

CDA TECHNICAL INSTITUTE ENROLLMENT AGREEMENT

License #2521
91 Trout River Drive, Jacksonville, Florida 32208
Toll Free Phone# 1-888-974-2232
DIVE MEDIC TECHNICIAN

I desire to enroll in the Dive Medic Technician course in Class # _____ which is
scheduled to convene on _____ and which will graduate on _____.
(Month) (Day) (Year) (Month) (Day) (Year)

This is a one (1) week course (40 hours), Monday through Friday 8:00 am to 5:00 pm.
Attached with this agreement is my non-refundable Registration Fee of \$100.00.

TERMS AND CONDITIONS

COST - Dive Medic Technician Program cost: Non-Refundable Registration fee - \$100.00, Tuition - \$1087.50. Testing and Exam fees - \$125.00.

CREDENTIALS – Upon successful completion of the course the student will receive a diploma for Dive Medic Technician (Advanced). The student is eligible to seek certification by examination from the National Board of Diving and Hyperbaric Medical Technology organization.

SCHOOL RESPONSIBILITY – CDA agrees to make available to the applicant all medical and clinical training. If for any reason additional hours are required outside of the normal class time to ensure all requirements are met for this course the instructor will coordinate additional clinical or class time as needed.

STUDENT PLACEMENT – Students are assisted with placement and furnished names and addresses of employment possibilities. CDA will assist the student with employment to the best of its ability, but cannot guarantee employment.

METHOD AND TERMS OF PAYMENT - Payment for this course must be made in full three (3) weeks prior to the start of class. I have enclosed a check or utilized the attached credit card form in the amount of \$ _____.

STUDENT PERFORMANCE – The student agrees to attend classes regularly, study diligently, and abide by the rules and regulations of CDA. It is understood that failure by the student to attend class regularly, study diligently, or to abide by the rules and regulations of CDA, as stated in its catalog, or as otherwise prescribed by CDA, now or in the future, verbally or in written form, may result in immediate suspension or termination at the option of CDA and CDA will not be held responsible for the remaining portion of the course of instruction. It is understood that such rules and regulations to be imposed in the future will be reasonable and proper.

REFUNDS - Cancellation must be made in person or by certified mail. Excluding the non-refundable registration fee, all monies will be refunded if the applicant is not accepted by the school or if the student cancels within three (3) business days after the enrollment agreement and making initial payment. Cancellation after the third (3rd) business day, but before the first day of class, will result in a refund of all money paid, with the exception of the registration fee. Cancellation after attendance has begun, but prior to 50% completion of the program, will result in a pro rate refund computed on the number of hours completed to the total program hours. Cancellation after completing 50% of the program will result in no refund.

TERMINATION DATE - The termination date for refund computation purposes is the last date of actual attendance by the student unless earlier written notice is received. Refunds will be made within 30 days of termination or receipt of cancellation notice.

WITHDRAWAL – The withdrawal process is initiated in the Registrar’s Office. Students who are absent from the program for two consecutive days will be automatically withdrawn from the program, and will be refunded according to the refund policy, unless prior arrangements have been made with the administration. The student may withdraw from CDA at anytime and the official date of withdrawal (for all purposes, including computing tuition refunds) shall be considered to have occurred on the last day of actual attendance regardless of whether any written notice is received by CDA.

TRANSCRIPTS – CDA is authorized to request copies of the applicant’s high school, trade school and college transcripts, if applicable.

AGREEMENT – Both sides of this Enrollment Agreement constitutes one Agreement. This agreement shall not be binding until it is accepted in writing by the school. Upon acceptance by CDA Technical Institute, this Enrollment Agreement becomes an agreement whereby the following terms and conditions are understood and agreed to by CDA and each party signing this Agreement.

ARBITRATION AGREEMENT - Any dispute arising from enrollment at CDA, no matter how described, pleaded or styled, shall be resolved by binding arbitration by a single arbitrator under the Federal Arbitration Act conducted by the American Arbitration Association (“AAA”) at Jacksonville, Florida, under its Commercial Rules. All determinations as to the scope, enforceability of this Arbitration Agreement shall be determined by the Arbitrator, and not by a court. The award rendered by the arbitrator may be entered in any court having jurisdiction.

Student’s Signature _____

Student’s Printed Name _____

- | | |
|---|--------------------|
| 1. ARE YOU A NATIONALLY CERTIFIED EMERGENCY MEDICAL TECHNICIAN? | YES _____ NO _____ |
| 2. ARE YOU A STATE CERTIFIED EMERGENCY MEDICAL TECHNICIAN? | YES _____ NO _____ |
| IF STATE CERTIFIED LIST WHICH STATE: _____ | |
| 3. ARE YOU A CERTIFIED COMMERCIAL DIVER OR SCUBA INSTRUCTOR? | YES _____ NO _____ |

PERSONAL

Name in Full (Please Print) _____ Phone _____ Age _____ Date of Birth _____
Address (Street & Number) _____ City _____ State/Providence _____ Zip _____ County _____
Shirt Size _____ Shoe Size _____ Have you attended any other colleges _____ Dorms Yes ___ No ___
Height _____ Weight _____ Last Medical Examination _____ Social Security No. _____
Ethnicity: White (Non Hispanic) _____ Black (Non Hispanic) _____ American Indian _____ Asian or Pacific Islander _____ Hispanic _____
Country of Birth _____ Citizen of _____ Marital Status _____
(Country)
Driver's License Number _____ State (Country) _____
Do You Have Any Physical Handicaps or Limitations? ___ Yes ___ No If yes, please describe: _____
Name of Parent (or Legal Guardian) if a minor _____ Phone () _____
Address _____

EDUCATION AND BACKGROUND

High School _____ Attended _____ Graduated? Yes ___ No ___
Name, City & State _____ From (MDY to MDY) _____
Trade School _____ Attended _____ Graduated? Yes ___ No ___
Name, City & State _____ From (MDY to MDY) _____
Course Taken: _____
College: _____ Attended _____ Graduated? Yes ___ No ___
Name, City & State _____ From (MDY to MDY) _____
Major Courses Taken: _____
Military Service _____ Dates of Service: _____
Name of Service (If None, So Indicate) _____

OCCUPATIONAL & WORK HISTORY

Present Occupation _____ How Long? _____
Indicate Title / Position _____
Employer _____
Name of Company _____ Street Address _____ City _____ State _____ Zip _____
Former Employer _____
Name of Company _____ Title / Position _____ How Long? _____
If Not Currently Employed, indicate employer of Father, Mother, or Spouse (Circle one) :
Employer _____
Name of Company _____ Title / Position _____ How Long? _____
Address _____
Street Address _____ City _____ State _____ Zip _____

Acceptance of this Enrollment Agreement by CDA Technical Institute is at the sole discretion of CDA.

FOR THE PROTECTION OF ALL PARTIES, IT IS AGREED THAT NO AGREEMENTS OR PROMISES WERE MADE TO ME OTHER THAN THOSE SET FORTH IN THIS CONTRACT AND CDA'S CATALOG, WHICH IS AVAILABLE TO BE DOWNLOADED ON OUR WEBSITE. I CONSENT AND AGREE THAT CDA AND ITS AGENTS AND SUCCESSORS IN INTEREST MAY USE AND REPRODUCE MY NAME AND PHOTOGRAPH FOR ANY AND ALL PURPOSES IN ANY MEDIA. THIS CONTRACT, IN ADDITION TO THE CATALOG, SHALL BE THE BINDING AGREEMENT BETWEEN CDA AND THE STUDENT. IN ADDITION, I HAVE READ THIS AGREEMENT AND I WILL RECEIVE A SIGNED COPY ON THE FIRST DAY OF SCHOOL.

SIGNATURE OF APPLICANT

Date

GUARDIAN SIGNATURE (UNDER 18)

Date

APPROVED BY: _____

School Representative

Date