Professional Medical Careers Institute of California (PMCI)

Main Campus*: 920 Hampshire Road, Suite S, Westlake Village, CA 91361
Tel: (805) 497-4064; eFax: (805) 497-4224; Fax: (805) 906-2011
Toll Free: 866) 500-6274 www.pmcicareers.com
*Instruction takes place at main campus

VOCATIONAL NURSING PROGRAM ENROLLMENT AGREEMENT

Name: _____

Street Address: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Date of Birth: _____ **Social Security Number:** _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Program Length (in months): Approximately 17 months including breaks.

Start Date: January 14, 2026, End Date: on or about June 10, 2027 (subject to change)

State Approved by the California State Board of Vocational Nursing and Psychiatric Technicians on February 24th, 2023.

Licensed by the BVNPT and approved to operate by the Bureau of Private Post-Secondary Education.

Vocational Nursing Program instruction will be provided at Professional Medical Careers Institute (PMCI) 920 Hampshire Road, Suite S, Westlake Village, CA 91361 Tel: (805) 497-4064, eFax: (805) 497-4224

Contract Period Covering: January 14, 2026, Cohort Group. Program start date period: January 14, 2026 – Completion date June 10, 2027.

January 2026 (AM Clinical Rotation) (AM Theory Rotation) Schedule:

Classroom instruction to meet for 8 weeks Monday/Tuesday from 8:30 am- 2:00 pm, Fridays from 8:30 am - 2:00 pm. After 8 weeks of training, clinical will start on or about March 1, 2026. Clinical rotation will be Monday/Tuesday 6:30 am – 2:00 pm (depending on clinical site). After the start of Clinical, Theory rotation will be Wednesday/Thursday from 8:30 am -2:00 pm.

Professional Medical Careers Institutes (PMCI's) Vocational Nursing program is a 1546 credit hour nursing program consisting of academic coursework (about 586 credit hours) and practical application of theory and skills in the clinical setting (about 960 credit hours).

Type of Document Awarded upon Completion: *After* successfully completing all requirements of the course, the student will receive a ***Certificate of Completion and a Vocational Nursing Diploma and all the forms necessary to take the NCLEX-PN examination if cleared academically and financially.***

TRANSFER OF CREDITS

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

"The transferability of credits you earn at Professional Medical Careers Institute at the complete discretion of an institution to which you may seek to transfer. Acceptance of the diploma you earn in Vocational Nursing Program is also at the complete discretion of the institution to which you may seek to transfer. If the diploma that you earn in this institution is not accepted at the institution to which you seek to transfer, you may be required to repeat some or all your coursework at that institution. For this reason, you should make certain that your attendance at this institution meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending Professional Medical Careers Institute to determine if your diploma will transfer.

ITEMIZATION OF FEES AND CHARGES

-Registration Fee (non-refundable)	**$**	**100.00**
-Tuition Fee Includes:		
Tuition: Clinical and Theory Instruction and Clinical Placement	**$**	**32,000.00**
-STRF Fee: (non-refundable; assessed at $0.00 per each $1,000 of institutional charges)	**$**	**0.00**
-TEXBOOKS(non-refundable if used or wrapper removed-$150 handling fee if cancelled after ordered) **(T)** (subject to CA sales tax)	**$**	**1,300.00**
-Equipment Fee (T): Use of : Manikins, Sphygmomanometer and Stethoscope kit, Accu Check Device, Simulation Manikins, Penlights, Syringes, IV Sets, Alcohol Pads, AED, Gloves, Mixed Gauze Dressings, Wheelchairs and Crutches, Soap and Dispensers, Infectious Waste Disposal, Protective Wears, Teaching Aids, Nurse Forms, and Pads, Facial Tissues, Exam Table, Disposal Cups, Blankets, Pillow, Blood and Urine Test Kits, Pulse Oximeters, Heart Rate, Nebulizer, Forearm PAD for IV injection, items from medication/ tx cart.	**$**	**800.00**
-Uniform Fee: 4 Uniform Scrub Sets, 1 Sweatshirt, Name badge (non-refundable if used or package opened)	**$**	**300.00**
-Lab Fee: Manikins, PPE, Medication Supplies, Clinical Site Fees, Soap and Hand Sanitizer, cost of infectious waste disposal, liability Insurance	**$**	**1,000.00**
-ATI Books/Test/Exit Exam *(non-refundable)	**$**	**1,000.00**
-Graduation Fee:	**$**	**349.99**
-Subtotal:	**$**	**36,849.99**
-Sales Tax (VC 7.25%):	**$**	**174.01**
-Grand Total:	**$**	**37,024.00**
SEPARATE FEES		
-Clinical and Theory Absence Fee (non-refundable per each absence) $50.00 **-Second CPR Class (if needed) $ 90.00**	**$** **$**	**50.00** **90.00**
ADDITONAL Miscellaneous Charges		
-Returned Check Fee:	**$**	**35.00**
-Late Fee if payment over 10 calendar days past due, assessed monthly.	**$**	**45.00**
Deposit Amount Made:_____ Date:_____		
Refundable Deposit: Down payment due upon enrollment	**$**	**2,500.00**
Non-Refundable Charges: Book Return/Handling Fee **Registration Fee** **Test retake fee** **ATI retake fee**	**$** **$** **$** **$**	**150.00** **100.00** **20.00** **80.00**
In-House Contract Fee (non-refundable, applicable if * In – house payment option is chosen	**$**	**50.00**
Student Signature:_____ Date: _____		

PAYMENT METHOD AND TERMS OF PAYMENT

The application fee is due upon initial enrollment. PMCI accepts cash, checks, cashier's checks, credit cards and money orders as forms of payment. Payment of the application fee does not guarantee a spot in the program. **A minimum refundable $2500 down payment is due before class starts, for books and supplies. if books have been purchased there is a $150 return/handling fee to return them.** Payment plan options offered by PMCI are detailed on page 6. If payment is not received according to the agreed upon payment plan, the student will not be allowed to start class or continue in the program, unless prior payment arrangements have been made with the school's Director or Finance Office. Failure to pay any balances according to the chosen plan may result in suspension from the program until payment(s) (including applicable late fees) are made. In addition, the student will not be cleared to take the NCLEX-PN Exam nor be allowed to walk at graduation.

While PMCI does not currently offer Title IV funding through any federal or state government program, the student will have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund. If the student defaults on a federal, state, or personal loan both the following may occur:

(1) The federal or state government or a loan guarantee agency may pursue 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 load is repaid.

In the event of defaulted payments, the undersigned student may be denied continuance until the remaining balance and any applicable late fee charges are fully paid. Additionally, students may be liable for any and all expenses for recovery of due payments including but not limited to attorney's fees, collection agency fees and other administrative costs.

The undersigned student promises to pay the program fee according to one of the five payment options established by PMCI. The student understands the total tuition fee must be completely paid before the student can be cleared of financial obligation with PMCI's nursing program. Any default of installment payments (ANY late or missed payment) is in violation of this enrollment agreement and will be the basis for dismissal from the course, ineligibility to receive the forms to take the NCLEX PN Exam and ineligibility to walk at the graduation ceremony. The student also understands that any **RETURNED CHECKS will be subject to an additional $35.00 processing fee (*per check)*** payable to PMCI. Acceptable replacements for any returned check and subsequent installment payments will be in Cash, Money Order or Credit Card until tuition fee balance is paid in full. Any student who pays late or has a check returned NSF will be required to pay in full before NCLEX PN paperwork or transcripts will NOT be released. ***Any payments received after the due date will incur a late fee of $45.00 that is added to the account monthly. Those who are more than one week past-due may be suspended or terminated from the program for non-payment. Students will be notified prior to suspension or termination from the program.***

LIQUIDATED DAMAGES RELATED TO DEFAULT AND MATERIAL BREACH OF CONTRACT

Upon completion of the Vocational Nursing program at PMCI and after PMCI has performed all of their obligations under the Enrollment Agreement by providing the undersigned student with the agreed upon nursing education; and also, if the student leaves with a monetary balance, the student shall be responsible for continual remittance of monthly payments pursuant to the installment agreement addendum and personal guarantee incorporated herein by reference. The parties hereto acknowledge and agree that failure to pay the agreed monthly sums due under this Agreement(s) for more than 90 days shall constitute a default and material breach of this Agreement giving rise to liquidated damages and not penalties. The parties further acknowledge that (i) the amount of loss or damages likely to be incurred by PMCI is incapable or is difficult to precisely estimate, (ii) the amounts specified bear a reasonable proportion and are not plainly or grossly disproportionate to the probable loss likely to be incurred by PMCI and (iii) the parties have understood the terms of this Agreement

and were negotiated at arm's length. Accordingly, the student agrees to pay liquidated damage at three times the balance amount owed under this agreement. The Default Amount, together with all other amounts payable hereunder, shall immediately become due and payable, all without demand, presentment, or notice, all of which hereby are expressly waived, together with all costs, including, without limitation, legal fees, and expenses of collection, and PMCI shall be entitled to exercise all other rights and remedies available at law or in equity.

Student Initial _____ Parent Initial (If applicable) _____

JURISDICTION AND VENUE

This Agreement(s) shall be governed by and construed in accordance with substantive laws of the State of California without reference to choice of law principles thereof. PMCI and the student both expressly agree and consent to the jurisdiction of the State of California for both state and federal courts located in California except for Small Claims matters. PMCI and the student both expressly agree and consent that the exclusive venue for the resolution of any dispute relating to the subject matter of this Agreement shall be in the state and federal courts located in Ventura County, California.

STUDENT TUITION RECOVERY FUND

Student's rights and responsibilities with the respect to the Student Tuition Recovery Fund. It is now a state requirement that a student who pays his or her tuition is required to pay a state-imposed assessment for the Student Tuition Recovery fund.

"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, 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."

"It is important that you keep copies of your enrollment agreement, financial aid documents, receipts, or any other information that documents the amount paid to the school. Questions regarding the STRF may be directed to the Bureau for Private Postsecondary Education, 1747 N Market Blvd., Suite 225, Sacramento, CA 95833 Tel: (916) 431-6959 or (888) 370-7586."

To be Eligible for the STRF, you must be a California resident or are enrolled in a residency program, prepaid tuition, paid or deemed to have paid the STRF assessment, and suffered an economic loss as a result of any of the following:

1. The institution, a location of the institution, or an education program offered by the institution was closed or discontinued, and you did not choose to participate in a teach-out-plan approved by the Bureau or did not complete a chosen teach-out plan approved by the Bureau.
2. You were enrolled at an institution or a location of the institution within the 120 day period before the closure of the institution or location of the institution, or were enrolled in an educational program within the 120 day period before the program was discontinued.
3. You were enrolled at an institution or a location of the institution more than 120 days before the closure of the institution or location of the institution, in an educational program offered by the institution as to which the Bureau determined there was a significant decline in the quality or value of the program more than 120 days before closure.

4. The institution has been ordered to pay a refund by the Bureau but has failed to do so.
5. The institution has failed to pay or reimburse loan proceeds under a federal student loan program as required by law, or has failed to pay or reimburse proceeds received by the institution in excess of tuition and other costs.
6. You have been awarded restitution, a refund, or other monetary award by an arbitrator or court, based on a violation of this chapter by an institution or representative of an institution, but has been unable to collect the award from the institution.
7. You sought legal counsel that resulted in the cancellation of one or more of your student loans and have an invoice for services rendered and evidence of the cancellation of the student loan or loans.
8. STRF Fee: $0.00 nonrefundable STRF fee. Assessed at $0.00 per $1,000.00 of institutional charges.

To qualify for STRF reimbursement, the application must be received within four (4) years from the date of the action or event that made the student eligible for recovery from STRF.

A student whose loan is revived by a loan holder or debt collector after a period of non-collection may, at any time, file a written application for recovery from STRF for the debt that would have otherwise been eligible for recovery. If it has been more than four (4) years since the action or event that made the student eligible, the student must have filed a written application for recovery within the original four (4) year period, unless the period has been extended by another act of law. However, no claim can be paid to any student without a social security number or a taxpayer identification number."

Enrollment Agreements for Students whose primary language is not English:

An enrollment agreement shall be written in language that is easily understood. If English is not the student's primary language, and the student is unable to understand the terms and conditions of the enrollment agreement, the student shall have the right to obtain a clear explanation of the terms and conditions and all cancellation and refund policies in his or her primary language. Please inform PMCI of your need for an enrollment agreement in a language you understand. PMCI WILL PROVIDE INTERPRETATION IF NEEDED.

Student Initial _____ Parent Initial (If applicable) _____

PMCI'S RIGHT TO CANCEL/SUSPEND OR TERMINATE

The school may cancel, suspend or terminate the Enrollment Agreement at any time if the undersigned student violates any of the following policies and/or agreements:

- Failure to maintain satisfactory progress.
- Failure to comply with the school's attendance policy, confidentiality policy or other school policy
- Failure to comply with the school's student professional conduct policy.
- Failure to meet all financial obligations to the school and monthly payments.
- Violation of any of the conditions as set forth and agreed to in the Enrollment Agreement.

The school also reserves the right to change or modify the program contents, instruction and clinical time, equipment, staff, or materials as it deems necessary. Such changes may be necessary to keep pace with technological advances and to improve teaching methods or procedures. In no event will such changes diminish the competency or content of any program or result in any additional charges to the student.

STUDENT PAYMENT PLAN OPTIONS BASED ON TOTAL PROGRAM COST of $37,024.00

	Option #1 10% Tuition Savings = $3,200.00	**Option #2** 5% Tuition Savings = $1,600.00	**Option #3** Monthly
Application Fee	$100.00	$100.00	$100.00
Pre-Installment (Due on or before 11/14/2025)	$2,500	$2,500	$2,500
Tuition Paid in Full (Due on or before 1/14/2026)	$31,224.00 * ($3,200.00 Saved)	Pay-by Semester	Monthly payments
Installment #1 (Due by or before 1/14/2026)		$7,637.00* ($400 Saved)	$1,912.44* for 17 months
Installment #2 (Due by 5/13/2026)		$8,225.38* ($400 Saved)	Final Payment of $1,912.52
Installment #3 (Due by 9/23/2026)		$8,332.63* ($400 Saved)	
Installment #4 (Due by 2/17/2027)		$8,628.99* ($400 Saved)	

These plans represent STUDENT LOANS with PMCI

	Option #4*** *9% APR Interest Payments made In-house*	***Option #5****** *9% APR Interest Payments made In-house*	***Option #6 ****** *Variable Interest Payments made In- house*
Application Fee	$100	$100	Custom Plan
In house contract fee	$50	$50	-
Pre-Installment (Due on or before 6/23/25	$2,500	$2,500	-
Monthly Payment Installments (Due date based on contract)	$1200*/month for 18 months	$950*/month for 18 months	-
Balloon/Exit Payment (Due 6/14/2027	$8,500	$9,000	-
Monthly Payment Installments (Due date(s) by Installment Agreement)	$400*/month for 12 months	$400*/month for 24 months	-
Final Balloon Payment (Due date by Installment Agreement)	$21.94* Final payment	$500.92* Final payment	-
Estimated Total Interest	$447.94**	$1,726.92**	-

(*Indicates that this amount is owed *PRIOR* to scholarship being deducted from total amount due)
(**Indicates that this is the maximum amount of interest accrued – There is NO penalty for early pay-off of in-house contract.) (***VN students may not have NCLEX paperwork submitted until the balance is at or below $8,500.00. A balance owed to the school represents a STUDENT LOAN with PMCI. The school requires a Personal Guarantee and a Credit Card Authorization on file for students graduating with a balance).

I have reviewed the above fees and payment options and select Option: 1___ 2 ___ 3 ___ 4 ___ 5 ___6 __

Student Initials _____

REFUND POLICY

"STUDENT'S RIGHT TO CANCEL"

Each student has the right to cancel/voluntarily terminate the program and obtain a refund of charges paid through attendance at the first class session or the seventh day after enrollment, whichever is later. Institutions shall refund one hundred percent of the amount paid for institutional charges, less a reasonable deposit or application fee not to exceed two hundred fifty dollars ($250), if notice of cancellation is made through attendance at the first class session, or the seventh day after enrollment, whichever is later. If the student has received federal student financial aid funds, the student is entitled to a refund of money not paid from federal student financial aid program funds.

If a student wishes to cancel/terminate the enrollment agreement or withdraw from the institution, the student must notify PMCI. Each student has the right to cancel/voluntarily terminate the program and obtain a refund of charges paid through attendance at the first class session or 7th working day after enrollment, whichever is later. All discounts and scholarships will be removed and are null and void upon withdrawal from the program. Notice may be hand delivered or mailed. Verbal, telephone, or email withdrawals are acceptable. The withdrawal letter may be mailed to:

Professional Medical Careers Institute
Attention: Director of Nursing/Administration
920 Hampshire Road, Suite S, Westlake Village, CA 91361

Last Acceptable Date of Withdrawal for Full Refund: (7 working days after enrollment or first class session January 14th, 2026 – whichever is later)

If the student withdraws from a course after instruction has started, the student may receive a pro-rated refund for the amount of instruction paid for but not received. ***Refund calculations will be based on the day a withdrawal letter is received. NOTE: A student is charged for an entire day. An instructional day is approximately $125.00. If books are purchased for a student and they cancel after books are ordered for them they will be charged a handling/return fee of $150 to ship and return unused books. If a book is opened and used the student will be charged in full for that book. The withdraw notice must be delivered to the school administration in writing in-person or via mail or email within 7 business days excluding federal holidays or weekends.***

***No refunds* will be given if the student has attended more than 60% of the semester or less of the period of attendance shall be given a pro rata refund. and the student concerned will still be liable for any tuition due.** Also, if the student has received federal student financial aid funds, the student is entitled to a refund of money not paid from federal student financial aid program funds. All discounts and in-house scholarships will be removed if a student does not complete the nursing program.

The school reserves the right to cancel or reschedule a class start date due to insufficient enrollment. If this occurs, the student may request a full refund of all money paid less the application fee, or apply all money paid to the next scheduled class start date.
PLEASE NOTE: The "Itemization of Fees and Charges" on page 2 has detailed information on refundable and non-refundable items.
All refunds will be paid within 45 days from receipt of cancellation or withdrawal letter.

Student Initial_____

DISCLAIMER OF EMPLOYMENT GUARANTEE AND NCLEX SUCCESS

While the school offers job placement assistance and referral, the school cannot, in any way, guarantee employment after the student has successfully completed the program of study. Likewise, while the school prepares students for the NCLEX PN Exam, the school cannot, in any way, guarantee that graduates will pass the NCLEX PN licensure examination.

Student Initial_____

SPECIAL REQUIREMENTS FOR GRADUATION

The following requirements must be met by a student in order to qualify for a License in Vocational Nursing and signed document necessary for State examination:

- **Achieve a cumulative grade of "C" or higher in academic and clinical classes – 75% minimum.**
- **Attend 100% of the scheduled hours of the program for theory and 100% of clinical.**
- **Complete all designated requirements (tests, assignments, etc.) of the program.**
- **Satisfy all financial obligations to the school and exit payments.**

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.

STUDENT ACKNOWLEDGEMENT

THIS AGREEMENT IS A LEGALLY BINDING INSTRUMENT WHEN SIGNED BY THE STUDENT AND ACCEPTED BY PROFESSIONAL MEDICAL CAREERS INSTITUTE. CEC 94911(c.) Your signature on this agreement acknowledges that you have been given reasonable time to read and understand it, and that you have been given: (a) written statement of the refund policy and how it applies and; (b) a catalog including a description of the course or education service, including all material facts concerning the school and the program or course of instruction which are likely to affect your decision to enroll. *Immediately upon signing this agreement, you will be given a copy of it to retain.*

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, salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement.

I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, 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. CEC 94911(I)(1)(2)

Student Initial: _____ **Parent or Guardian Initial (if applicable):_____**

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. CEC 94911(k). By signing, I also certify that I have received an explanation and copy of the School handbook or catalog, graduation requirements, physical demands, work conditions and safety, attendance, behavior and confidentiality requirements (verbal), placement disclosure, visited and toured the school facilities and have read, understood, and agreed to my rights and responsibilities, and that the institution's charges, cancellation and refund policies have been clearly explained to me. I certify that I will hold harmless PMCI or any of PMCI's affiliated clinical facilities of any liability.

CEC 94911(j)(2). Additionally, 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 or by completing a complaint form, which can be obtained on the bureau's Internet Web site at: http://www.bppe.ca.gov/enforcement/complaint.shtml CEC 94911(j)(1). This agreement is not operative until the student makes an initial visit to the institution and receives a thorough tour or attends the first class or session of instruction. 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: Website: http://www.bppe.ca.gov/about_us/contact.shtml

Physical Address: Bureau for Private Postsecondary Education, 1747 North Market Blvd., Suite 225, Sacramento, CA 95834 **Mailing Address:** Bureau for Private Postsecondary Education , P.O. Box 980818, West Sacramento, CA 95798-0818
Phone Number: (916) 574-8900 **Toll Free:** (888) 370-7589 **Fax Number: (**916) 263-1897 **Web site Address:** www.bppe.ca.gov

TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE: $37,024.00
(See payment options on page 6.)

ESTIMATED TOTAL CHARGES OF ENTIRE EDUCATIONAL PROGRAM: $37,024.00
(Including sales tax and assuming no unexcused clinical absences)

THE TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT:
$2,600.00
(Includes $100.00 non-refundable application fee).

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 total charges and price, cancellation and refund policies have been clearly explained to me.

Signature of Student _____ **Date:** _____

Signature of Parent (if student is under the age of 18) _____**Date:** _____

_____
Printed Name of Parent or Guardian (if applicable)

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