 14: OFFICE OF STUDENT ASSISTANCE AND RELIEF (OSAR)

The Office of Student Assistance and Relief is available to support prospective students, current students, or past students of private postsecondary educational institutions in making informed decisions, understanding their rights, and navigating available services and relief options. The office may be reached by calling **(888) 370-7589, option #5** or by visiting osar.bppe.ca.gov.

SECTION 15: STUDENT ACKNOWLEDGMENTS

Catalog and School Performance Fact Sheet Acknowledgment: 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, salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement.

Student Initials: _____

Receipt of Catalog and SPFS: I certify that I have received the School Catalog (January 1, 2025 - December 31, 2025), School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, 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: _____

Catalog Policies Acknowledgment: I acknowledge that I have received, read, and understand the policies contained in the Lotus Medical Career College School Catalog, including but not limited to: Attendance Policy, Make-up Work Policy, Grading Standards, Satisfactory Academic Progress, Expulsion Policy, Leave of Absence Policy, Student Grievance Procedures, Non-Discrimination Policy, and Sexual Harassment Policy. I agree to abide by all policies and procedures as stated in the catalog.

Student Initials: _____

SECTION 16: LEGAL NOTICES AND SIGNATURES

Important Notice – Read Before Signing

Do not sign this Enrollment Agreement until you have read it entirely. You will be given an exact copy of the Agreement you sign. The provisions of any attached riders signed by you are also part of the Enrollment Agreement.

This enrollment agreement is legally binding when signed by the student and accepted by the institution.

For Students Under 18 Years of Age

Parent or Legal Guardian Must Sign: If you are under 18 years of age, a parent or legal guardian must also sign this agreement.

PARENT/GUARDIAN NAME (PRINT)	PARENT/GUARDIAN SIGNATURE	DATE
_____	_____	_____

BINDING AGREEMENT

TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE	\$685.50
ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM	\$685.50
THE TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT	\$685.50

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
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School Official Acceptance

_____ School Official Signature	_____ Date
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School Official Name (Print)

SECTION 17: REQUIRED DOCUMENTS CHECKLIST

For Administrative Use – To be completed by enrollment staff

DOCUMENT	RECEIVED	DATE	STAFF INITIALS
Copy of Identification Card	<input type="checkbox"/>		
Copy of Social Security Card	<input type="checkbox"/>		
Copy of Current CNA Certificate (REQUIRED PREREQUISITE)	<input type="checkbox"/>		
Signed Enrollment Agreement (this form)	<input type="checkbox"/>		
Eligibility Form Checked Off	<input type="checkbox"/>		
Live Scan (Fingerprinting)	<input type="checkbox"/>		
Copy of COVID-19 Vaccination Card (if clinical site requires)	<input type="checkbox"/>		
Current TB Test Results (within 90 days of clinical start)	<input type="checkbox"/>		
Copy of CPR Certification	<input type="checkbox"/>		
Payment Plan Agreement (if applicable)	<input type="checkbox"/>		

Enrollment Staff Signature

Date Completed

File #

Lotus Medical Career College
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