# Emergency Medical Services Universal Education

Instruction Location (Check One):

▫ 6910 Miramar Road, Suite 206, San Diego, CA 92121

▫ 32980 Alvarado-Niles Rd., Suite 810, Union City, CA 94587

## EMT Program Enrollment Agreement

**Emergency Medical Services Universal Education Enrollment Agreement - Version Date: November 22, 2026**

| | | | |
|---|---|---|---|
| **Last Name:** | **Middle Initial:** | **First Name:** | |
| **EMT Program Format? (Regular, Accelerated, Fast Track or Boot Camp):** | | **Phone Number:** | |
| **Course Start Date:** | | **Course End Date:** | |
| **Address:** | | **Email Address:** | |
| **City:** | | **State:** | **Zip Code:** |
| **How Did You Hear About Us?** | **Social Security Number:** | **Date of Birth:** | |

I hereby agree that I received a copy and understand all aspects of the following:

1. **EMT Program Clock Hours: _____.** **Student Initials: _____**
2. **The Period Covered by this Enrollment Agreement is from _____ (Date) to _____.** **Student Initials: _____**
3. **The Date by with a Student must exercise their right to cancel or withdrawal from the course _____.** **Student Initial:_____**
4. **Tuition and Other Charges Below:**

| Item Name | Unit Cost | Quantity | Charge to Student (Total) |
|---|---|---|---|
| ***(Sample)*** | *($XX.XX)* | *(X)* | *($XX.XX)* |
| **Registration Fee** | | | |
| **Tuition (Includes All** | | | |

| | | | |
|---|---|---|---|
| **Course Materials)** | | | |
| **Student Tuition Recovery Fund Fee (Non-Refundable)** | (ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM ($0.00) ROUNDED UP TO THE NEAREST $1000). MANDATORY FEE | | |
| **Course Change Fee** | $150.00 | | |
| **Financing Fee (If Applicable)** | $250.00 | | |
| **Other (Please Specify):** | | | |

**Total Amount Due (From Above): $_____ Student Initials: _____**

5. **Why are you taking this class or what do you expect to become or do at the end of it? (Mark One)**

**▢ Allied Health - Other ▢ As a Prerequisite for Another Course**
**▢ Continuing Education (For ex: a nurse or physician taking the class for CE) ▢ EMT ▢ Firefighter ▢ General Interest/Entertainment**
**▢ Nurse ▢ Paramedic ▢ Physician**
**▢ Other Non-EMT (Please Specify): _____**

6. **Emergency Medical Services Universal Education Refund & Cancellation Policy Below:**

## STUDENT'S RIGHT TO CANCEL

An applicant who provides written notice of cancellation within seven days (excluding Saturday, Sunday and federal and state holidays) of signing an enrollment agreement or who cancels by attendance at the first class session is entitled to a refund of all monies paid (whichever is later). No later than 45 days from the last date of attendance, the school shall provide the 100% refund of all monies paid.

**Student Initial: _____**

## WITHDRAWAL POLICY

After the cancellation period has passed the Withdrawal Policy below shall apply. No later than 45 days from the last date of attendance, the school shall provide a refund less the STRF fee and less the documented cost of any course materials received and used, per CEC §94919(d). The refundable portion shall be made according to the percentage of the class elapsed according to the table below

| Percentage of Class Elapsed | Refund Amount |
|---|---|
| **None** | 90% |
| **10% or Less** | 90% |
| **More than 10% and less than or equal to 20%** | 80% |
| **More than 20% and less than or equal to 30%** | 70% |
| **More than 30% and less than or equal to 40%** | 60% |
| **More than 40% and less than or equal to 50%** | 50% |
| **More than 50% and less than or equal to 60%** | 40% |
| **More than 60%** | No Refund |

### *Course Materials - Refund Deduction per CEC §94919(d)*

No course materials fee is charged if materials are not received or not used. If materials are received and used, the institution may deduct the documented cost of those materials from the refund, per CEC §94919(d). Course materials include the following items: Emergency Medical Services Universal Education EMT Course Packet (1. Book or eBook; 2. Uniform Shirt; 3. Stethoscope; 4. Penlight; 5. Pocket Mask; 6. Emergency Medical Services Universal Education Online; 7. Blood Pressure Cuff; 8. Scizzors).In the event that a student cancels or withdraws from class, a materials deduction of $500 will be applied to the refund for course materials received and used.

### *Cancelled Classes*

In the event that class is cancelled, students are entitled to a 100% refund irrespective of the table above.

## Process of Refund and Withdrawal

A student may withdraw from the program at any time by delivering written notice of withdrawal (by email to info@emsuniversity.com, info@californiaemt.com, mail, or hand-delivery) to Campus Administration at Emergency Medical Services Universal Education. A withdrawal notice is effective on the date received by the institution. Withdrawal may also be effectuated by the institution's written notice regarding student conduct, including lack of attendance (unexcused absence exceeding 20% of scheduled class hours, or 3 consecutive unscheduled absences), in which case the effective withdrawal date is the student's last date of attendance. All refunds owed are paid within 45 calendar days of cancellation or withdrawal.

## Pro Rata Refund Calculation (CEC § 94911(e)(1), CEC § 94920(d) & 5 CCR § 71751(a)(3)(A))

Students who withdraw after the cancellation period and have completed 60 percent or less of the scheduled class days in the period of attendance are entitled to a pro rata refund of unearned institutional charges (or the refund schedule percentage above if greater; never less than the statutory pro rata refund). Students who have completed more than 60 percent of the period of attendance receive no refund. Pursuant to 5 CCR § 71751(a)(3)(A), the pro rata refund owed to the student equals the total charges paid by the student, minus the daily or hourly tuition charge for the program (total institutional charge minus any non-refundable charges, divided by the number of scheduled class days or hours in the program), multiplied by the number of class days or hours the student attended prior to withdrawal, and minus any non-refundable charges. Any scheduled class days or hours prior to the student's last day of attendance for which the student was scheduled to attend but was absent are included in the calculation of days or hours attended.

Worked Pro Rata Refund Example (Accelerated Session):

Tuition: $2,295.00 | Registration Fee: $50.00 | STRF Assessment (non-refundable): $0.00 ($0.00 per $1,000) | Total Institutional Charge: $2,345.00

Documented Course Materials Fee (deducted only if materials were received and used, per CEC § 94919(d) and 5 CCR § 71751(a)(3)(B)): $500.00

Program Duration: 30 scheduled class days | Student Withdrawal: After 10 scheduled class days attended (33.33% completed, which is 60% or less)

1. Daily Tuition Charge = ($2,345.00 Total Institutional Charge - $500.00 Non-Refundable Materials Received & Used - $0.00 STRF) / 30 Class Days = $1,845.00 / 30 = $61.50 per class day

2. Tuition Owed for Portion Attended = $61.50 per class day x 10 scheduled class days = $615.00

3. Total Pro Rata Refund Owed to Student (assuming $2,345.00 paid in full) = $2,345.00 (Total Paid) - $615.00 (Tuition Owed) - ($0.00 STRF + $500.00 Materials Received & Used) = $1,230.00

(Note: If course materials were not received or not used, non-refundable charges equal $0.00, Daily Tuition Charge equals $2,345.00 / 30 = $78.17 per class day, Tuition Owed

**Student Initial: _____**

equals $781.70, and Total Pro Rata Refund Owed equals $2,345.00 - $781.70 = $1,563.30.)

## *Financing*

Finance fees for payment plans and course materials are subject to the institution's refund policy; course materials are deducted only if received and used, per CEC §94919(d). Delinquent Tuition Students who are 30 days or more past due in their tuition obligations may be taken to collections. Students should be sure to keep in contact with obligations may be taken to collections. Students should be sure to keep contact with administration to prevent adverse action. Students owing $1,000.00, and more that 60 days past due or more may be referred to an attorney for legal action. Students who do not pay their entire balance by the due date may be dismissed from their course(s).

### *Late Payments/Penalties*

Students or groups having balances 40 days past the due date will be charged a $10 late fee. If a balance is owed past 60 days, there will be a 1.5% fee charged per month on the balance owed, starting at 60 days and continuing every 30 days thereafter.

**Student Initial: _____**

7. **Emergency Medical Services Universal Education Catalog Received**
   **Student Initial: _____**

8. **Catalog Date: _____ Student Initial: _____**

9. **I hereby waive placement assistance: ▢ Yes ▢ No Student Initial: _____**

10. **Reason for waiver (write reason(s) below):**

11. **Other Required Acknowledgments:**

    **(1) 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.**

**Student Initial: _____**

**(2) 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 Initial: _____**

***Agreement Section***

*Registration does not guarantee acceptance. Class size or commencement of class may vary depending upon needs and availability. By filling out this form, signing, and submitting payment to Emergency Medical Services Universal Education, I hereby agree that I meet the necessary prerequisites to attend the course. Additionally, I agree to pay the registration fee above for this class unless payment has already been received.*

*Emergency Medical Services Universal Education does not provide housing. Emergency Medical Services Universal Education does not offer tutoring and does not charge for transfer of credit or for charges paid to an entity other than an institution that is specifically required for participation in the education program.*

*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 defaults on a federal or state loan, both 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) 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.*

*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.*

**Student Initial: _____**

*I hereby certify that the above information is correct and true and that I have read and understand all aspects of this enrollment agreement. I acknowledge receipt of the documents above referenced in this form and understand all aspects related to these documents as well as this Enrollment Form. The Catalog as referenced by the date above is incorporated as part of the Enrollment Agreement*

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

*"The transferability of credits you earn at Emergency Medical Services Universal Education is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the Certificate you earn in Emergency Medical Technician 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 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 Emergency Medical Services Universal Education to determine if your Certificate will transfer."*

*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 Web site Address: 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.*

*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.*

*Holder in Due Course Rule:*

*Any holder of this consumer credit contract is subject to all claims and defenses 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 (FTC Rule effective 5-14-76).*

***Note:*** **Job placement is not guaranteed to graduates upon completion of the training or upon graduating. Avocational students (i.e., those taking the program to do something other than to gain employment as an EMT will not be provided with placement assistance).**

## Payment Plan Agreement: (leave blank if not applicable)

**Student Initial: _____**

Students under a payment agreement understand the financing fee is subject to the institution's refund policy and agree to pay the total amount due by the following date: _____ Amount Paid Today: $ _____

**Student Initials: _____**

TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE: _____$_____

ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM: $_____

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

**This agreement is legally binding when signed by the student and accepted by the institution. "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:_____**

**School Official Signature: _____ Date:_____**

# Student Tuition Recovery Fund Notice

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.

Due to the changing nature of the EMT program, if a student does not complete the program successfully within the time allotted in the period covered by the enrollment agreement/by the course completion date and if the student chooses to re-enroll, the student will be required to pay applicable tuition and registration fees and restart with a new enrollment period.

If you have any questions, feel free to call/text us at (800) 728-0209 or visit www.emsuniversal.org.

**This agreement is legally binding when signed by the student and accepted by the institution. "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:_____**

**School Official Signature: _____ Date:_____**

**Student Initial: _____**