



## QMA Facility Payment Agreement

I understand that this agreement is a binding contract of payment for the ISDH 110-hour Qualified Medication Aide Training course. I understand that (Facility Name) \_\_\_\_\_ is hereby solely responsible for payment of all fees associated with the course provided by RESQ Health & Safety Training for the (Student Name) \_\_\_\_\_.

**Registration and Tuition:** The cost of the course is \$975.00 per student. **This signed QMA financial agreement reserves the student's placement in the class and must be received prior to orientation.** Registration is on a first-come, first-served basis.

**Payment Due in Full:** The balance of \$975 is due within 30 days of class start date, which is billed by invoice. Aforementioned facility is bound for the total cost of the class plus a 10% late fee for every 30 days past the due date.

**Successful Completion of the course:** Aforementioned facility agrees that successful completion of the QMA Training course is the responsibility of the student enrolled in the course. Aforementioned facility is responsible for student tuition regardless of student's successful completion the course.

**Refund Policy:** After the first day of class, no refunds will be issued, and facility is responsible for full payment of the QMA student.

Refunds are by written request ONLY and must be submitted no later than one business day prior to the full

**If student doesn't attend the QMA program after orientation, there will be a \$100 administrative fee.**

I HAVE READ AND UNDERSTAND THIS AGREEMENT, AND I ACCEPT AND AGREE TO ALL OF ITS TERMS AND CONDITIONS. I ENTER INTO THIS AGREEMENT VOLUNTARILY, WITH FULL KNOWLEDGE OF ITS EFFECT.

\_\_\_\_\_  
Facility Representative Signature (E.D./D.O.N.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_ Print Name and Title (E.D./D.O.N.)

\_\_\_\_\_  
RESQ Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title (RESQ Representative)