**ENROLLMENT AGREEMENT**

Effective Date November 11, 2022

**Name of School:** Keith & Associates – Central Arkansas Dietetic Program (KACAD)

**Address:** 115 W. 3rd Street, Suite 800, Tulsa, OK 74103

**Telephone:**  (918) 574-8598

**Fax:** (918) 585-3047

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Phone No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Emergency Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Emergency Contact Phone No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title of Course:** Graduate Program Verification Statement Certificate

**Total number of contact hours in Program:** 1000 supervised practice hours

**Total tuition and cost of Program:** $10,895

|  |
| --- |
| **June Start Date Payment Schedule** |
|  | **Amount Due** | **Date Due** | **Date Paid:** |
| Program acceptance | $895 | Feb 15 |  |
| Summer 1 Payment | $2,500 | June 15 |  |
| Fall Payment | $2,500 | Sept 15 |  |
| Spring Payment | $2,500 | Feb 15 |  |
| Summer 2 Payment | $2,500 | June 15 |  |

**Total tuition and cost of Program:** $10,895

|  |
| --- |
| **January Start Date Payment Schedule** |
|  | **Amount Due** | **Date Due** | **Date Paid:** |
| Program acceptance | $895 | Dec 1 |  |
| Spring 1 Payment | $2,500 | Feb 15 |  |
| Summer Payment | $2,500 | June 15 |  |
| Fall Payment | $2,500 | Sept 15 |  |
| Spring 2 Payment | $2,500 | Feb 15 |  |

**\***Nonrefundable deposit is due when the appointment is accepted (by June 15). It will be applied to the total tuition due ($10,895). It will be refunded if the student cancels within three days of accepting the appointment.

|  |  |
| --- | --- |
| **Amount** | **Expense** |
| $55 | Drug screen |
| $70  | Background check  |
| $770 | On-boarding expenses (administrative time for immunizations, background check, arranging drug screen, collecting documents, executing affiliation agreements, etc.) |
| $895 | TOTAL deposit non-refundable after the 3-day cancellation period) |

All refunds for academic coursework completed through the University of Central Arkansas will need to be completed according to the policies and procedures outlined in the UCA handbook, page 81 found on the website at UCA Student Handbook — Division of Student Services.

**STUDENT RETENTION, TERMINATION, AND REFUND POLICY**

The Keith & Associates Central Arkansas Dietetic Program (KACAD) has admission criteria that guide in choosing students who are likely to succeed in completing the KACAD Program. It is our intent that every student will graduate and pass the Registration Examination for Registered Dietitian Nutritionists offered by the Commission on Dietetic Registration. However, if a student cannot pass the assignments, or attain satisfactory weekly performance scores, even after remediation, he or she will be dismissed from the KACAD Program and directed into a career path more appropriate to his or her abilities.

Any student who has professional or ethical behavior failures, as determined at the sole discretion of the KACAD Program, will be dismissed from the KACAD Program.

Any student who is dismissed from graduate school at the University of Central Arkansas will also be dismissed from KACAD.

Notice of a student’s cancellation of the KACAD Program must be made in writing to Patti Landers, Program Director, 115 W. 3rd Street, Suite 802, Tulsa, OK 74103, or an additional fee of $25.00 will be deducted from the student’s refund. This refund policy applies regardless of the circumstances of the student’s cancellation whether cancellation is made by the student or the KACAD Program.

Refund of tuition or fees for KACAD SEL activities is time-driven according to minimum regulatory standards. A full refund of KACAD tuition and fees will be provided to the student if cancellation is made within three (3) days of signing the Enrollment Agreement and the making of any payment. No refund of tuition and fees will be provided to the student if cancellation is made once a student has completed Fifty (50%) percent of the KACAD Program. There are other refund levels in between. All refunds are subject to and will be in compliance with O.A.C. 565:10-11-3. All refunds for academic coursework completed through the University of Central Arkansas will need to be completed according to the policies and procedures outlined in the UCA handbook found on the website at [UCA Student Handbook — Division of Student Services](https://uca.edu/student/student-handbook/).

**LAW AND VENUE**

This agreement is governed by and construed under the law of the State of Oklahoma. All disputes shall be resolved exclusively in State or Federal Court in Tulsa County, Oklahoma.

In the event a dispute arises out of or in connection with this agreement, the parties will attempt to resolve the dispute through friendly consultation. If the dispute is not resolved within a period of thirty (30) days then any or all outstanding issues may be submitted to mediation in Tulsa County, Oklahoma in accordance with any statutory rules of mediation. If mediation is not successful in resolving the entire dispute, the parties may then resort to arbitration, litigation, or another dispute resolution procedure.

**PROGRAM COMPLETION AND VERIFICATION STATEMENT**

Upon successful completion of the entire KACAD Program a student will receive a signed Accreditation Council for Education in Nutrition and Dietetics verification statement enabling them to sit for the Commission on Dietetic Registration national registry exam. To graduate and receive a verification statement, students must:

1. Submit an official transcript from the University of Central Arkansas with the Master in Dietetics and Nutrition Therapy degree date awarded posted on it
2. Complete a minimum of 1036 hours
3. Finish all assignments in the curriculum
4. Meet each ACEND competency one or more times
5. Have a zero financial balance

**HOLDER IN DUE COURSE RULE**

Any holder in due course, as defined by U.C.C. § 3-302, of this consumer credit contract is subject to all claims and defenses, as provided in U.C.C. § 3-305, 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.

**GENERAL DISCLAIMERS**

It is understood that if you list the program director and/or any other persons affiliated with the KACAD program as references for employment, the reference given will be honest as to the student’s performance throughout the program whether in favor of the student or not.

Students are responsible for finding and suggesting their own preceptors. The KACAD program will screen all preceptors and sites to ensure they meet minimum qualifications, demonstrate required credentials and knowledge about the specific area of expertise related to dietetics. However, KACAD will not be responsible or liable for the actions, personal opinions or public relation skills of the facility or of the preceptor.

The student acknowledges that he/she has received, read, understands, and abides by the information presented in the KACAD Student Handbook.

**STUDENT ATTESTATION I HAVE READ AND UNDERSTAND THIS AGREEMENT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

SignatureDate

**SCHOOL OFFICIAL SIGNATURE**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Andrea Reser, MS, RDN, LD Date

KACAD Program Director