

**ENROLLMENT AGREEMENT**  
Certification Program in  
**Orthopedic Manual Physical Therapy (COMT)**

**The Ola Grimsby Institute, Europe**  
*Haxthausens Gate 4*  
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*This enrollment agreement is to be completed by students who have already completed the application process and have been accepted for admissions. The terms of this Enrollment Agreement are contained on (5) pages.*

To Registrar: I understand that I have been accepted for admissions into The Ola Grimsby Institute at the training location indicated below. I agree to follow the prescribed training program and maintain continuous enrollment through program completion. Upon completion of my program and tuition obligation, I will be awarded the designated certificate of completion.

### Personal Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Training location (List City/clinic or Unknown) \_\_\_\_\_

Date of birth (M/D/Y) \_\_\_/\_\_\_/\_\_\_\_ Social Security No.(or equivalent) \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_

Country: \_\_\_\_\_

**Name and relationship of closest relative** \_\_\_\_\_

Relative's home phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

## COMT Application

### Education

I understand that in order to be accepted into this program I must possess a Physical Therapy degree, and that I have a degree and active state license:  yes  no

### Health

Are there any health problems or disabilities that would endanger or hinder your completion of this training program?  yes  no. If yes, please attach explanation.

### Program Plan and Payment

Check Program 1 or Program 2

1) ___ 1-Year Locally Hosted Program	2) ___ 1 to 3-Year Flex Program
I have been accepted and am enrolling in the Orthopedic Manual Therapy Certification and will engage in all training at the _____ location (Write in city/clinic for local program). Start date of ___/___/2018.	I have been accepted and am enrolling in the Orthopedic Manual Therapy Certification and collecting the required classes, in any order, at any city they are being offered.
I understand I will be enrolled in the required courses are preset dates at the consistent location above. .	I understand the it is recommended, not required, to complete the MT1 course first before continuing with the other courses in the series.
___ (initial) I understand that this program has a one time €100 web administration fee due in with this application.	___ (initial) I understand that this program has a €100 annual web administration fee due in January of each year until the program is completed.
	<b>Previous Credits:</b> Please select the courses you have already completed after January 2011 that you wish to be waived from: * ___ MT1, ___ MT2, ___ MT3, ___ MT6, ___ MT7, ___ MT8.
	___ (initial) I understand that there may be online reading/quizzes still required for these previous courses I have completed to obtain full credit for the COMT program.
___ (initial) <b>Course Schedule:</b> Closed courses will have a pre-determined schedule, set by the OGI and the hosting company. Students are required to attend courses with this schedule.	___ (initial) <b>Course Schedule:</b> courses are available as listed on the OGI Website. The OGI cannot guarantee all courses will run.
___ (initial) <b>Course Registration:</b> students are automatically enrolled as a group for locally hosed programs, once this enrollment agreement is accepted.	___ (initial) <b>Course Registration:</b> students are required to register for each course separately on the OGI website, attending the courses they chose to attend. Courses can be taken in any order.
___ (initial) <b>Payments:</b> Tuition payments will be made monthly, divided over 12 months, or over the time period. Students will be billed monthly.	___ (initial) <b>Payments:</b> All course payments are made through normal website registration

**Tuition and Fees**

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The Ola Grimsby Institute, Inc., does not offer financial aid nor does it participate in any financial aid programs at this time. Tuition is to be pre-paid and is outlined as follows:

**Fees will vary:**

Application & webhosting administration fee	
MT1: Introduction to Clinical and Scientific Rationale for Modern Manual Therapy	
MT-2 Manual Therapy of the Cervical spine, TMJ and Upper Extremity	
MT-3 Manual Therapy of the Lumbar Spine, Pelvis and Lower Extremity	
MT-6 Introduction to Spinal Manipulation	
MT-7 Soft Tissue	
MT-8 Extremity Joint Manipulation	
Examination Weekend (review, written, practical)	

All payment(s) for tuition must begin on or before July 5<sup>th</sup>, or the first month initiating the program, otherwise a late fee of €100 will be applied. Payments may be made by check or credit card.

Payment plans do not include recommended reading material, flight/travel and accommodation costs for coursework or examinations.

**CLINICAL CERTIFICATION PROGRAM DETAILS**

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- (1). The OGI Certification in Orthopedic Manual Therapy (COMT) offers training to enrolled physical therapists in Orthopedic Manual Therapy. Upon successful completion of the program, graduates will be awarded their Certification in Orthopedic Manual Therapy (COMT) credentials.
- (2). The COMT consists of 109 classroom hours, or 1.09 continuing education units. The program breakdown is 98 didactic hours and 5 examination hours.
- (3). Graduation requirements include attendance of all 109 hours of class, and successful completion of a four-hour written exam (80% score or higher) and a one-hour practical exam (performance graded by one examiner). Practical exam consists of a randomly chosen question in which the student must show his or her knowledge of the pertinent condition and treatment protocol.

**BUYER'S RIGHT TO CANCEL  
NOTICE OF STUDENT RIGHTS**

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- (1). You may cancel your contract for school without any penalty or obligations on the fifth business day following your first class session by providing written and signed confirmation of your desire to cancel enrollment.
- (2). 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 refund for the part of the course not taken.

Your refund rights are described within this enrollment agreement.

- (3). If the school closes before you graduate, you may be entitled to a refund.

## Terms and Conditions

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*Please read carefully and initial all items on the lines provided to indicate you have read and understood them.*

This enrollment agreement is a legally binding instrument when signed by the student and accepted by the school. Your signature on this enrollment agreement acknowledges that you have been given reasonable time to read and understand this agreement.

Immediately after both parties have signed this agreement, you will be given a copy to retain.

- \_\_\_ 1. I understand that Ola Grimsby Institute, Inc. (The Institute) agrees to provide an instructor, support materials, curriculum, and other materials as necessary to complete the program outlined above.
- \_\_\_ 2. I (the Student) hereby agree to hold The Institute harmless for errors of omission, commission, or negligence on the part of the Instructor, the representatives, agents, contractors, or employees of The Institute. Further, I agree to hold the training facility, the instructor and The Institute harmless in the event of any personal injury or any other losses that may occur as a result of participation in the said training program. In addition, I also agree not to participate in any activities relative to the training program if I knowingly have any medical or physical condition that reasonably might put me at risk for injury.
- \_\_\_ 3. **I understand that I must have e-mail and Internet access on a regular basis.** The OGI will provide all the communications either by E-Mail or by the updates on the OGI website.
- \_\_\_ 4. I understand that I am responsible for making all the travel arrangements, including lodging.
- \_\_\_ 5. I understand that the Institute, at its discretion, will determine whether I pass or fail the curriculum, or whether I am allowed to progress to higher levels of study, or be dismissed from the program.
- \_\_\_ 6. I understand the total tuition and fees due for my program of training. For the 1-year Local program, **I understand the tuition fees are to be pre-paid and are due on or prior to the 1<sup>st</sup> of each month. I understand that if my tuition is more than ten (10) days late, I will be subject to a €100.00 late fee.** I will be subject to an additional €100.00 fee for every thirty (30) days payment is due thereafter.
- \_\_\_ 7. I understand my rights to cancel and the refund policies as follows for Local Program with monthly payments: Cancellation must be in writing. If your enrollment is canceled on or before the fifth (5th) business day after the day you attend the first class of instruction, you will be refunded the amount paid. If cancellation occurs after the 5- day rescission period, the refund shall be at 50% of the monthly payment. Refunds for Flex Plan shall be consistent with refunds policies for online course registration.
- \_\_\_ 8. I understand if I overpay my tuition for a given month/quarter, the credits will rollover to the next month/quarter tuition.
- \_\_\_ 9. I understand I must submit given monthly/quarterly tuition payments, indicated in my enrollment agreement, as well as the acceptance letter, if I am on the OGI payment plan.
- \_\_\_ 10. I understand that when this enrollment agreement has been accepted with my signature, by The Ola Grimsby Institute, Inc. it will be a legal contract.
- \_\_\_ 11. I understand all the Terms and Conditions of this enrollment agreement and the Terms and Conditions outlined in the catalog that I have received.

## COMT Application

- \_\_\_ 12. I certify that information I have supplied is complete and accurate, and I understand that any misrepresentation may be cause for refusal of admission or subsequent dismissal.
- \_\_\_ 13. I understand that with my signature below I agree not to distribute the copyrighted OGI materials I have received. This includes (but is not limited to) using the material for lectures or in-services or the copying any of the material received for OGI.
- \_\_\_ 14. I understand that I must notify the Ola Grimsby Institute office should there be a change in my home/employment address and phone number.
- \_\_\_ 15. I understand that I must satisfy all student admission and enrollment requirements as outlined in the Student Catalog.
- \_\_\_ 16. I understand that The Ola Grimsby Institute does not grant prior credit, reduced hours, or discounted tuition in the program for previous education or training completed outside of the Institute.
- \_\_\_ 17. I understand that I must comply with the standards of progress, attendance, and conduct as outlined in the Student Catalog.
- \_\_\_ 18. I understand that the Institute does not offer any placement assistance or guarantee wage and salary levels.
- \_\_\_ 19. I understand that I cannot sit for my final examination prior to paying for all tuition and exams fees.
- \_\_\_ 20. I understand that all seminar course books will be available for download in a PDF format. Should I want hardcopy, I will be responsible for printing.

## Terms and Conditions Continued

THIS AGREEMENT IS NOT BINDING UNLESS SIGNED BY THE STUDENT AND THE SCHOOL REPRESENTATIVE.

By signing below, I confirm that I have been given and understand the following prior to my enrollment in the program:

- Current cancellation policy (enrollment agreement)
- A written statement of the refund policy including examples of how it applies (enrollment agreement)

This agreement will replace any previous agreements/and or contracts.

I, the undersigned, have read, understood, and agreed to abide by all provisions set forth in the foregoing enrollment agreement.

### Required

<b>Student Signature</b> _____	<b>Date</b> _____
<b>Accepted by the Ola Grimsby Institute, Europe by</b> _____	<b>Authorized Signature</b> _____
	<b>Date</b> _____