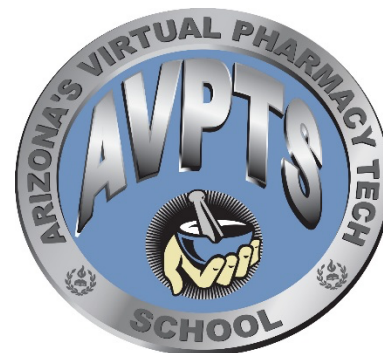


Enrollment Agreement

Arizona's Virtual Pharmacy Tech School
3920 E Thomas Road STE 15314
Phoenix, Arizona 85060
P: (602) 362-2974



Program requirements: (Please make sure you have met all of the requirements by checking the boxes below).

1) ☒ Yes, I hereby certify that I'm 18 years of age or over the age for compulsory attendance in my state. I have a high school diploma/GED or equivalent, or I'm still attending HS or enrolled in a GED program. I have a valid ID, and agree to provide a copy of each item to the school when requested.

A person seeking employment, licensing, or admittance into college, university or educational program may be required to apply for a Fingerprint Clearance Card. A successful applicant will receive a small laminated card verifying that the person is capable of gaining legal employment based on his or her criminal background. Some hospitals or pharmacy sites have Health and Safety requirements and may require immunization, drug screening, or the release of medical records prior to attending the externship.

2) ☒ Yes, I realize that I must obtain a Fingerprint Clearance Card and be capable of meeting all of the (Health and Safety) requirements prior to the start date of the externship.

3) ☒ Yes, I understand that most of this program (except the externship) is offered online and the interactions (or communication) between the student and instructor will be conducted primarily via text, e-mail or telephone. I also confirm that I have a telephone, smart phone, computer with webcam capability, high speed internet, and the proper equipment to receive incoming calls or e-mails to complete the assignments in the program.

STUDENT NAME:

ADDRESS (CITY/STATE/ZIP):

PRIMARY PHONE NUMBER:

DOB/STATE/ ID OR SS:

EMERGENCY CONTACT:

EMAIL ADDRESS:

Student's initials

PHARMACY TECH PROGRAM INFORMATION

Commencement date of program

Program title: **Pharmacy Technician**

Total clock hours and length of the program: **682 clock hours or 21weeks**

TUITION AND FEES

Registration fee: \$15.00

Tuition: \$3,000 (\$3,000 + \$15 = \$3,015) if a full payment is received.

(Books and Supplies; Health and Safety requirements not included)

Total Cost of Program:

\$3,015

Job Outlook:

Quick Facts: Pharmacy Technician	
2021 Median Pay	\$36,740 per year \$17.66 per hour
On-the –job training	Moderate-term on-the-job training
Job Outlook, 2016-26	12% (faster than average)

Payment Plan:

We have four payment options for your tuition. (1) You can pay in full today, (2) pay over time, (3) use your employer's tuition reimbursement, (4) or government aid funding (WIOA).

Pay in Full 0% APR \$3,015.00 Make one full payment after you check out.	Four Payments 0% APR \$753.75 Make an initial payment at checkout and then 3 equal monthly payments.	12 Payments 0% APR \$251.25 Make an initial payment at checkout and then 11 equal monthly payments.	Government Aid You must be a qualified WIOA job seeker to receive funding. No payment required.
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Student's initials

REFUND AND CANCELLATION POLICY:

An applicant denied admission by the school is entitled to a refund of all monies paid.

Three-Day Cancellation: An applicant who provides written notice of cancellation within three days (excluding Saturday, Sunday and federal and state holidays) of signing an enrollment agreement is entitled to a refund of all monies paid. No later than 30 days of receiving the notice of cancellation, the school shall provide the 100% refund.

Other Cancellations: An application requesting cancellation more than three days after signing an enrollment agreement and making an initial payment, but prior to entering the school is entitled to a refund of all monies paid minus the Registration fee (\$15) and Restocking fee (\$100) will be deducted from the tuition refund in the amount of \$115.

Refund after the Commencement of Program:

1. Procedure for withdrawal/withdrawal date:
 - A. A student choosing to withdraw from the school after the commencement of classes is to provide a written notice (via email using the appropriate withdrawal form) to the Director of the school or an AVPTS (Arizona's Virtual Pharmacy Tech School) representative. The (withdrawal form) notice is to indicate the expected last date of attendance and be signed and dated by the student.
 - B. For a student who is on authorized Leave of Absence, the withdraw date is the date the student was scheduled to return from the Leave and failed to do so.
 - C. A student will be determined to be withdrawn from the institution if the student has not attended any class for 14 days.
 - D. All refunds will be issued within 30 days of the determination of the withdrawal.

Student's initials

2. Tuition Charges/refunds:

- A. Before the beginning of the program, the student is entitled to refund of 100% of the tuition. The Registration fee (\$15) and Restocking fee (\$100) will be deducted from the tuition refund in the amount of \$115.
- B. After the commencement of the program, the Registration fee (\$15) and Restocking fee (\$100) will be deducted from the tuition refund in the amount of \$115. The tuition refund shall determine as follows:

% of Clock Hours Attempted:	% Tuition Refund Amount
10% or less	90%
More than 10% and less than or equal to 20 %	80%
More than 20% and less than or equal to 30%	70%
More than 30% and less than or equal to 40%	60%
More than 40% and less than or equal to 50%	50%
More than 50%	No refund is required

The percentage of the clock hours attempted is determined by dividing the total number of clock hours elapsed from the student's last day of attendance, by the total number of clock hours in the program.

Books, supplies and fees: Books, Supplies, Health and Safety Requirements are not covered in the program price. Therefore, these items are paid by the student and are nonrefundable through our institution (Please see page 14 in the course catalog for more details).

Refunds will be issued within 30 days of the date of the student notification, or date of school determination (withdrawn due to absences or other criteria as specified in the school catalog), or in the case of a student not returning from an authorized Leave of Absence (LOA), within 30 days of the date the student was scheduled to return from the LOA and did not return.

Student's initials

Pharmacy Technician Curriculum

Pharmacy Technician Curriculum	Course Name	Clock Hours
	Block I	
PHT 100	Pharmacy Today	48
PHT 101	Pharmacy Tech I	48
MED 130	Medical Terminology	48
PHT 103	Pharmacy Calculations	72
	Block II	
PHT 104	Pharmacy Tech II	48
PHT 105	Pharmacy Tech III	48
PHT 106	Pharmacy Tech IV	48
PHT 107	Pharmacy Tech V	48
	Block III	
PHT 108	Pharmacy Tech VI	48
PHT 109	Pharmacy Tech VII	48
PHT 110	Pharmacy Tech Review	48
EXT 111	Externship	130
Total Clock Hours:		682

Miscellaneous Fees:

Arizona's Virtual Pharmacy Tech School will not replace any program materials, books or refund any fee that may incur from theft, damage tardiness, or any finance charges associated with online fees or monthly payments.

Externship/Graduation

After all courses are completed (with a GPA of 70% or greater) students that have met all academic and financial requirements will be eligible to attend an externship and apply for graduation. Arizona's Virtual Pharmacy Tech School will not allow a student to attend the externship if they cannot obtain a Finger Print Clearance Card prior to attending the externship.

Student's initials

Job Placement:

Arizona's Virtual Pharmacy Tech school does not offer job placement or guarantee job placement to graduates upon program completion.

Arizona State Board of Pharmacy Requirements:

- Register with the Arizona State Board of Pharmacy as a pharmacy technician trainee and pass the Pharmacy Technician Certification Exam (PTCE), or;
- Become nationally certified through the PTCB and register with the State Board as a pharmacy technician.

Out of State students:

Arizona's Virtual Pharmacy tech school welcomes out of state students. Please see our out of state policy on page 20 in our course catalog.

Grievance Procedure:

Arizona's Virtual Pharmacy Tech School will work with each student to resolve any issue a student may have. Every student is encouraged to discuss their concerns or complaints as outlined in the school's course catalog under Grievance Procedure.

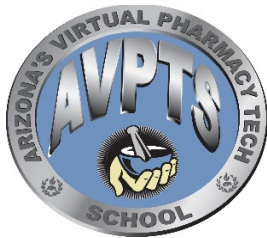
Privacy:

All enrollment information will be protected in accordance with Family Educational Rights and Privacy Act (FERPA).

Program Materials Copyright Notice:

You are prohibited to copy or share all or part of your program materials to any third party without the permission of Arizona's Virtual Pharmacy Tech School. If you violate these terms you may be subject to criminal, civil penalties, or fines, and including expulsion from the pharmacy tech program.

Student's initials



Externship/Practicum Agreement

- 1) I understand that it is my responsibility to meet all Pre-Externship/Practicum requirements such as immunizations, drug clearances, licensing, physical examinations, criminal background checks (Fingerprint Clearance Card) and any cost associated with obtaining the necessary documents that is required to attend the Externship/Practicum.
- 2) I understand that I must have a completed Externship/Practicum Form signed and returned to my program instructor before the Externship/Practicum begins.
- 3) I understand I must complete my Externship/Practicum during the allotted assigned time (which is usually in block III of the pharmacy tech program) or I may fail the Externship/Practicum.
- 4) Students are required to have perfect attendance and no vacations or time off is allowed during the Externship/Practicum. If I'm going to be absent, I understand that it is my responsibility to contact the site supervisor and my program instructor. Failure to do this will result in dismissal from the site and failure of the externship for the term.
- 5) I will present myself in a professional manner regarding dress, personal hygiene, and conduct. This includes all rules and regulations of the site as well as AVPTS.
- 6) I will communicate directly with my site supervisor regarding any changes from scheduled hours (due to tardiness, absences, severe illness, emergencies, and etc.).
- 7) I will obtain prior approval from my site supervisor before preparing or administering any pharmaceutical procedure and I will not perform any new procedures without prior training and supervision from my site supervisor.
- 8) I will do everything in my power to successfully complete this Externship/Practicum and as a representative of the school I understand my success at the site is usually indicative of my career success in securing future employment.
- 9) I understand that there is no obligation on the part of the participating facility site to hire an externship/practicum student.
- 10) If the site requests that I be removed due to an error on my part, including poor attendance, I will receive a failing grade for the externship/practicum.
- 11) I agree that my Externship/Practicum is considered to be complete only after I receive a passing grade on all Externship/Practicum requirements.

Student's E-Signature:

Date:

Student's initials

Arbitration:

Arbitration will take place at a location reasonably convenient for both parties giving due consideration to the student's ability to travel and other pertinent circumstances. Both parties will attempt to have proceedings take place within a reasonable time and without undue delay. The arbitration proceedings will follow the spirit if not the letter of the consumer due process protocol of the American Arbitration Association (AAA), but is not limited to a fundamentally fair process; an independent and impartial, competent, and qualified arbitrator; independent administration of the arbitration; reasonable cost; right to representation; and possibility of mediation. Arbitration does not preclude other avenues of recourse, including but not limited to possible relief in small claims courts. Notwithstanding the foregoing, neither this clause nor any arbitration result can preclude the student from filing a complaint within 2 years of the student's last date of attendance within the Arizona State Board for Private Postsecondary Education, 1740 West Adams, Suite 3008, Phoenix, AZ 85007, (602) 542-5709 www.azppse.gov.

Notice:

Any holder of this agreement (consumer credit contract) is subject to all claims and defenses 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 (FTC Rule effective 5-14-76).

CONTRACT ACCEPTANCE:

I acknowledge receiving a copy of the completed agreement and school catalog. I acknowledge that by signing I have read all pages of the enrollment agreement and the school catalog and understand the terms and conditions and agree to the conditions set forth in the enrollment agreement and the school's catalog. This agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without a written agreement from the school Director. I understand that I am responsible (including guardian) for full compliance with the financial terms hereof, and I agree to that responsibility. This agreement is not valid until it has been signed and approved by a representative of Arizona's Virtual Pharmacy Tech School.

Student's E-Signature

Date

Parent or Guardian E-Signature

Date

School Representative E-Signature

Date