HEALTHCARE FOUNDER ACADEMY

Student Enrollment Agreement

406 Blankenbaker Parkway, Louisville, KY 40243 | 502-676-3394 | enroll@hcfounders.com | hcfounders.com

Student Information

Student Name	_____
Address	_____
City / State / ZIP	_____
Phone / Email	_____
Professional License / Credential	_____

Course Selection

[ ] Level One Neurotoxin Certificate Course

[ ] Level Two Neurotoxin Certificate Course - Lower Face & Neck

[ ] Level One Dermal Filler Certificate Course - Lips & Cheeks

[ ] Level Two Dermal Filler Certificate Course - Nasolabial Folds, Chin & Jawline

Course Start Date: _____ Clinical Date: _____ Completion Date: _____

Course length: 8 contact/clock hours - 4 hours online/didactic and 4 hours in-person clinical.

Tuition and Charges

Charge	Amount
Tuition	$899
Registration/Application Fee	$0
Books/Materials/Supplies	$0
Clinical/Laboratory Fee	$0
Other School Charges	$0
TOTAL COURSE COST	$899

Payment: One payment of $899 per course.

Refund Policy

This policy is the same refund policy stated in the Healthcare Founder Academy School Catalog:

1. If the school cancels a course or is unable to provide the contracted instruction, the student will receive a 100% refund of tuition and school-collected fees for the portion of the course not provided.
2. A student who cancels enrollment before beginning any instructional activity will receive a 100% refund of tuition and refundable school-collected fees.
3. After instruction begins, tuition will be earned in proportion to the instructional contact hours completed. The student will receive a pro-rata refund of tuition attributable to scheduled instructional hours not completed. For online instruction, a module is considered completed when the student completes the required instructional activity associated with that module.

4. A student may withdraw by written notice to the school. The effective withdrawal date is the date the school receives the written notice or the date the school determines that the student has ceased participation, as applicable.
5. Refunds due under this policy will be calculated using the student's actual tuition and charges and issued to the original payer within 30 calendar days after the effective cancellation or withdrawal date.
6. The same refund policy applies when a student is dismissed by the school; tuition is earned only for instructional hours completed.

Enrollment and Attendance Acknowledgment

Registration is accepted up to two weeks before the scheduled course start date, subject to availability. I understand that I am expected to complete all required instructional hours. Missed or late-arrival instructional time must be completed through a school-approved make-up activity or rescheduled instruction before a certificate is issued.

Eligibility and Prerequisites

I understand that these courses are intended for licensed healthcare professionals, including MDs, NPs, PAs, RNs, and LPNs, who are responsible for practicing within their lawful professional scope. Enrollment in a Level Two course requires completion of the corresponding Level One course.

Certificate

I understand that the course is attendance/completion based and does not use a letter-grade or numerical grading system. A Certificate of Attendance/Completion is issued after required instructional hours and course activities are completed. The certificate does not independently grant professional licensure, expand scope of practice, or constitute an independent professional certification.

Kentucky Student Complaint Procedure

A student may first submit a written concern to Healthcare Founder Academy. Kentucky students may also file a complaint with the Kentucky Commission on Proprietary Education using the Commission's current complaint process. Commission contact: 500 Mero Street, 4th Floor, Frankfort, KY 40601; 502-564-4185.

Kentucky Student Protection Fund Notice

Kentucky maintains a Student Protection Fund for eligible students of licensed proprietary schools. If a school or program closes while an eligible student is enrolled and attending, the student may be eligible to file a claim for qualifying losses with the Kentucky Commission on Proprietary Education using its current claim procedure and required supporting documentation.

Student Acknowledgment

I acknowledge that before signing this agreement I received or was provided access to the current school catalog, course information, tuition and fee information, refund policy, complaint information, and Student Protection Fund notice. I have had an opportunity to ask questions about the course and this agreement.

Student Signature: _____ Date: _____

Authorized School Official: _____ Date: _____

Student Copy Provided: [ ] Yes **School Copy Retained:** [ ] Yes