

Instructions to Students:

Emergency Medical Technology Services Inc is a wholly owned subsidiary of Medavie EMS Inc and operates under the name of Medavie HealthEd (collectively, the "**College**" and/or "**college**"). A contract is to be completed by all students enrolling in a Paramedicine Program offered by Medavie HealthEd. The contract sets out program details, with the terms and conditions of enrollment. The contract must be signed by the applicant and by an authorized member of the Medavie HealthEd staff prior to the program start date. Medavie HealthEd is required to provide to the student, prior to the signing of a contract, 1) an outline of the content of the program; 2) a breakdown of the duration of the program by subject; 3) a program cost breakdown and payment schedule and; 4) a copy of the institution's policies, rules and regulations, and a copy of the tuition refund policy. All sections of this contract must be completed. Once signed a copy must be put in the student file and the original provided to the student within five days of commencing the program.

SECTION 1: APPLICANT INFORMATION

1. Name of Student: **Another Someone**
Residential Address: **1234 Another Street, Halifax, NS, B3J 1Y3**
Residential #: **(902) 123-4567** Cellphone #: **(899) 123-4567**
Email:
(Different from private career college's student email address.)
Student Registration #: **PDE043212201** SIN: **111111111**
Date of Birth:

Education/Experience

2. Public School attended/location: **Yes**
Grade Achieved: **Some High School**
Post-secondary education: **Another College**
Name of standardized test: **N/A** Results: **N/A**
Note: Student applicants are required to provide verification of prerequisites and such verification is to be placed in the applicant's student file.

Contact Person

3. In case of an emergency, school is to contact:
Name of person: **Ima Someone** Telephone #: **(902) 123-4567**
Name of Doctor: **Dr. Ima Naughtwell** Telephone #: **(902) 444-4444**
Does student applicant have any medical condition, disabilities or allergies which will restrict their participation in this program?
☐ Yes ☒ No
If yes, briefly explain: **N/A**

SECTION 2: PROGRAM INFORMATION

Program Name: Primary Care Paramedicine

Program Admission Prerequisite: Grade 12 diploma or GED with 1 science at the grade 11 or 12 level and 1 math at the grade 11 or 12 level, Drivers Abstract, Medical and immunization record, Criminal Record Check, Eligible for Class 4 Drivers license (See – Policy No 2-20)

Start Date: 3/8/2021
(dd/mm/yyyy)

End Date: 1/11/2022
(dd/mm/yyyy)

Total hours of instruction: 804

Days of instruction: 134

Work Term: 58.5 days over a minimum of 16 weeks (562 hours and 616 hrs) - varies based upon ambulance service placement

FEES:

Description	Total
Tuition (includes registration fees)	\$15,835.00
Books/Manual Fees (including taxes)	\$803.79
Uniforms (includes taxes)	\$1,308.63
Technology (ExamSoft, LMS and Comptracker)	\$200.39
Other	\$260.74
Student Protection Fee (1% of tuition)	\$158.35
Total	\$18,551.63

In New Brunswick, Medavie HealthEd must remit the Student Protection Fee to the corporation within fifteen (15) business days of the program commencement date. After this period the student protection fee is non-refundable.

Tuition Payment Plan: Non-refundable Registration fee of \$500.00 due prior to contract signing

1st payment due August 8, 2019 of \$11,717.63;

2nd payment due February 6, 2020 of \$5,834.00

Additional expenses: Students may be required to complete their hospital and/or ambulance clinical rotations outside the immediate area of their campus and potentially in another province. Any, and all costs, incurred by the student for hospital and/or ambulance clinical rotations will be his/her responsibility. Students are responsible for costs incurred to upgrade their Driver's license and PPAT certification.

Equipment Students Use During Program:

Regular ambulance and Emergency Department Equipment (See Appendix B)

SECTION 3: TERMS AND CONDITIONS

Payment: ☐ Student Loan ☐ Training & Skills Development ☐ Personal
☐ Other

Term of payment and interest: Tuition is payable according to Policy PCP – 2 – 40. Books, uniforms, physical training fees will be paid for upon registration

Force Majeure: Except as provided by the Private Occupational Training Act & Regulations, the College shall not be liable or responsible to the student, nor be deemed to have defaulted under or breached this Agreement, for any failure or delay in fulfilling or performing any term of this Agreement (except for any obligations to make payments to the other party hereunder), when and to the extent such failure or delay is caused by or results from acts beyond the impacted party's ("Impacted Party") reasonable control, including, without limitation, the following force majeure events ("Force Majeure Event(s)": (a) acts of God; (b) flood, fire, earthquake, tsunami, epidemics, pandemics, including the 2019 novel coronavirus pandemic (COVID-19), or explosion; (c) war, invasion, hostilities (whether war is declared or not), terrorist threats or acts, riot, or other civil unrest; (d) government order or law; (e) actions, embargoes, or blockades in effect on or after the date of this Agreement; (f) action by any governmental authority; (g) national or regional emergency; (h) strikes, labour stoppages or slowdowns, or other industrial disturbances; (i) shortage of adequate power or transportation facilities; and (j) other similar events beyond the reasonable control of the Impacted Party. The student has the right to withdraw from the program at any time, including on the happening of a Force Majeure Event, in which case the Tuition Refund Policy of the College shall apply.

College Rules and Policies:

Program Completion Requirement:

(Details on attendance, pass marks and work terms, etc.)

Program Completion requirements are contained within our Institutions Policy and Procedures Manual, which is provided to each student through our Learning Management Software platform.

College Rules and Policies (electronic version): I have been provided with, and made aware that I am responsible for knowing the content of the Policy and Procedures Manual

Yes: _____ No: _____ Initials: _____

Program Completion Requirements: I have been provided details on attendance, pass marks, instructor qualifications (See Policy No 5 - 10) , student to instructor ratios (See Policy No 6-40), classroom layout, maximum class size (See Policy No 2-20) and work terms. I have been provided with, and have read, the Medavie HealthEd Policy and Procedures Manual (electronic version). Furthermore, I am aware that I am responsible for knowing this information.

Yes: _____ No: _____ Initials: _____

Safety/Emergency Procedures Manual (electronic version): I have been provided with and made aware that I am responsible for knowing the content of the Safety/Emergency Procedures Manual.

Yes: _____ No: _____ Initials: _____

International Students: Any person who does not have right of residence in Canada and who graduates from any program at a private career college is not entitled to a Post-Graduation Work Permit as issued by Immigration, Refugees and Citizenship Canada. I have been made aware of this restriction of employment.

Yes: _____ No: _____ Initials: _____

SECTION 4: DECLARATION – PRIVATE CAREER COLLEGE

We hereby certify that:

1. The student has been, prior to signing this contract, provided with; 1) an outline of the content of the program (See Program Profile); 2) a breakdown of the duration of the program by subject; 3) a program cost breakdown; 4) a copy of the college's policies, rules and regulations; 5) a copy of Tuition Refund Policy (See Appendix A), 6) historical employment / placement statistics and 7) a copy of the competencies they will obtain (See Program Profile). Furthermore, they have been provided with a minimum of one day to review these documents prior to signing this contract.
2. This contract has been fully explained to the applicant and the applicant has acknowledged full understanding of all terms, conditions, policies, rules, and regulations associated with the fulfillment of all contractual obligations of both parties.
3. The student has been advised that they are not guaranteed employment upon completing of the program requirements. Furthermore, we have provided the student with the employment statistics related to Paramedicine.
4. The student has been advised that potential employers should be approached in regard to the value of the program the student is attending; as the value of the program is determined by potential employers, not the government.
5. The student has been advised financial assistance in the form of a loan may be available and it is their responsibility to repay the loan, as determined by the lender. The government is not responsible to repay the loan.
6. We understand, and have advised the student, that the provincial regulator will undertake periodic audits of student files to ensure that all student contracts meet the requirements of the provincial regulations.
7. We understand, and have advised the student, that Accreditation Canada will undertake periodic audits of student files during the accreditation process with the purpose of ensuring that all student documentation is being maintained, as per the schools policies and procedures. This will include personal and confidential information.
8. We understand this contract is subject to the regulations that have been established by the provincial regulator of Private Post-Secondary Education.
9. A student having graduated from the program will receive their certificate/diploma no later than 30 days following the registered end date.
10. The student has been advised that all fees must be paid in full prior to graduation.
11. The applicant has been advised our Primary Care Paramedicine Program is accredited by the Accreditation Canada, and that it does meet the current requirements of the provincial regulator.
12. The applicant has been advised of the requirements to complete the ambulance and hospital practicum learning experiences and that they are responsible to ensure all documentation is completed appropriately.
13. The applicant has been made aware of, has read, and agrees to Policy No 6 - 60 Official Languages.
14. The applicant has been advised that they may be required to complete hospital and/or ambulance practicum learning experiences in another part of the province and/or in another province; any and all costs incurred by the student for hospital and/or ambulance practicum learning experiences will be his/her responsibility.
15. The applicant has been advised that the course schedule is subject to change.

John Ferguson

Name of Operator / Institution Official (print)



Signature of Operator / Institution Official

Dated at 567 St. George Blvd, Moncton, New Brunswick this ____ day of _____ in the year _____

SECTION 5: DECLARATION – STUDENT APPLICANT

I hereby certify that:

1. I have been, prior to signing this contract, provided with; 1) an outline of the content of the program (See Program Profile); 2) a breakdown of the duration of the program by subject; 3) a program cost breakdown; 4) a copy of the college's policies, rules and regulations; 5) a copy of Tuition Refund Policy (See Appendix A), 6) historical employment / placement statistics and 7) a copy of the competencies they will obtain (See Program Profile). Furthermore, they have been provided with a minimum of one day to review these documents prior to signing this contract.
2. I fully understand and agree to the terms, conditions, policies, rules and regulations of Medavie HealthEd which are described in the body of this contract, or as attached annexes to this contract.
3. I understand that by signing this contract I have not been guaranteed employment upon completing of the program requirements. However, I have been provided with the employment statistics related to Paramedicine.
4. I have been advised that I should contact potential employers in regard to the value of the program I am attending; as the value of the program is determined by potential employers, not the government.
5. I have been advised financial assistance in the form of a loan may be available and it is my responsibility to repay the loan, as determined by the lender. The government is not responsible to repay the loan.
6. I understand the Provincial Regulator of Post Secondary Education will undertake periodic audits of student files with the purpose of ensuring that all student contracts meet the requirements of the provincial regulations.
7. I understand that Accreditation Canada will undertake periodic audits of my student file during the accreditation process with the purpose of ensuring that all student documentation is being maintained, as per the schools policies and procedures. This will include personal and confidential information.
8. I understand this contract is subject to the regulations that have been established by the provincial regulator of Private Post-Secondary Education.
9. I have been advised that provided I graduate from the program I will receive my certificate/diploma no later than 30 days following the courses registered end date.
10. I have been advised that all fees must be paid in full prior to graduation.
11. I have been advised that the Primary Care Paramedicine Program is accredited by Accreditation Canada, and that it does meet the current requirements for the provincial regulator of paramedicine.
12. I have been advised of the requirements to complete the ambulance and hospital practicum learning experiences and accept responsibility for completing all documentation appropriately.
13. I have been made aware of, read, and agree to Policy No 6 - 60 Official Languages.
14. I have been advised that I may be required to complete hospital and/or ambulance practicum learning experiences in another part of the province and/or in another province; any and all costs incurred during the hospital and/or ambulance practicum learning experiences will be my responsibility.
15. I have been advised that the course schedule is subject to change.
16. ***I understand that elements of my learning may be interrupted as a result of factors outside the control of the College including, but not limited to, a Force Majeure Event. As such there may be restrictions from external partners such as ambulance operators or health care institutions that prevent me from completing the intended clinical experiences. The College reserves the right to deliver alternative experiences, or reschedule these learning experiences such that there may be delays in completing the program. I understand I have the right to withdraw from the program at any time and will refer to the Tuition Refund Policy of the College and apply for the appropriate refund based on time attended.***

Name of Applicant (print)

Signature of Applicant

Parent/Guardian, if applicant is under the age of 19 (print)

Signature of Parent/Guardian

Dated at 567 St. George Blvd, Moncton, New Brunswick this _____ day of _____ in the year 20_____

APPENDIX A: TUITION REFUND POLICY

Refunds will be issued in accordance with the Private Occupational Training Act.

- 1) A contract with a Medavie HealthEd or with an agent, representative or salesperson of Medavie HealthEd in relation to its paramedic programs, for a student or prospective student, is rescinded when the person who entered into the contract has:
 - a) served written notice of rescission of the contract on the other party to the contract within five days after the day on which the contract was entered into, or
 - b) served written notice of rescission of the contract on the other party to the contract within ninety days after the day on which the contract was entered into and
 - (i) Medavie HealthEd, its agent, representative or salesperson with whom the contract was made is not registered under the Act,
 - (ii) the paramedic training program has not commenced or has not been provided within the time specified in the contract, if that time is less than ninety days, or
 - (iii) Medavie HealthEd, its agent, representative or salesperson with whom the contract was made has failed to comply with any of the terms, conditions or restrictions to which the certificate of registration of Medavie HealthEd, its agent, representative or salesperson is subject.

“Written notice of rescission” as described above may be served by personal delivery or by sending it by registered mail to the address shown in the contract or certificate of registration. When notice is sent by registered mail, delivery is deemed to be at the time of mailing.

The “written notice of rescission”, as described above, is sufficient if it indicates to a reasonable person an intention to rescind the contract.

- 2) When a contract is rescinded based on point number 1 above, Medavie HealthEd shall, except as provided in point number 4 below, refund the money received under or in relation to the contract to the payer within ten days after notice of rescission has been delivered in accordance with this section.
- 3) When a contract is rescinded, Medavie HealthEd will be entitled to compensation for services, books and materials supplied, and for instruction or tuition fees given based upon one of the following:
 - a) when the contract is rescinded through written notice of rescission of the contract on the other party to the contract within five days after the day on which the contract was entered into, Medavie HealthEd is entitled to the return of books and materials issued to the student;
 - b) when the contract is rescinded through written notice of rescission of the contract on the other party to the contract within ninety days after the day on which the contract was entered into and Medavie HealthEd, its agent, representative or salesperson with whom the contract was made is not registered under the Act or Medavie HealthEd, its agent, representative or salesperson with whom the contract was made has failed to comply with any of the terms, conditions or restrictions to which the certificate of registration of Medavie HealthEd, its agent, representative or salesperson is subject, Medavie HealthEd is entitled to a return of books and materials provided and other compensation at the discretion of the Minister; and
 - c) when the contract is rescinded through written notice of rescission of the contract on the other party to the contract within ninety days after the day on which the contract was entered into and the paramedic training program has not commenced or has not been provided within the time specified in the contract, if that time is less than ninety days, Medavie HealthEd is entitled to a return of books and materials provided.
- 4) When instruction has actually commenced and the student has voluntarily withdrawn/been dismissed from the occupational program, in the first quarter of the program, Medavie HealthEd is entitled to the following:
 - a) Compensation for any used materials, books, software programs etc. issued to the student for their utilization while enrolled in our programming.

- b) A daily administrative fee that is based upon the number of days they were enrolled within the program, unless the student withdraws within the first 5 days of the program. The daily administrative fee for the first quarter will be calculated by taking the overall tuition for the program and dividing it by the total number of days for the program.
- 5) When instruction has actually commenced and the student has voluntarily withdrawn/been dismissed from the occupational program, in the second or subsequent quarter(s) of the program, Medavie HealthEd is entitled to the following:
 - a) Compensation for any used materials, books, software programs etc. issued to the student for their utilization while enrolled in our programming.
 - b) The entire tuition for the second or subsequent quarters, on the first day the new quarter has begun, provided the previous quarter(s) have been fully completed. This will include any time the student has not attended classes and/or any time the student has not advised our institution of their withdrawal.

APPENDIX B: EQUIPMENT LIST

List of Major Equipment Utilized	
Intubation Head	KED
IV Arm	Spinal Board
Geriatric Manikin	Spine Board Straps (3 straps and 1 spider)
Adult CPR Manikin	Head Immobilizers-Base, Blocks and 2 Straps
ALS Mannequin	C-Collar (one size + set of 6 collars)
Child CPR Manikin	Add A -Splints
Child ALS Manikin	Traction Splint
Baby Mannequin	Zoll Defibrillator 3 Lead
Baby ALS Mannequin	MRX Defibrillator
OBS Mannequin	LP 12
Stretcher	Pulse Oximeter
Stair Chair	Trauma Kit
Battery Suction	Obstetrical Kit
PediPack	IV Kit
CPR Board	Drug Kit
Simulators	Airway Kit
Automated External Defibrillator	