



NCSSM A-STEP introductory course date: _____

Student Name: _____

2023 Enrollment Agreement

NORTHERN CA SCHOOL OF SLEEP MEDICINE
1130 CONROY LANE SUITE 600
ROSEVILLE, CA 95661
P: 916-789-0112

COURSE LOCATION
4232 H STREET
SACRAMENTO, CA 95819
NSCCSM@CASLEEP.COM

The Northern California School of Sleep Medicine offers the A-STEP introductory course, lastly 80 hours. Course dates and times vary annually. Course is offered from 9:00 am until 5:30pm with a one-hour break for lunch, weekdays only.

Please check which course you are interested in.

- April 8 - April 19, 2024
August 5 - August 16, 2024
October 7 - October 18, 2024

CONTACT INFORMATION

First Name M.I. Last Name

Date of Birth (MM/DD/YYYY)

MAILING ADDRESS

City State Zip

Cell () _____

Email _____

Emergency Contact

Name: _____ Relationship: _____

Phone number () _____

EDUCATION (include copy of degree with application)

High School Diploma AA or Equivalent Degree
4 Year College/University Graduate Degree or Above



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ESSAY

Attach a 250-word essay explaining why you would like to participate in the A-STEP introductory course.

Please **mail or email** the completed Application Form and supporting documentation to:

1130 Conroy Lane Suite 600 Roseville, CA 95661

ncssm@casleep.com

TUITION

Tuition includes 80 hours of live education and hands-on instruction of sleep technology, access to vital resources used in sleep medicine, sleep clinic diagnostic equipment, and other learning materials.

Students are responsible for finding and purchasing the course textbook, the 80-Hour Introductory exam fee with the AASM, and personal medical scrubs.

Housing is not provided by NCSSM. Students are responsible for personal accommodations.

CEC \$94911

If the 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 applying any income tax refund to which the person is entitled to reduce the balance owed on the loan.

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.

COST

The total cost of the A-STEP Introductory Course is \$2,500.00. This total includes a non-refundable registration fee of \$250.00 and the Student Tuition Recovery Fee of \$7.50. Payment in full is due two weeks prior to the first day of the course. The registration fee is required to reserved your place in the course.

NCSSM offers the following payment options:

- Payment by Mail: Payment by check can be mailed to Northern California School of Sleep Medicine 1130 Conroy Lane Suite 600
- Pay by credit or debit card is accepted through Square (email **ncssm@casleep.com** to request an invoice).
- Payment plans can be offered on a case-by-case basis at the discretion of the program director. Payment in full is always due prior to the last day of the course.
- Financial aid is NOT provided through NCSSM.



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DISCLOSURES

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.

Refund Policy: All cancellations must be performed 2 weeks prior to start of course. The \$250.00 registration fee is non-refundable.

STUDENT'S RIGHT TO CANCEL

The final date to cancel enrollment is no shorter than 2 weeks prior to start of the course selected. The registration fee can be transferred to a future course but not refunded. A letter must be signed and emailed to ncssm@casleep.com to notify staff of the student's decision to cancel enrollment and obtain a refund if applicable.

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. 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.

§ CCR 76215. STUDENT TUITION RECOVERY FUND 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.

NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION

The transferability of credits you earn at NORTHERN CALIFORNIA SCHOOL OF SLEEP MEDICINE is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the A-STEP INTRODUCTORY COURSE CERTIFICATE OF COMPLETION you earn in THE A-STEP INTRODUCTORY COURSE 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 NORTHERN CALIFORNIA SCHOOL OF SLEEP MEDICINE to determine if your certificate will transfer.

Credits do not transfer to other institutions. A certificate will be provided on the final day of the course and upon completion of the ASTEP final exam.



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BY SIGNING THIS FORM, I _____ AGREE to participate in the Northern California School of Sleep Medicine A-STEP Introductory Course. A student shall enroll solely by means of executing an enrollment agreement. The enrollment agreement shall be signed by the student and the program director and becomes legally binding when signed and accepted by the institution.

I understand that all materials (electronic or paper) used and received during this course are subject to copyright law. Unauthorized use, duplication, or reproduction in parts or in its entirety will result in legal action against me.

TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE: \$2500.00

ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM: \$2500.00

THE TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT: \$250.00

(CEC §94911(c))

Initial the following:

_____ 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

_____ 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.

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.

Signature: _____ Date: _____

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, P.O. Box 980818, West Sacramento, CA 95798-0818, www.bppe.ca.gov, Telephone and Fax #'s: (888) 370-7589 or by fax (916) 263-1897, (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.

Signature of Program Director:

Program Director Signature

Date



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Supplemental documents checklist:

- Completed enrollment agreement.
- Copy of photo ID
- Copy of education degree(s)
- Copy of Essay.
- Payment