



**Dialysis Education Services Enrollment Agreement**  
**Period Covered by the Enrollment Agreement: 01/01/2024-12/31/2024**

**HEMODIALYSIS TRAINING PROGRAM - 2024 Class Schedule**

**Minimum 300 CLOCK HOURS**

**Didactic Course-100 hours**

Begin	Meet	Times	Ends
1/2/24	T/Th/S	8am-9:30am	3/2/24
2/6/24	T/Th/S	5pm-6:30pm	4/6/24
3/4/24	M/W/F	8am-9:30am	5/3/24
4/1/24	M/W/F	5pm-6:30pm	5/31/24
5/7/24	T/Th/S	8am-9:30am	7/6/24
6/4/24	T/Th/S	5pm-6:30pm	8/3/24
7/1/24	M/W/F	8am-9:30am	8/30/24
8/5/24	M/W/F	5pm-6:30pm	10/4/24
9/3/24	T/Th/S	8am-9:30am	11/2/24
10/1/24	T/Th/S	5pm-6:30pm	11/30/24
11/4/24	M/W/F	8am-9:30am	1/17/25
12/2/24	M/W/F	5pm-6:30pm	2/8/25

**Prerequisites for Clinical Course**

- Cumulative score of at least 80% in didactic course
- Passing of health, drug screening, and background checks specific to clinical assignment
- Purchase Malpractice Insurance (\$1 Million per Incident \$3 Million Aggregate)
- CPR certification: Basic Life Support (BLS) from American Heart Association

**Dialysis Education Services Enrollment Agreement**  
**Period Covered by the Enrollment Agreement: 01/01/2024-12/31/2024**

**Clinical Course-200 hours**

Begins	Based on clinical acceptance
Schedule	Based on clinical/preceptor availability, 36-40 hours/week
Location	Based on clinical/preceptor availability
Ends	Upon completion of 200 hours

Cycle	Ends
1	7/2/24
2	8/6/24
3	9/4/24
4	10/1/24
5	11/6/24
6	12/3/24
7	12/31/24
8	2/5/25
9	3/2/25
10	3/30/25
11	5/18/25
12	6/2/25

**DISCLOSURE ON ESTIMATED COMPLETION DATES**

1. The school reserves the right to postpone or terminate training in the event of Acts of God, labor disputes, equipment failure, clinic/preceptor availability and acceptance, drug, background, and health screenings, attendance as scheduled, etc.
2. \*Clinical schedule will be coordinated based on clinical acceptance (36 to 40 hours per week).
3. The student understands the timeline is estimated and accepts these variables.



**Dialysis Education Services Enrollment Agreement**  
**Period Covered by the Enrollment Agreement: 01/01/2024-12/31/2024**

**DATE TO EXERCISE RIGHT TO WITHDRAW:** \_\_\_\_\_

**ADMINISTRATIVE OFFICE:** 16925 Bellflower Blvd, Bellflower, CA 90706

Tel: (562) 376-4181 | [dialysiseducationservices.com](http://dialysiseducationservices.com)

**VIRTUAL CLASSROOM:** [classroom.dialysiseducationservices.com](http://classroom.dialysiseducationservices.com)

**CLASSES WILL BE HELD AT:** 16925 Bellflower Blvd., Bellflower, CA 90706

The course catalog is available on the company website or by mail when requested.

**Dialysis Education Services Enrollment Agreement**  
**Period Covered by the Enrollment Agreement: 01/01/2024-12/31/2024**

## **Staff and Faculty Listing**

- Instructors/Preceptors
  - Anne Diroll, RN, CNN, CLNC
  - Camilla Morales, LVN
  - Elizabeth Castro, MSN, RN, FNP
- Sales and School Administration - Sharon Morales
- Sales and School Administration - Daneen Baquing
- Sales and School Administration - Leila Morales

## **Program Description**

The Hemodialysis Training Program's main objective is to provide the student with the education necessary for employment in today's private and government-run dialysis centers, medical centers and hospital dialysis departments, health care offices, clinics, and facilities.

The combination of introduced skills taught in a **100 HOUR DIDACTIC COURSE** and a **200 HOUR CLINICAL COURSE** prepare students for employment in the field of hemodialysis. Studies include modules named 1) Today's dialysis environment, 2) The person with kidney failure, 3) Principles of dialysis, 4) Hemodialysis devices, 5) Vascular access, 6) Hemodialysis procedures and complications, 7) Dialyzer reprocessing, and 8) Water treatment.

After successfully completing the **300 Clock Hour** course of study, consisting of didactic (100 hours) and clinical (200 hours), the student will be issued a certificate of completion.

### **100-HOUR DIDACTIC COURSE DESCRIPTION**

1. Reading - *Core Curriculum for the Dialysis Technician: A Comprehensive Review of Hemodialysis*. 6th ed. Medical Education Institute, 2018. (purchased by the student separately)
2. Online activities in the Dialysis Education Services Virtual Classroom [classroom.dialysiseducationservices.com](https://classroom.dialysiseducationservices.com) include the following actions on the modules listed in (Table 1)
  - a. Three (3) weekly in-person meetings
    - i. Virtual meeting link available
    - ii. Recording of class released the next day
  - b. Participation in four (4) discussion topics - graded at the end of the week.
  - c. Tests and other online assessment activities - graded immediately.

**Dialysis Education Services Enrollment Agreement**  
**Period Covered by the Enrollment Agreement: 01/01/2024-12/31/2024**

**200-HOUR CLINICAL COURSE DESCRIPTION**

Students will complete 200 hours of clinical training at a hosting operational dialysis facility. After a student is submitted for clinical placement, they must communicate directly with the company or facility to demonstrate professionalism.

**Disclosures on Estimated Completion Date**

1. The school reserves the right to postpone or terminate training in the event of Acts of God, labor disputes, equipment failure, clinic/preceptor availability and acceptance, drug, background, and health screenings, attendance as scheduled, etc.
2. Clinical schedule will range from 36 to 40 hours per week.
3. The student understands the timeline is estimated and accepts these variables.

\* Entire tuition is applicable to didactic hours. Clinical hours are included at no cost to graduates of the didactic course.

\*\* Course costs can be broken into four (4) equal monthly payments throughout the program, due on the start of each new month of the course.



**Dialysis Education Services Enrollment Agreement**  
**Period Covered by the Enrollment Agreement: 01/01/2024-12/31/2024**

**Schedule of Total Charges for a Period of Attendance:**

Refundable

Tuition \$6297.50

Non-Refundable

Registration Fee \$250

STRF \$0

LMS \$952.50

**Program Cost Total \$7500.00**

**Student Tuition Recovery Fund**

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 and 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

**Dialysis Education Services Enrollment Agreement**  
**Period Covered by the Enrollment Agreement: 01/01/2024-12/31/2024**

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. 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.

**Dialysis Education Services Enrollment Agreement**  
**Period Covered by the Enrollment Agreement: 01/01/2024-12/31/2024**

**Payment Contract and Financial Policy:**

I, \_\_\_\_\_, agree to make the final payments on the specified dates and the agreed amounts stated on the payment schedule below. I understand that failure to comply with the terms of this contract may result in my expulsion from this Program, and I will not receive my Certificate of Completion until my financial obligation is paid in full.

**Consequences of Non-Payment:**

- A 12% annual interest rate will be applied to any outstanding balance.
- If payment is not received by the due date, I will be placed in a two-week financial probation.
- During financial probation, I must settle the outstanding payment, including any applicable late fees.
- Failure to settle the payment within the probation period will result in my expulsion from the Program.

**Payment Schedule Options (Please check one):**

- Payment in full
  - \$500 discount if paid in full by cash or check by the first day of class
  - \$250 discount if paid in full by credit card by the first day of class
- 4-months, interest-free
  - Registration, due upon enrollment: \$250
  - 4 monthly payments, due on the 1st of each month: \$1812.50
- 12-months, with interest (10%)
  - Down payment, due upon enrollment (minimum \$250): \_\_\_\_\_
  - 12 monthly payments, due on the 1st of each month: \_\_\_\_\_

I understand payments are due on the above-scheduled dates.

\*Fee for any returned checks: \$35 will be added to the student's outstanding balance.

**Dispute Resolution:**

In the event of a dispute regarding payments or financial obligations, both parties agree to seek resolution through mediation or arbitration as outlined by the school's policy.





**Dialysis Education Services Enrollment Agreement**  
**Period Covered by the Enrollment Agreement: 01/01/2024-12/31/2024**

**Modification of Agreement:**

Any changes to the payment schedule or terms of this agreement must be agreed upon in writing by both parties.

\_\_\_\_\_ \_\_\_\_\_  
**Date** **Signature**

\_\_\_\_\_ \_\_\_\_\_  
**Date** **Dialysis Officer**

**“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.”***

**Student’s Right to Cancel**

You have the right to cancel the Enrollment Agreement you sign for a course of instruction, including any book included in the agreement, and obtain a refund of charges paid through attendance at the first class session, or the seventh day after enrollment, whichever is later. Cancellation shall occur when you give written notice of cancellation at the address of the School shown on the top of the front page of the enrollment agreement. You can do this by mail, hand delivery, or telegram. The written notice of cancellation, if sent by mail, is effective when deposited in the mail properly addressed with postage prepaid. The written notice of cancellation need not take any particular form, and, however expressed, it is effective if it shows that you no longer wish to be bound by your enrollment agreement. You will be given a notice of cancellation form with this enrollment agreement and on the first day of class, but if you choose to cancel, you can use any written notice that you wish. If the school has given you a book, you shall return it to the school within 30 days following the date of your notice of cancellation. If you fail to return the book in good condition within the 30-day period, the school may deduct its documented cost for the equipment from any refund that may be due to you. Once you pay for the book, it is yours to keep without further obligation. If you cancel the agreement, the school will refund any money that you paid, less any deduction for a book not timely returned in good condition, within 45 days after your notice of cancellation is received.

**Dialysis Education Services Enrollment Agreement**  
**Period Covered by the Enrollment Agreement: 01/01/2024-12/31/2024**

**Student's Right to Withdraw and Refund:** The institutional refund policy for students who have completed 60 percent or less of the course of instruction shall be a pro-rata refund. After the end of the cancellation period, you have a right to terminate your studies at this school at any time, and you have the right to receive a refund for the part of the course or program you have paid for and did not receive. You have the right to withdraw from the course of instruction at any time. If you withdraw from the course of instruction after the period allowed for cancellation, the school will remit a refund, less the registration fee of \$250, the Student Tuition Recovery Fund fee of \$17.50, and the LMS fee of \$952.50 within 45 days following your withdrawal. You are obligated to pay only for educational services rendered and for unreturned books or equipment.

(A) Deduct the registration fee (\$250), the Student Tuition Recovery Fund fee (\$17.50), and the LMS fee (\$952.50) from the total tuition charge.

(B) Divide this figure by the number of days in the program.

(C) The quotient is the daily charge for the program.

(D) The amount owed by you for purposes of calculating a refund is derived by multiplying the total days attended by the daily charge for instruction.

(E) The refund would be any amount in excess of the figure derived in (D) that was paid by you.

(F) The refund amount shall be adjusted for any books, if applicable. **(Not Applicable)**

If you obtain a book, as specified in the enrollment agreement, and return them in exactly the same condition within 30 days following the date of your withdrawal, the school shall refund the charge for the book paid by you. If you fail to return the book in exactly the same condition within the 30-day period, the school may offset against the refund the documented cost for the book exceeding the prorated refund amount.

If you receive federal student financial aid funds, you are entitled to a refund of moneys not paid from federal student financial aid program funds. 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.

If the student is eligible for a loan guaranteed by the federal or state government and the student defaults on the 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 which the person is entitled to reduce the balance owed on the loan.

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

**Dialysis Education Services Enrollment Agreement**  
**Period Covered by the Enrollment Agreement: 01/01/2024-12/31/2024**

**Withdrawal Definitions:** For the purposes of determining a refund or fee still due to the school, you are deemed to have withdrawn from the program of instruction when any of the following occurs;

1. You notify the school in writing of your withdrawal from the course.
2. The school terminates your enrollment.
3. You fail to attend classes for a three-week period. The date of your withdrawal shall be deemed at the twenty-second day since your last recorded attendance.

**Refunds and 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.

If you are eligible for a loan guaranteed by the federal or state government and you default on the loan, both of the following may occur:

1. The federal or state government or a loan guarantee agency may take action against you, including applying any income tax refund to which you are 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.

**“NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION”**

The transferability of credits you earn at Dialysis Education Services is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the certificate you earn in the Hemodialysis Training Program 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 this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending Dialysis Education Services to determine if your certificate will transfer.

**Confidentiality:** All prospective students agree to abide by the following Confidentiality Agreement in order to enroll in the DES Hemodialysis Training Program.

- I agree to respect the privacy of all Dialysis Education Services curricula and educational materials used during the course of my training

**Dialysis Education Services Enrollment Agreement**  
**Period Covered by the Enrollment Agreement: 01/01/2024-12/31/2024**

- I understand it is my legal, ethical, and professional obligation to maintain the confidentiality of all and any patient information received during the course of my training. I, therefore, agree to maintain confidentiality in accordance with those responsibilities.
- I furthermore agree to maintain confidential any personal, privileged, or proprietary information received about Dialysis Education Services or its affiliates
- I agree to abide by this Confidentiality Agreement as stated above and will adhere to the letter and intent of this agreement.

**Non-Compete Agreement:** For good consideration and as an inducement for DES (Company) to enroll Student, Student agrees not to directly or indirectly compete with the business of DES and its successors and assigns during the period of enrollment and for a period of 2 (two) years following termination of enrollment and notwithstanding the cause or reason for termination. The term "not compete" as used herein shall mean that the Student shall not own, manage, operate, consult, or to be employed in a business substantially similar to or competitive with the present business of DES or such other business activity in which DES may substantially engage during the term of enrollment.

The Student acknowledges that DES shall or may in reliance of this agreement provide Student access to trade secrets, customers, educational materials, and other confidential data and goodwill. The student agrees to retain said information as confidential and not to use said information on his or her own behalf or disclose the same to any third party. This agreement shall be binding upon and inure to the benefit of the parties, their successors, assigns, and personal representatives.

**Academic Standards:**

- 1) Preparation Before/After Class:** Students are expected to come to class prepared for the scheduled lessons by pre-reading chapters to be covered. In addition, within 24 hours of class, the student should review lesson materials and prepare questions or concerns for clarity before the next class.
- 2) Subject Tests:** Each major section of the material will have a corresponding test. The passing score of tests is 80%. Subject tests serve as a gauge on the student's ability to comprehend the material covered during the course. Preparation for tests should take 2 to 4 hours per subject, depending on the amount of material covered.
- 3) Final Examination:** A comprehensive 100-question final exam will be given to determine if the student has gained the knowledge necessary to function as a hemodialysis professional. The state of California Department of Public Health has approved the final exam for hemodialysis certification. The minimum passing score on the final exam is 80%.
- 4) Attendance:** Any student who has consecutively missed more than one-third of the scheduled class hours in any month, or is absent 10 hours from didactic/clinical training,

**Dialysis Education Services Enrollment Agreement**  
**Period Covered by the Enrollment Agreement: 01/01/2024-12/31/2024**

will receive written notification of their placement on academic probation. Any student absent more than 20 hours from the didactic portion will be expelled from the Program.

**Failure to Comply with Academic Standards:** Failure to comply with academic standard 1 is considered disruptive to the educational progress of others and will result in written notification to the student of placement on academic probation. Thereafter, future failures to comply with standard 1 are grounds for expulsion from the Program.

Students in non-compliance with any standard will be referred to the Program Director for academic review and may receive written notification of placement on academic probation. Thereafter, future failures to comply with standard 2 are grounds for expulsion from the Program.

Failure to comply with standard 3 will result in 1 (one) retesting 2 weeks after the initial exam. Students in non-compliance with standard 3 will be referred to the Program Director for academic review and may receive written notification of placement on academic probation. Thereafter, future failures to comply with standard 3 are grounds for expulsion from the Program. Each student will have a **total of 3 opportunities** to obtain a passing score on the final exam at a minimum of 2-week intervals.

**Standard of Conduct:** The standard of conduct for students enrolled in the Hemodialysis Training Program of Dialysis Education Services is based on integrity, common decency, and mutual respect. You are expected to observe the school's rules, regulations, policies, and conduct yourself at all times in a manner that is a credit to you, the profession, and this school.

- 1) Students and Instructors will treat one another, other staff members, and patients with respect and decency. Foul language and profanity will not be tolerated at any time.
- 2) The conduct must always be professional and compassionate. Physical, verbal, or emotional abuse will result in immediate removal from the program.
- 3) Dialysis Education Services has a zero-tolerance on substance use/abuse. If at any time a DES staff member, a DES preceptor, or other staff at a DES coordinated training facility suspects that the student is under the influence of alcohol or drugs, the student will be asked to submit to a blood toxin test. Failure of the student to submit to testing or a finding that the student is under the influence of alcohol or drugs will result in immediate removal from the program and forfeiture of all tuition amounts.
- 4) Fraternalization or sexual harassment between preceptor and student is expressly forbidden.

**There will be no exception or deviation from this policy. Any student found to be in violation of this policy will be removed from the Hemodialysis Training Program.**

**Dress Code:** The standard of dress is designed to ensure maximum comfort and uniformity in appearance. Apparel worn should be clean, neat, and appropriate to the classroom or hosting

**Dialysis Education Services Enrollment Agreement**  
**Period Covered by the Enrollment Agreement: 01/01/2024-12/31/2024**

clinical facility policy. Students in attire that is inappropriate will be dismissed from class and will not be allowed to remain for clinical practice. Failure to adhere to the Dress Code will result in an unexcused absence from that day's educational activities.

**Catalog and School Performance Fact Sheet:**

**Initial \_\_\_\_\_** 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, and salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement.

**Initial \_\_\_\_\_** 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 Acknowledgement:** My signature below certifies that I have read, understood, and agree to DES's Confidentiality Policy, Academic Standards, Uniform Policy/Dress Code, and Personal Protective Equipment Policy of this Agreement and understand the consequences of non-compliance. I certify that I have read and understand the cancellation and refund policy and the complaint procedure, I have received a copy of the school catalog or brochure, and am entitled to an exact copy of this Enrollment Agreement, School Catalog, and other documents that I sign.

**By my signature:** I understand any changes in the agreement will not be binding on either the student or the school, unless such changes are acknowledged in writing by an authorized representative of the school and by the student or the student's parent or guardian if he/she is a minor.

I understand that although placement assistance may be provided to me, DES cannot promise or guarantee employment or income level to any student or graduate.

I have been advised that, if English is not my primary language, and I am unable to understand the terms and conditions of this Enrollment Agreement, I have the right to obtain a clear explanation of the terms and conditions and all cancellations and refund policies in my primary language. The recruitment leading to this enrollment was conducted in English.

If accepted by DES I understand that DES may terminate my enrollment if I fail to comply with any attendance, academic, and financial policies and requirements, or if I disrupt the normal activities of the school. Upon successful attendance of the program of study for which I am enrolled, I understand that I must receive passing grades in all practical and written examinations and that my financial obligation to the school must be paid in full. I acknowledge that this



**Dialysis Education Services Enrollment Agreement**

**Period Covered by the Enrollment Agreement: 01/01/2024-12/31/2024**

school is not a public institution. I acknowledge that, if I receive a student loan to assist in the payment of my tuition, I have a legal responsibility to repay the loan. The lender, guarantee agency, or federal government, in order to recover loan amounts, may alter my listing with credit bureaus, garnish my wages, seize my assets, and/or seize any income tax refund which I may be due.

I understand the total amount for the Hemodialysis Training Program is \$7,500 (including non-refundable items, as presented on the Tuition Fee Schedule). I agree that I am responsible for the total amount of \$7,000. If I get a student loan, I understand I am responsible for repaying the loan amount plus any interest owed. If I have received federal student financial aid funds, I am entitled to a refund of monies not paid from the federal student financial aid program funds. I understand that the:

TOTAL CHARGES FOR CURRENT PERIOD OF ATTENDANCE:

\$7500.00

ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM:

\$7500.00

THE TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT:

\$ \_\_\_\_\_

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

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature and Title of School Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

*“THIS AGREEMENT IS LEGAL AND BINDING ONLY WHEN IT HAS BEEN FULLY COMPLETED, SIGNED, AND DATED BY THE STUDENT AND ACCEPTED BY AN AUTHORIZED REPRESENTATIVE OF THE SCHOOL PRIOR TO THE TIME INSTRUCTION BEGINS”*



**Dialysis Education Services Enrollment Agreement**  
**Period Covered by the Enrollment Agreement: 01/01/2024-12/31/2024**

***BPPE Approval Statement*** –*This institution is a private institution approved to operate by the California Bureau for Private Postsecondary Education. Approval to operate means the institution is compliant with the minimum standards contained in the California Private Postsecondary Education Act of 2009 (as amended) and Division 7.5 of Title 5 of the California Code of Regulations.*

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. Ste 225 Sacramento, CA 95834 and/or P.O. Box 980818, West Sacramento, CA 95798-0818, [www.bppe.ca.gov](http://www.bppe.ca.gov), or (888) 370-7589 or by fax (916) 263-1897, or (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](http://www.bppe.ca.gov).

DES has never filed for a bankruptcy petition, operated as a debtor in possession, or had a petition of bankruptcy filed against it under Federal law.

**Student Information**

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Social Security Number (required for state reporting purposes): \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_