

ENROLLMENT AGREEMENT
(Part 3) Orthopedic Manual Therapy
Leading to a PhD in OMT
12 Month On-Site Program

The Ola Grimsby Institute, Europe
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0263 Oslo, Norway

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Phone: (+47) 482-39078

To Enroll: Upon acceptance of this enrollment agreement for admissions into The Ola Grimsby Institute, Inc. Third year of post-professional training, leading to a potential PhD in Orthopaedic Manual Therapy, I understand that I will be receiving training at the 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*. If I complete all the additional academic requirements of the dissertation and defense, I may be awarded the Degree of Doctor of Philosophy in Orthopaedic Manual Therapy

Date _____ Training location (Fill in City you will attend) _____

Personal Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone (____) _____ Work phone (____) _____

E-mail address _____

Training location _____

Date of birth ____/____/____ Social Security No. _____

Employer _____

Address _____

City: _____ State: _____ Zip: _____

Name and relationship of closest relative _____

Relative's home phone (____) _____ Work phone (____) _____

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Education

I understand that in order to be accepted into this program I must possess a Physical Therapy degree, as well as having completed the OGI Fellowship Program. I have requested transcripts from college, university, and post-graduated training (if applicable) to be sent to the Registrar's office.

[] yes [] no. (Transcripts are not required for previous graduates of either the OGI Residency and Fellowship programs).

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

- I have been accepted and am enrolling in the Comparative Manipulative Therapy Post-Professional (Third Year) Program, and will engage in all training at the _____ location.
-

Part III Program (12 Months)

- **Class Hours:** 676
- **Out of Class Hours:** 579
- Students will complete 10 instructional weekends and 2 weekend seminars, with an OGI Faculty member for a 12-month period.
- **Seminars:** Students are required to attend additional courses as part of the curriculum. These classes may include participants that are not involved in this Part III programs:
 - STEP 3: SI, Hip and Pelvis
 - STEP 6: Upper Cervical, Cervical Ocular, and TMJ
- **1:1 Mentoring Hours:** Students will perform 40 hours of 1:1 clinical supervision with an OGI Faculty member. **There is no fee for this clinical supervision;** however, the student is responsible for all costs related to performing this clinical experience.
- **Supervised Clinical Hours:** Students are also provided an additional 200 hours of clinical supervision that can be performed at the students routine work environment, however, they will be in contact with an OGI Faculty member or Clinical Mentor via phone, text, Skype, e-mail, etc., during that clinical time. Students will be made aware of specific weekly office hours for Faculty/Mentors for this communication.
- **Research / Dissertation:** Research is not a requirement to attend this Third year of Post-Professional Comparative Study. For those students pursuing the PhD in Orthopaedic Manual Therapy, a fully developed and defended Dissertation are required. The student will select / be assigned a Dissertation advisor and committee. The Committee members and chair will be formed from a group of University Faculty well versed in the development of PhD dissertations. Specific instructions will be provided by your adviser and all steps reviewed by the committee. This is new and original work. Students will be held to a very high university standard for the completion of their requirements. When the document has been approved, the student is then eligible to schedule a date for his/her defense. Upon successful completion of the Defense, and the passing of written and practical examinations, the student will be awarded the Degree: Doctor of Philosophy in Orthopaedic Manual Therapy
- **Travel Costs:** During the program, Candidates are responsible for all travel and lodging costs that may be incurred.

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- **Work Experience:** Suggested number of registered patient visits during the one-year program is 1500. Candidates will be required to submit a patient care log demonstrating active treatment with an orthopedic patient population.
- **Internship for 1:1 hours:** It is the student's responsibility to contact an internship site and to cover all expenses incurred during the clinical supervision (room, board, fare, etc.). 1:1 hours are free of charge when performed at the location of OGI Instructors. It is possible to make arrangements to have clinical mentors provide supervision in your location, but this would be at the expense of the student for travel, lodging and stipend of the Mentor.

Required with Enrollment Application (*not required for previous OGI Residency and Fellowship students*):

- PT License (copy)
 - Proof of liability insurance to cover clinical experience (if necessary).
 - CPR Certification
 - HIPAA Certification (This can be obtained online or a copy of current employers certification)
 - OSHA Blood Borne Pathogen certification (Obtained online or a copy of current employers policy)
 - TB/Hepatitis B/Immunizations (Obtain from Family Physician)
 - Start date ____/____/____ Scheduled completion date ____/____/____
-

Tuition and Fees

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:

All payment(s) for tuition must be received by the 1st of each month otherwise a late fee of €100 will be applied. Payment may be made by check or credit card.

Payment plans do not include retake exam fees, research fees, flight/travel and accommodation costs.

Monthly Payment Plan: Total Tuition/Exams can be divided over 12 monthly. Monthly payments are due on or before the first day of each month.

The registration fee (€100) is fully refundable if cancellation is received before the fifth business day after attending the first class session. This fee is due prior to orientation.

Note: Please refer to The Ola Grimsby Institute Tuition Fee Schedule for 2018 in the Catalog and the Enrollment Agreement.

Part III / PhD Program

Tuition includes residency class days, as well as course tuition for STEP3 and STEP6.

Exam fees (written and practical)

40 hours of Clinical Supervision

Total DMT On-Site Residency Program

Tuition will vary depending on location

Free!

Research Portfolio:

PhD Dissertation must be completed and successfully defended to receive PhD title and Degree.

A \$200 monthly research fee is paid to OGI when enrolled in the Research program. These fees are to subsidize the committee and adviser for their costs in support of the candidate's matriculation.

(Registration fee not refundable after the fifth business day of attending the first class)

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Enrollment Cooling Off Period

Following enrollment in any OGI Program, the student shall have a three-business-day cooling-off period is as follows:

A three-business-day cooling-off period during which time the student may rescind the contract and

Receive a refund of all money paid

The cooling-off period may not end prior to midnight of the third business day after the latest of the following days:

(i) the day the student signs an enrollment agreement

(ii) the day the student pays the institution an initial deposit or first payment toward tuition and fees; or

(iii) the day that the student first visits the institution, if the program lasts more than 30 consecutive calendar days.

This policy is in compliance with The State of Utah Department of Commerce, and Department of Consumer Protection.

BUYER'S RIGHT TO CANCEL

NOTICE OF STUDENT RIGHTS

- (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.

For information concerning confirmation of State Registration, please contact the:

**Division of Consumer Protection
Heber Wells Building
160 East 300 South
P.O. Box 146704
Salt Lake City, UT 84114-6704
(801) 530-6601
(801) 530-6001 Fax**

Terms and Conditions

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, training facility, equipment, support materials, curriculum, and other materials as necessary to complete the program outlined above.
- ___2. I (the Student/Candidate) 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. I agree that the patients presented in class for evaluation and treatment suggestions during the second year are the sole responsibility of me, and that I will hold The Institute and the instructor harmless in the event of personal injuries to or complaints from the patients.
- ___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 required to attend 2 mandatory short-term courses during the program on predetermined dates and locations scheduled by OGI.
- ___5. I understand that my training program may require a minimum number of patient treatments in order to be allowed to sit for the Board of Examiner's review at the completion of the program.
- ___6. I understand that my patients may be brought to class for evaluation and treatment suggestions and that my instructor will decide when, how many, and whose patients will be presented.
- ___7. I understand that I have the responsibility of contacting an OGI instructor for the 40 hours 1:1 clinical supervision during the program.
- ___8. I understand I must complete my 40 clinical hours within one year, otherwise the incoming students will have the priority of clinical mentors.
- ___9. I understand that any and all expenses related to the patients' attendance in the class will be my responsibility.
- ___10. I understand that I am responsible for making all the travel arrangements, including lodging. The OGI will provide recommendations for nearby lodging to students. *(the OGI does not recommend making travel arrangements 30 days prior to the course)*
- ___11. 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.
- ___12. I understand the total tuition and fees due for my program of training. **I understand the tuition fees are to be pre-paid and are due on or prior to the 1st 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.
- ___13. I understand my rights to cancel and the refund policies as follows: 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

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the amount the student paid for instruction multiplied by a fraction, the numerator of which is the number of days of instruction which the student has not received but for which the student has paid and the denominator of which is the total number of days of instruction for which the student has paid.

- ___ 14. I understand if I overpay my tuition for a given month/quarter, the credit will rollover to the next month/quarter tuition.
- ___ 15. 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.
Example: Students pre-pay tuition. Assume your tuition is €7500. (€500 of which is pre-paid in December, the year prior to your start of the program). The quarterly pre-payment is €1875 which is for 186 hours of instruction (one fourth of the 744 hour program). Assume you cancel after completing 100 hours of instruction and before completing the balance of 136.25 hours.

$$\frac{€1875 \times 100 \text{ (instruction hours not received)}}{186 \text{ (total hours paid for)}} = €1,008.06 \text{ refund}$$

There are no charges for equipment. **Refunds will be sent within 30 days after the Institute receives notice in writing of the cancellation.**

- ___ 16. 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.
- ___ 17. I understand all the Terms and Conditions of this enrollment agreement and the Terms and Conditions outlined in the catalog that I have received.
- ___ 18. 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.
- ___ 19. 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 and in regards to the research component.
- ___ 20. I understand that I must notify the Ola Grimsby Institute office should there be a change in my home/employment address and phone number.
- ___ 21. I understand that I must satisfy all student admission and enrollment requirements as outlined in the Student Catalog.
- ___ 22. 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.
- ___ 23. I understand that I must comply with the standards of progress, attendance, and conduct as outlined in the Student Catalog.
- ___ 24. I understand that the Institute does not offer any placement assistance or guarantee wage and salary levels.
- ___ 25. I understand that I cannot sit for my final practical exam prior to all tuition and exam fees paid.
- ___ 26. I understand that on completion of the program I will receive a certificate of completion, but no additional credentials unless opting to complete the full Academic rigor of the PhD program. If meeting all requirements and passing all levels of examination, I will be entitled to the use of the credentials PhD.

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

* * *

The Doctor of Philosophy in Orthopedic Manual Therapy is registered under the Utah Postsecondary Proprietary School Act (Title 13, Chapter 34, Utah Code). (Registration under the Utah Postsecondary Proprietary School Act does not mean

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that the State of Utah supervises, recommends, nor accredits the institution. It is the student's responsibility to determine whether, degrees or certificates from the institution will transfer to other institutions or meet employers' training requirements. This may be done by calling the prospective school or employer.)

The Ola Grimsby Institute is not accredited by a regional or national accrediting agency recognized by the United States Department of Education.

NOTICE

Any holder of this consumer credit contract is subject to all claims and defense 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 hereunder.

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

- A copy of the current student catalog
- Current cancellation policy (enrollment agreement and catalog)
- Copy of student rights (enrollment agreement and catalog)
- A written statement of the refund policy including examples of how it applies (enrollment agreement)
- Clinical Mentoring Guide
- Research Handbook

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

Student Signature: _____ Date: _____

Accepted by The Ola Grimsby Institute, Europe by: _____
Authorized Signature Date