

# RASA Program Enrollment Application



**Approved**



You may fax your completed application, with supporting documents to (720) 398-3315.



## Enrollment Application: RASA Surgical Assisting Program

Approved and Regulated by the Colorado Department of Higher Education, Private Occupational School Board

**Complete forms, print and sign. *Electronic signatures are not accepted. All documents must be signed.***

### Applicant Information:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Medical Title: \_\_\_\_\_ Social Security Last 4: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Desired Contact Phone: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you eligible to work in the United States?  YES  NO      Are you 18 years or older?  YES  NO

Do you have competency in computer skills, Word processing, Microsoft Office & Internet use?  YES  NO

*Choose one:*  White  American Indian/Alaska Native  Black/African American  Native Hawaiian/Other Pacific Islander  Asian  Hispanic/Latino  Two or more races  Other/Unknown/Prefer not to say

*Choose one:*  Male  Female  Other/Prefer not to say

**Employment Information:** Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor/Manager: \_\_\_\_\_ Employer Phone: (\_\_\_\_) \_\_\_\_\_

Supervisor Email: \_\_\_\_\_

Dates Employed: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_      Current Position Title: \_\_\_\_\_

Do you currently:  Scrub  First Assist  Other: \_\_\_\_\_

### Education, Certification and Licensing:

High School Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

College/ST School Name & Program: \_\_\_\_\_

Type:  Bachelor's Degree/  Associate Degree/  Certificate/  Other: \_\_\_\_\_

City, State: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

Other training: \_\_\_\_\_

List all current licenses, registrations and certifications: \_\_\_\_\_

**Professional Practice:** *If you answer yes to any of the questions below, please provide a written statement.*

*Answer yes or no:* Have you ever been excluded by a government agency to practice in a healthcare setting? \_\_\_\_\_

Has any professional liability insurance company limited, excluded, canceled, limited or refused to renew or issue a policy? \_\_\_\_\_ Have any professional claims been filed naming you, or are you aware of any pending claims? \_\_\_\_\_ Has there ever been any action taken against you by any medical staff committee or licensing/registration body? \_\_\_\_\_ Would you be willing to undergo a background check if required by a training agreement? \_\_\_\_\_

*By signing below I attest that this information is true and correct.*

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Enrollment Offerings: Indicate the program and courses you are apply for.**

Choose Surgical Assisting Program options plus any co-requisites you need. Textbooks and textbook costs are listed for reference only and must be purchased separately by the student and are non-fundable by RASA. See refund policy for details of fees and refundable amounts.

<input type="checkbox"/> <b>Surgical Assisting Program 282</b> with <b>Multi-Specialty Clinical Rotations</b>	<b>Start Date</b> (1 <sup>st</sup> of each month unless postponed)  _____	<b>Estimated Textbook Cost – Purchased separately by student:</b>  Alexander’s Care of the Patient in Surgery, 15 <sup>th</sup> /16 <sup>th</sup> ed. \$120.00  Essential Surgical Skills, 2 <sup>nd</sup> ed. \$80.00  The Surgical First Assistant, 1 <sup>st</sup> ed. \$75.00	<b>Estimated Distance Learning Contact Hours/ Units/ Completion Time/Semester Credits:</b>  Module 1: 133 Hours/ 5 Units/4 months/ 8.5 Semester Credits  Module 2: 200 Hours/ 10 Units/ 4 months/ 12.5 Semester Credits  Module 3: 140 Clinical Surgical Assisting Cases/ 6 months/ 8 Semester Credits	<b>Tuition Cost – Select Payment Option:</b>  <input type="checkbox"/> <b>Paid in Full:</b> \$3,495 with \$500 PIF discount = <b>\$2,995 Total</b>  <b>OR</b>  <input type="checkbox"/> <b>Payment Plan: \$3,495 Total</b> (\$495 down and 12 payments of \$250). See Installment Agreement.
<p>The following distance learning co-requisite courses are required unless you submit transcripts of completion from a formal Surgical Technology training program or military training as an Operating Room Technician. If you did not complete a Surgical Technology program, but passed any of these college-level courses, the course(s) will be waived with proof indicated on transcripts. Please indicate if the transcripts _____ have been sent to us, or _____ will be sent by the Start Date.</p>				
<input type="checkbox"/> <b>Medical Terminology</b>	<b>Start Date:</b> At time of enrollment in SA Program.	Quick and Easy Medical Terminology, 8 <sup>th</sup> ed. \$55.00	<b>48 Hours/ 15 Units/ 4 months</b>	_____ \$100.00
<input type="checkbox"/> <b>Microbiology</b>	At time of enrollment in SA Program.	Microbiology for the Surgical Technologist, 2 <sup>nd</sup> ed. \$90.00	<b>48 Hours/ 22 Units/ 4 months</b>	_____ \$100.00
<input type="checkbox"/> <b>Pharmacology</b>	At time of enrollment in SA Program.	Pharmacology for the Surgical Technologist, 4 <sup>th</sup> ed. \$60.00	<b>48 Hours/ 16 Units/ 4 months</b>	_____ \$100.00
<input type="checkbox"/> <b>Anatomy, Physiology &amp; Pathophysiology</b>	At time of enrollment in SA Program.	Human Diseases: A Systemic Approach, 8 <sup>th</sup> ed. \$90.00	<b>48 Hours/16 Units/4 months after completion of Module 1</b>	_____ \$100.00
<b>Total Tuition Payment included with Application</b>				<b>\$</b>
<b>Total Tuition (cost of SA program and any co-requisites)</b>				<b>\$</b>



**PAYMENT IN FULL**  
**AUTHORIZATION FORM**

If you wish to be on a payment plan, do NOT complete this page. Instead, complete the *Installment Agreement and Disclosure* and *Payment Plan Authorization Forms* if you wish to make payments.

**Please fax completed forms to (720) 398-3315.**  
**CREDIT CARD INFORMATION CANNOT BE EMAILED.**

*Credit card information must be left blank and given over the phone if your application is emailed for your protection.*

**Name of Student:** \_\_\_\_\_

✓ Check method of payment for tuition/down payment in the amount of: \$ \_\_\_\_\_

Visa     MasterCard     Discover     American Express (AMEX only: a 2% fee will be added for charges \$3,000 or more)

Check (sent by mail)     Charge Bank Account *(must be set up over phone)*

DO NOT EMAIL CREDIT CARD INFO

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date. \_\_\_\_\_ / \_\_\_\_\_ CVV(# on back): \_\_\_\_\_

**Billing Address** complete even if payment will be made over the phone *(where your credit card statement is mailed to):*

Name on Card: \_\_\_\_\_

E-mail: \_\_\_\_\_ Billing Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*By signing this agreement,*

*I have read and accept the terms set forth in the Acknowledgment of Application and Agreement for RASA Program(s), including the Refund and Withdrawal Policies, and accept the terms of this Payment Authorization Form. I authorize RASA to charge my account as agreed upon.*

**Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Cardholder Signature** *(sign even if payment will be made over the phone)*



### Installment Agreement and Disclosure

Complete only if you wish to be on a payment plan.

I promise to pay the Royal Academy of Surgical Assisting, Inc. the sum of \$3,495.00, plus any additional costs for extras such as basic science courses, (which includes principle tuition and cancellation fee) on the following schedule:

I agree to pay \$495.00 (or other pre-approved amount of \_\_\_\_\_) down payment at time of enrollment, and 12 payments of \$250.00 (or other pre-approved amount of \_\_\_\_\_) beginning on \_\_\_\_\_ with all subsequent installments to be payable on the same day of each consecutive month until the balance reaches zero.

DISCLOSURE STATEMENT					
<b>Annual Percentage Rate:</b> The cost of the credit as a yearly rate.	<b>Finance Charge:</b> The dollar amount the credit will cost you.	<b>Principal Down Payment Amount:</b> The amount you are putting down.	<b>Total of Payments:</b> The amount you will have paid after all payments have been made as scheduled.	<b>Less Discounts or Sales:</b> Any discounts or sales (for example group discount \$500.00).	<b>Total Tuition Price:</b> The total cost of your purchase on credit, including your down payment.
0%	\$0	\$495.00 or _____	\$3,000.00 or _____	(\$ _____)	\$3,495.00 or _____
<b>Monthly Payment Amount and Schedule:</b>					<b>Total:</b>
Monthly Principal	\$250.00 or _____		12 or _____ payments beginning on _____ and charged monthly on the same day of each month.		
Interest	\$0.00 / 0%				
Admin Fee	\$0.00				
Total Monthly Payment	\$250.00 or _____				

This note is subject to the terms and conditions contained within the Royal Academy of Surgical Assisting, Inc. Enrollment Application and this full disclosure statement. If the student defaults on this payment plan, the entire sum of principle and administrative fees shall become immediately due and payable at the option of the holder of this Note. See refund policy for detailed layout of applicable fees.

This Payment Plan is interest free; however, in the event that payments are greater than seven (7) days late, declined or rescheduled the following fees will apply. There is no prepayment fee; you may pay off the balance early without additional fees.

Any account that is more than 15 days late will be put on academic hold until your financial obligation is brought current or other arrangements are made. You will receive a receipt via email each time a payment is successfully completed. If you do not receive a receipt, that means your payment declined & you will need to contact us to arrange that monthly payment plus a one-time \$35.00 decline fee.

Decline Fee	Late Fee (greater than 7 days)	Reschedule of Payment	Prepayment Fee
\$35.00	\$35.00	\$25.00	None

**By signing below, you agree to the terms of this Installment Note and Disclosure Statement and the Refund and Withdrawal Policies and acknowledge that you received, read and understood these in their entirety.**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**Please fax completed forms to (720)398-3315 or scan and e-mail (credit card information MUST be left blank and given over the phone if e-mailed for your protection) to info@rasatraining.com.**

**PAYMENT PLAN AUTHORIZATION FORM:**

Name of Student: \_\_\_\_\_

✓ Check method of payment in the amount of: \$ \_\_\_\_\_.

Visa     MasterCard     Discover     American Express (AMEX only: 2% fee for charges \$3,000 or more)

Check (sent by mail)     Charge Bank Account (must be set up over phone)

DO NOT EMAIL CREDIT CARD INFO

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date. \_\_\_\_\_ / \_\_\_\_\_ CVV(# on back): \_\_\_\_\_

**Payment Option** (complete only if you have completed the Installment Agreement and Disclosure):

Down payment (or amount paid to date) of \$ \_\_\_\_\_ – \$(\_\_\_\_\_ ) discount

+ Monthly recurring payment amount of: \$ \_\_\_\_\_ x \_\_\_\_\_ Months + for total balance of: \$ \_\_\_\_\_.

Enter the preferred day of the month you wish monthly payments to be withdrawn (default is the 1<sup>st</sup>): \_\_\_\_\_

**Billing Address** (where your bank statement is sent to):

Name on Card: \_\_\_\_\_

E-mail: \_\_\_\_\_ Billing Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PAYMENT PLAN AND OBLIGATION DISCLOSURE:**

Payment plans must be made via recurring automatic monthly charge to a credit card or bank card. Students agree to monthly recurring payments as arranged with RASA, through the Installment Agreement and Disclosure and Refund and Withdrawal Policies, upon completion and approval of application/enrollment. Student agrees to make minimum monthly payment towards account until such time balance reaches \$0.00. All changes to payment plans (including day of month, card information, billing address, etc.) will be assessed a one-time \$25 fee. **If payment is declined or rejected by your bank (for example, due to insufficient funds) a \$35 late fee will be assessed and added to balance of account.** Any account that is more than 15 days late will be put on academic hold until your financial obligation is brought current or other arrangements are made. Regardless of any special payment plan option chosen, the longest a student may matriculate through program is 16 months, without re-enrolling. See refund policy for detailed layout of applicable fees. **Tuition balance must be paid in full, regardless of payment plan, before graduation and issuance of the Certificate of Completion.**

By signing this agreement I accept the terms set forth above and acknowledge I have read understand my obligation in regards to this payment(s) and/or payment plan obligation and authorize RASA to charge my account as agreed upon.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Cardholder Signature (sign even if payment will be made over the phone)**



## Required Documentation Checklist

### Documents required for enrollment:

	<b>Application Forms</b> including payment authorization ( <i>do not email credit card information</i> ).
	<p>Proof of successful completion of a Surgical Technology program (transcripts must be sent to RASA). Certificates of completion will be accepted on a case by case basis if no transcripts are available.</p> <p><b>OR</b></p> <p>Transcripts of successful completion of one or more college level basic science instruction in the following courses. Certificates of completion will be accepted on a case by case basis if no transcripts are available.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Anatomy, Physiology and Pathophysiology (available through RASA)</li> <li><input type="checkbox"/> Microbiology (available through RASA)</li> <li><input type="checkbox"/> Pharmacology (available through RASA)</li> <li><input type="checkbox"/> Medical Terminology (available through RASA)</li> </ul> <p><b>OR</b></p> <p>Acknowledgement on pg. 2 to pay for and enroll in the following courses not yet completed. On-the-job trained students may take these courses as a co-requisite of the program.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Anatomy, Physiology and Pathophysiology (to be completed through RASA)</li> <li><input type="checkbox"/> Microbiology (to be completed through RASA)</li> <li><input type="checkbox"/> Pharmacology (to be completed through RASA)</li> <li><input type="checkbox"/> Medical Terminology (to be completed through RASA)</li> </ul>
	<b>Two letters of recommendation</b> , including verification of a working knowledge of operating room fundamentals, signed by a surgeon/operating room educator ( <i>templates attached</i> ).
	<b>Clinical Internship Acknowledgment</b> - form is to be completed by student's supervisor or facility's credentialing manager.
	Copy of current CPR or BLS (must maintain throughout the entire program).
	Copy of all certifications or licenses (if available).
	Copy of Driver's License or State-issued identification, with identifiable picture. <i>Do not fax your IDs as they come through black scan and email separately to student@rasatraining.com.</i>
<b>Documents to be scanned and uploaded to the eCampus prior to clinical internship.</b>	
<b>Required prior to clinicals</b>	Acceptable health and immunization records, documenting positive titers of hepatitis B, MMR, varicella (titer or history), annual PPD/TB assessment, Tetanus and annual influenza vaccine (RASA Health Form).
<b>Required prior to clinicals</b>	Copy of HIPPA and Bloodborne Pathogens Training within the past year
<b>Required prior to clinicals</b>	Malpractice insurance, specifically listing you in the "Student Surgical Assistant" or "Surgical Assistant" role. Limits of liability must be a minimum of 1 million/3 million.



# RASA Surgical Assistant Program

Re: Letter of Recommendation (1)

Dear Perioperative Educator/Administrator, Surgeon or ST Instructor:

**Student Name:** \_\_\_\_\_, **Title:** \_\_\_\_\_ has applied to the Royal Academy's Surgical Assistant Program and is requesting you validate his/her skills and level of proficiency.

This student has \_\_\_\_\_ years and \_\_\_\_\_ months experience in the operating room.

By signing this form, you verify that the above student:

- Works effectively as a team member and in stressful and emergent situations
- Possesses a working knowledge of operating room fundamentals, including:
  - Sterile technique
  - Infection prevention and control
  - Proper surgical hand scrub
  - Patient positioning and draping
  - Proper use of operating room equipment
  - Use of surgical instrumentation
  - Is proficient in scrubbing techniques

**By signing this form, you recommend him/her for entrance into the Surgical Assisting program.**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for assisting this student to further their education and skills.

_____ Printed Name	_____ Title
_____ Signature	_____ Date
_____ Organization	_____ Contact phone or email





# RASA Surgical Assistant Program

Re: Letter of Recommendation (2)

Dear Perioperative Educator/Administrator, Surgeon or ST Instructor:

**Student Name:** \_\_\_\_\_, **Title:** \_\_\_\_\_ has applied to the Royal Academy's Surgical Assistant Program and is requesting you validate his/her skills and level of proficiency.

This student has \_\_\_\_\_ years and \_\_\_\_\_ months experience in the operating room.

By signing this form, you verify that the above student:

- Works effectively as a team member and in stressful and emergent situations
- Possesses a working knowledge of operating room fundamentals, including:
  - Sterile technique
  - Infection prevention and control
  - Proper surgical hand scrub
  - Patient positioning and draping
  - Proper use of operating room equipment
  - Use of surgical instrumentation
  - Is proficient in scrubbing techniques

**By signing this form, you recommend him/her for entrance into the Surgical Assisting program.**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for assisting this student to further their education and skills.

_____ Printed Name	_____ Title
_____ Signature	_____ Date
_____ Organization	_____ Contact phone or email



## Clinical Internship Acknowledgment & Training Agreement

*This form is to be completed by student's supervisor or facility's credentialing department.*

**Student Name:** \_\_\_\_\_, **Title:** \_\_\_\_\_ has applied to the Royal Academy's Surgical Assistant Program and is requesting to complete the clinical internship at the following location:

**Facility Name:** \_\_\_\_\_

**Facility Address:** \_\_\_\_\_

**1. This student  is or  is not** (check one) and employee of the above facility.

Following successful completion of the didactic home-study portion of the program, students are required to first assistant on 140 cases, over 6 months, under the direct supervision of sponsoring surgeons. RASA instructors and staff will maintain oversight and feedback of student's education/learning, procedure logs and evaluations.

RASA's Surgical Assisting Program is approved by the American Board of Surgical Assistants (ABSA) and leads to the Surgical Assistant – Certified (SA-C) title.

The Surgical Assisting intern listed above is required to maintain current CPR certification, professional liability insurance coverage, basic health requirements (Annual PPD unless not required by facility, MMR immunity, Hepatitis B immunity or decline, Varicella history or immunity, Tetanus within the past ten (10) years. HIPAA and Bloodborne pathogens training required for all non-employees (it is assumed that employees receive annual training).

Internship hours must not require students to be on duty more than eight hours per day for five consecutive days. Appropriate breaks must be included in the internship schedule, pursuant to any and all existing state and federal laws.

**Expected Educational Outcome:** To prepare competent entry-level surgical assistants in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains. Upon successful completion of RASA's Surgical Assisting Program, graduates will be eligible to sit for the American Board of Surgical Assistants certification exam that leads to the Surgical Assistant – Certified (SA-C) title. The program prepares graduates for entry-level Surgical Assistant jobs (state laws may apply).

**2. Initial one or both of the following:**

\_\_\_\_\_ The above student is authorized to complete the clinical internship OFF-the-clock. The student will not be covered by any hospital benefits, including worker's compensation. The student should not be substituted for paid person while in the student role.

\_\_\_\_\_ The above student is authorized to complete the clinical internship ON-the-clock. The student should not be substituted for paid person while in the student role.

**3. Initial one of the following:**

\_\_\_\_\_ A facility-specific Affiliation Agreement IS NOT required between RASA and the facility prior to the student beginning their clinical internship and this form will suffice as a training agreement.

\_\_\_\_\_ A facility-specific Affiliation Agreement IS required between RASA and the facility prior to the student beginning their clinical internship. RASA should contact the following person to begin the process (if contact for training agreement process is different than yourself, please include his or her information in the comments):

\_\_\_\_\_  
*Name* *Email* *Title*

\_\_\_\_\_  
*Signature* *Date*

*By signing this form you attest that you have authority to make this decision.  
Thank you for assisting this student in furthering their education and skills!*

**Person to contact if a facility-specific Affiliation Agreement is required:**  
Name: \_\_\_\_\_ Email: \_\_\_\_\_



## Refund Policies

### All states excluding Colorado:

Students may cancel program enrollment within seven (7) days of the official start/enrollment date into program for a full refund, less a \$150.00 cancellation fee and \$350.00 for the Wound Closure Kit (\$325.00 will be refunded if the Wound Closure Training System is unopened and returned in its original condition within 30 days of delivery, as indicated by the USPS tracking system as a restocking fee of \$25.00 applies). No refunds will be issued after 7 (seven) days of the first payment or access to the program online, whichever is first, and student will be obligated to pay the entire cost of the program, regardless of completion, if payments apply.

### Colorado students only:

No tuition payments will be charged/deposited until the application is officially accepted. Students who cancel this contract by notifying the school within three (3) business days, except if after the start date, are entitled to a full refund of all tuition and fees paid. Transcripts sent from the school (not copies maintained by you) should be ordered by the student prior to or at the time of enrollment and mailed to RASA at the address above.

Students who withdraw after three (3) business days, but before commencement of classes, are entitled to a full refund of all tuition and fees paid. If the student withdraws after commencement of classes/start date, in accordance with Section 23-64-120(1)(E), C.R.S., the school will retain the non-refundable cancellation fee of the lesser of \$150.00 or 25% of the contract price with \$150 being the lesser of the two for our programs, and \$350.00 for the Wound Closure Kit (\$325.00 will be refunded if the Wound Closure Training System is unopened and returned in its original condition within 30 days of delivery, as indicated by the USPS tracking system as a Wound Closure Kit restocking fee of \$25.00 applies), plus a percentage of tuition and fees, which is based on the number of lessons/units of the program the student completed (see below refund table). The Wound Closure Kit fee is referred to as "WCK fee" and refers to either the cost of the kit, or the restocking fee, depending on which is applicable in the table below. The student will receive a full refund of tuition and fees paid if the school discontinues a program/standalone course within a period of time a student could have reasonably completed it, except that this provision shall not apply in the event the school ceases operation. Granting of credit for previous training shall not impact the refund policy. Refunds will be credited or mailed within 30 of official termination. Refund policy will not be altered for denied or delayed registration from Department of Regulatory Agencies (DORA) or any of the other required documents. Students should ensure that all program requirements can be met prior to application. The official date of termination or withdrawal of a student shall be determined in the following manner:

- a) The date on which RASA receives notice of the student's intention to discontinue the training program; or
- b) The date on which the student violates published RASA policy, which provides for termination.

### Refund Tables for Colorado Students Only

#### Surgical Assisting Program:

Student is entitled to the follow refund per upon withdrawal/termination	Refund: Based on Units/Lessons
Within first 10% of program (Unit/Lessons 1-2)	90% less cancellation charge and WCK fee
After 10% but within first 25% of program (Unit/Lessons 3-4)	75% less cancellation charge and WCK fee
After 25% but within first 50% of program (Unit/Lessons 5-6.4)	50% less cancellation charge and WCK fee
After 50% but within first 75% of program (Unit/Lessons 6.5-6.9)	25% less cancellation charge and WCK fee
After 75% (Unit 6-10- Unit 10)	NO Refund

#### All Basic Science Co-requisite Courses - Medical Terminology, Pharmacology, Microbiology, Anatomy, Physiology & Pathophysiology

Student is entitled to upon withdrawal/termination	Medical Terminology 15 Lessons	Pharmacology 16 Lessons	Microbiology 22 Lessons	Anatomy, Physiology & Pathophysiology 16 Lessons	Refund
Within first 10% of course	Chapter 1-2	Chapter 1-2	Chapter 1-2	Chapter 1-2	90%
After 10% but within the first 25% of course	Chapter 3-4	Chapter 3-4	Chapter 3-6	Chapter 3-4	75%
After 25% but within first 50% of course	Chapter 5-8	Chapter 5-8	Chapter 7-11	Chapter 5-8	50%
After 50% but within first 75% of course	Chapter 9-11	Chapter 9-12	Chapters 12-17	Chapter 9-12	25%
After 75%	Chapter 12-15	Chapter 13-16	Chapter 18-22	Chapter 13-16	No Refund



## Withdrawal Policy

The official date of termination or withdrawal of a student shall be determined in the following manner:

1. The date on which the school receives notice via email to student@rasatraining.com or by mail as to be the student's last date of actual attendance.
2. The date on which the student violates published school policy which provides for termination.
3. Should a student fail to return from an excused leave of absence, the effective date of termination for a student on an extended leave of absence or a leave of absence is the earlier of the date the school determines the student is not returning or the day following the expected return date.
4. Students will be terminated from the program within 30 days of their deadline for the course as indicated on their Grade Report, unless a request of inactive status is received by email to student@rasatraining.com or by mail. Students have the option to remain inactive for up to one year following the deadline indicated on their course Grade Report without losing credit for any coursework they have completed.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

By signing this I acknowledge that I have read in detail and understand the withdrawal and refund policies as outlined in this Royal Academy of Surgical Assisting, Inc. enrollment application.



## Acknowledgment of Application and Agreement for RASA Program(s)

Upon satisfactory completion of all academic and skill requirements, and when all financial obligations to RASA have been met, RASA will award a Certificate of Completion to the student. The student understands that this Enrollment Agreement, which includes the refund policy, may not be amended except in writing and signed by both parties.

By signing below, I acknowledge that I have read and understand the catalog, and the information contained in this application is correct to the best of my knowledge. I hereby authorize the Royal Academy of Surgical Assisting, Inc. and/or its representatives to conduct a comprehensive review of my background, including verification of all information that is pertinent for enrollment into program(s).

Students are required to be competent in computer skills including, but not limited, to Word processing, Excel, MS Office, Email, scanning & internet use.

I understand that I am required to adhere to any financial obligation, such as balance(s) of payment that is owed to RASA by me. Furthermore, RASA will only allow me to graduate from RASA program if all balances are paid in full. At such time that student has completed program and failed to complete financial obligations, the student would receive an "Incomplete" grade.

I understand that graduates are eligible to sit for the SA-C certification title through the American Board of Surgical Assistants found at [www.ABSA.net](http://www.ABSA.net). The program does not guarantee eligibility to sit for any other certification titles, state licensures, registrations or boards. I further understand that RASA is not responsible for my certification options and/or costs after graduation and that holding the RASA Certificate and/or SA-C title will not guarantee my ability to find work, and may not be recognized by hospital, facility or my State to practice as a surgical assistant. I understand that RASA is only responsible to me to fulfill its educational obligations and educational services outlined in RASA's catalog. RASA cannot guarantee certification or employment in any setting. Right to practice, obtain licensure or registration: It is the full responsibility of the prospective student to investigate all applicable state laws, hospital policies and any and all other requirements for practicing as a surgical assistant in a particular state and facility. Furthermore, RASA takes no responsibility in providing or dispensing advice in regards to the scope of practice in your state and hospital or employment setting.

Clinical Internship: It is the student's responsibility to secure a clinical internship location and surgeons willing to sponsor the student during his or her clinicals.

The Surgical Assisting Program is NOT CAAHEP-accredited, or accredited by any state or national accrediting body. RASA is approved by the American Board of Surgical Assistants (ABSA) and is Approved and Regulated by the Colorado Department of Higher Education, Private Occupational School Board. All students are expected to research, know and understand the requirements set forth by federal, state and hospital laws, policies and requirements and adhere to them.

Grievance: Students are encouraged to contact RASA with any concerns they may have. We will do our best to resolve all issues. Our goal is to have happy and satisfied students and graduates! All students will have access to our Grievance policy online at [www.RASAEcampus.com](http://www.RASAEcampus.com) and within the current catalog. Colorado students only: Complaints may be filed online with the Division of Private Occupational School at or 303-832-3001. [www.highered.colorado.gov/dpos](http://www.highered.colorado.gov/dpos) within two (2) years after the student discontinues his or her training, or at any time prior to the commencement of training.

I understand that all courses, exams and submissions for the program must be completed online and that a valid email address must be maintained for communication purposes.

By signing this form, I acknowledge that I have received and read the corresponding catalog (version listed at the bottom) in its entirety, understand the legal rights to practice in my state and understand my responsibilities to complete RASA's Surgical Assisting Program.

In addition to tuition, students are responsible for all other costs related to the RASA Program, including, but not restricted to:

- Textbooks – Estimated costs from the publisher listed on page 2.
- Malpractice Insurance in the "student surgical assistant" or "surgical assistant" role - approximately \$80.00 a year. RASA does not provide malpractice insurance; it must be purchased by student.
- All health care costs to comply with the requirements of the program, including a physical exam, immunizations and all related testing.
- Worker's Compensation: Students are not covered by worker's compensation through RASA, and if you will be completing your clinical internship "off the clock" from your employer, you will not be covered. If a student and/or facility requires that the student be covered by worker's compensation through RASA, the student must enter into a separate written agreement with RASA, signed by the student and a RASA representative. The student will be responsible for all costs. Students may also obtain a policy themselves.
- Computer, scanner, Microsoft Office software, high-speed internet, a Flash player and email service. If students choose to be checked off on Part B of the Pre-Clinical Skills Evaluation, they will need a means of video conferencing (Skype and computer camera and microphone) to be checked off on surgical skills by a RASA instructor.
- If the student's facility requires a training agreement, beyond RASA's Clinical Acknowledgement and Training Agreement form, RASA will attempt one training agreement on behalf of the student. Additional training agreements will be attempted at a cost of \$200.00 each. See Training Agreements for more details.
- Students are responsible for all requirements related to Training Agreements (example: background checks, drug screens, HIPAA & OSHA training etc)
- Post-graduation certification (SA-C) may be obtained through [www.ABSA.net](http://www.ABSA.net).

**This form must be printed and signed.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_



### Authorization and Release

I authorize all educational institutions, hospitals, medical facilities, professional liability companies, references and medical staff listed in this application or submitted during the duration of the Surgical Assisting Program to release any and all information to the Royal Academy of Surgical Assisting, Inc. for the purpose of verification of information provided.

I release, indemnify, and hold harmless the Royal Academy of Surgical Assisting, Inc. and its representatives, all third parties who provide information authorized herein, and grant immunity from any and all liability or claims I may have for acts performed in connection with this investigation of my qualifications and practice pertaining to this application and practice as a Surgical Assistant Student.

I understand further that (1) I have the right not to consent to the release of information contained within this release; (2) I have the right to receive a copy of such records upon request; and (3) that this consent shall remain in effect until revoked by me, in writing, but that any such revocation shall not affect disclosures previously made by the Royal Academy of Surgical Assisting, Inc. prior to the receipt of any such written revocation.

Name \_\_\_\_\_ Last 4 of SSN \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Clinical Internship Acknowledgment & Training Agreement

I understand that it is the responsibility of the student to secure a facility to complete the clinical requirements of the program. If a facility-specific training agreement (in addition to RASA's Clinical Acknowledgment & Training Agreement form) is required by your desired facility, RASA will make every effort to meet the requirements of the agreement, however we cannot guarantee that an agreement will be executed. In that rare case, it is the student's responsibility to find a location to complete the clinical internship portion of the program. RASA provides a Clinical Acknowledgement Form to bridge the gap between the student's didactic instruction and the clinical requirements, and for students and facilities to explore the requirements of the clinical portion of the program.

Note that no clinical cases will be accepted, and students will not be cleared to begin the clinical portion of the program (Module 2) until all requirements have been met and the student has been officially cleared to start logging cases by both RASA and the facility.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
RASA's Approved In-state Agent

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

- |  |   |
|--|---|
| <input type="checkbox"/> Application (page 1)  | <input type="checkbox"/> Transcripts of ST Completion           |
| <input type="checkbox"/> Enrollment (page 2)   | <input type="checkbox"/> <b>OR</b> Transcripts of Basic Science |
| <input type="checkbox"/> Payment Authorization (page 3 if PIF)                               | <input type="checkbox"/> Med Term                               |
| <input type="checkbox"/> Payment & Installment Authorization if on Payment Plan (page 4 & 5) | <input type="checkbox"/> Pharmacology                           |
| <input type="checkbox"/> Acknowledgment of Application and Agreement (page 12)               | <input type="checkbox"/> Microbiology                           |
| <input type="checkbox"/> 2 Letters of Recommendation (page 7 & 8)                            | <input type="checkbox"/> APP                                    |
| <input type="checkbox"/> Clinical Internship Acknowledgement & Training Agreement (page 9)   | <input type="checkbox"/> Authorization and Release (p. 13)      |
| <input type="checkbox"/> Refund Policy (page 10 & 11)  |   |