



Enrollment Agreement: 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.*

Please see ADDENDUM # 8 for the States in which we allow enrollments.

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: _____ Email Address: _____

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: MO/YR _____ to _____ Current Position Title: _____

Do you currently: Scrub First Assist Other: _____

Education, Certification and Licensing:

High School Name: _____ Graduation Year: _____

College Name & Program: _____

Type: Bachelor's Degree/ Associate Degree/ Certificate/ Other: _____

City, State: _____ Dates Attended: _____ to _____

Other training: _____

List all current licenses, registrations and certifications (and submit with application): _____



Enrollment Offerings: Indicate the program and courses you are applying 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 by the student and are non-refundable.

<p>Program Information</p> <p>Surgical Assisting Program</p> <p>676 Clock Hours 29 Semester Credits 14 Months 24/7 Monday-Sunday</p> <p>Modality: Online Interactive Distance Learning Onsite Clinical</p>	<p>Requested Start Date _____</p> <p>Actual Start Date (RASA to Complete) _____</p> <p>Projected Graduation Date: (RASA to Complete) _____</p>	<p>Textbook Cost – (purchased by student)</p> <p>Alexander’s Care of the Patient in Surgery, 17th ed. \$120.00 ISBN: 9780323827089</p> <p>The Surgical First Assistant, 1st ed. \$75.00 ISBN:978-0-9824514-9-6</p>	<p>Clock Hours/ Units/ Duration of Study/ Semester Credits</p> <p>Module 1: 133 Hours/ 5 Units/ 4 months/ 8.5 Semester Credits</p> <p>Module 2: 200 Hours/ 1 Unit/ 4 months/ 12.5 Semester Credits</p> <p>Module 3: 343 Clinical Surgical 4 Units/ 6 months/ 8 Semester Credits</p>	<p>Tuition Cost – Select Payment Option:</p> <p><input type="checkbox"/> Paid in Full: \$2,995.00 + Co-requisite course(s)</p> <p>OR</p> <p><input type="checkbox"/> Payment Plan: \$3,495 + Co-requisite course(s)</p> <p>See Installment Agreement in Addendum #5</p>
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Students without an RN, PA license must take the following co-requisite courses or provide (1) a transcript or Certificate of Completion showing completion of a Surgical Technology training program or similar courses, or (2) proof of military training as an Operating Room Technician. Transcripts or evidence of training must be provided before the scheduled SA Program Start Date.

Co-Requisite Courses

<p>Medical Terminology</p>	<p>Upon enrollment in the SA program</p>	<p>Quick and Easy Medical Terminology, 9th ed. \$55.00 ISBN-13: 978-0323595995</p>	<p>48 Hours/ 15 Units/ One month will be added to the Module 1 deadline.</p>	<p><input type="checkbox"/> \$100.00</p>
<p>Microbiology for Surgery</p>	<p>Upon enrollment in the SA program</p>	<p>Microbiology for the Surgical Technologist, 2nd ed. \$90.00 ISBN-13 978-1111306663</p>	<p>48 Hours/ 22 Units/ One month will be added to the Module 1 deadline.</p>	<p><input type="checkbox"/> \$100.00</p>
<p>Pharmacology for Surgery</p>	<p>Upon enrollment in the SA program</p>	<p>Pharmacology for the Surgical Technologist, 5th ed. \$60.00 ISBN: 9780323661256</p>	<p>48 Hours/ 16 Units/ One month will be added to the Module 1 deadline.</p>	<p><input type="checkbox"/> \$100.00</p>
<p>Anatomy, Physiology & Pathophysiology</p>	<p>Upon enrollment in the SA program</p>	<p>Human Diseases: A Systemic Approach, 8th ed. \$90.00 ISBN-13: 9780133424744</p>	<p>48 Hours/ 16 Units/ One month will be added to the Module 2 deadline.</p>	<p><input type="checkbox"/> \$100.00</p>

<p>Total Tuition (cost of SA program + co-requisites and other costs*)</p>	<p>\$</p>
<p>Deposit</p>	<p>\$</p>
<p>Balance</p>	<p>\$</p>
<p>Total Tuition</p>	<p>\$</p>

PAYMENT AUTHORIZATION: SELECT ONE

Once the application is approved, a payment link will be emailed. Payment methods accepted are credit/debit card or mailing a check.

- Paying in Full:** A payment link for the total tuition will be emailed to you
- Payment Plan:** Complete Addendum #5 if you wish to make payments.
- Facility Sponsored Training/B2B Agreement:** If your employer will be paying, please have them complete Addendum #7.



Eligibility Verification: *If you answer no to any of the questions below, please provide a written statement.*

- YES NO Are you eligible to work in the United States and are 18 years or older?
- YES NO Do you have competency in computer skills, Word & Excel processing, email and internet use?
- YES NO Do you agree to respond to all correspondence from RASA in a timely manner?
- YES NO Have you read and understood the catalog (1 February 2024) and policies, spoken with a school advisor, and feel you have all the needed information to make an educated decision to enroll in this program?
- YES NO Have you reviewed the program eligibility, surgical assisting working conditions and feel that you are able to meet these physical, emotional and school demands to complete the program and obtain employment after graduating?
- YES NO Do you agree to contact the school if you are having difficulty understanding or completing the program requirements?
- YES NO Are you able to log in and complete assignments at least every 14 calendar days?
- YES NO Do you understand that this is an online interactive distance learning program that requires completion by specified deadlines? Automatic eCampus site notifications will come from noreply-rasaecampus@expertlearning.net. Save this URL and all emails from @rasatraining.com as a "safe sender" so they do not go to your junk email.
- YES NO Do you have pre-approval by a clinical site and sponsoring surgeons to complete the clinical requirements?
- YES NO Are you willing to undergo a background check, drug and alcohol screening if required by a clinical or facility training agreement?
- YES NO Does your facility have appropriate JCAHO, state and/or federal approval/certification?
- YES NO Do you understand the practice limitations for your state and any other states you wish to practice in the future? Note, every state and facility can set their own practice limitations. See Addendum #8
- YES NO You understand that 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, which is included in tuition. Additional training agreements will be attempted at a cost of \$200.00 each. See Training Agreements for more details.

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

- YES NO Have you ever been excluded by a government agency from practicing in a healthcare setting?
- YES NO Have you ever been denied, excluded, canceled, or had problems getting or keeping professional liability insurance?
- YES NO Have any professional claims been filed naming you, or are you aware of any pending claims?
- YES NO Has there ever been any action taken against you by any medical staff committee or licensing or registration body?
- YES NO Do you have any convictions that may restrict you from practicing in the healthcare field? An exclusions check may be done.

Acknowledgment of Application and Agreement for RASA Program(s)

1. RASA only enrolls students in States where it is licensed or exempt from licensure. Please see Addendum #8 for a list of approved States.
2. Eligible applicants must be Associate RNs, STs, CSTs, COURT, ORTs, TS-Cs, PAs, LPNs, LVNs, IMGs and other allied health practitioners. Applicants must also be 18 years or older and have graduated from high school/GED.
3. 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.
4. Students are expected to maintain a cumulative attendance of 80% at all times. Attendance is monitored by faculty through the Moodle systems and forms provided by the clinical internship supervisors. It is the responsibility of each student to attend and participate in each scheduled online course, post weekly in discussion forums, and engage in or view instructor-led weekly training sessions/webinars. Students may be withdrawn for failure to submit required assignments; failing tests/quizzes; and failure to correspond via the interactive distance learning platform for 14 consecutive days.
5. I hereby authorize RASA and/or its representatives to conduct a comprehensive review of my background, including verification of all information that is pertinent for enrollment into the SA program(s). Note that any issues with background checks, drug or alcohol issues may prevent the graduate from gaining employment and/or being accepted by a facility for the clinical portion of the program. It is the applicant's responsibility to assess these issues.



6. Graduates are eligible to sit for the SA-C certification title through the American Board of Surgical Assistants found at www.ABSA.net once meeting their requirements.
7. RASA is not responsible for my certification options and/or costs after graduation. Holding the RASA Certificate and/or SA-C title will not guarantee my ability to find employment, and may not be recognized by the hospital, facility or my State to practice as a surgical assistant.
8. I understand that RASA is only responsible to provide educational obligations and educational services outlined in RASA's catalog. RASA cannot guarantee certification or employment in any setting.
9. **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. The program does not guarantee eligibility to sit for any other certification titles, state licensures, registrations or boards. RASA takes no responsibility in providing advice regarding the scope of practice in your state and hospital or employment setting.
10. The Surgical Assisting Program is NOT CAAHEP-accredited or accredited by any state or national accrediting body. It does not meet the AORN statement on RNFA programs.
11. RASA is approved and Regulated by the Colorado Department of Higher Education, Division of Private Occupational School Board.
12. All students are expected to understand and adhere to the requirements set forth by federal, state and hospital laws, policies and requirements.
13. Grievance: Students are encouraged to contact RASA with any concerns they may have. We will do our best to resolve all issues. All students may use the formal Grievance policy in the catalog.
14. Colorado students only: Complaints may be filed online with the Division of Private Occupational Schools at www.highered.colorado.gov/dpos or by calling 303-832-3001, within two (2) years after the student discontinues his or her training, or at any time prior to the commencement of training.
15. In addition to tuition, students are responsible for all other costs related to the RASA Program, including:
 - 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. Students have the option to purchase malpractice insurance from RASA for \$50.00. This policy is only active during active enrollment and RASA clearance for the clinical internship (module 3).
 - All health care costs to comply with the requirements of the program, training agreement or completing clinical cases off-the-clock, including a physical exam, immunizations and all related testing.
 - Worker’s Compensation: Students are not covered by worker’s compensation through RASA. Other than Colorado residents completing their clinicals at approved locations in Colorado, students completing clinical internship “off the clock” will not be covered. If a student or facility requires worker’s compensation through RASA, the student must enter into a separate written agreement with RASA. The student will be responsible for all costs. Students may also obtain a policy themselves.
16. Technology Requirements: Computer, Windows 10+/current version of iOS 10, Microsoft Office software, including Excel spreadsheet, high-speed broadband internet, and email service. Tested Browsers: Chrome, Safari, Edge. If students choose to be checked off on Part B of the Pre-Clinical Skills Evaluation by a RASA instructor, they will need a means of video conferencing (Zoom, computer camera and microphone required). Ability to download (96MB, App Store or Google Play) and complete simulations on TouchSurgery on your phone. All courses, exams and submissions must be completed online and a valid email address must be maintained for communication purposes.

Clinical Internship Acknowledgment & Training Agreement (See Addendum #4)

I understand that it is the responsibility of the student to secure a facility and surgeons to complete the program's clinical requirements. 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 Acknowledgment 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.



Authorization and Release

1. 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 RASA for the purpose of verification of information provided.
2. I authorize RASA to discuss any and all educational information with persons listed in this application and with surgeons that have completed Sponsor and/or evaluation forms.
3. I authorize RASA to verify my employment status and satisfaction with the program post-graduation.
4. 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 any investigation of my qualifications and practice pertaining to this application and practice as a Surgical Assisting Student.
5. I understand further that (1) I have the right not to consent to the release of information ; (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 RASA prior to the receipt of any such written revocation.
6. I further authorize RASA to verify my employment and employer satisfaction with your Surgical Assisting training post-graduation.

Required Documentation (See Addendum #1)

Refund Policies

Definitions:

Start date – The date the student was provided with access to the program via email which will be the same date listed their Grade Report.

Last date of attendance (LDA) – The last date the student logged into the program, as documented on their activity report.

Date of determination (DOD) - The date of determination is the date the student gives written or verbal notice of withdrawal to the institution or the date the institution terminates the student, by applying RASA's attendance, conduct, or Satisfactory Academic Progress policy.

Weeks earned and resulting percentage of program completed – The weeks the student was enrolled in the program and the completion progress.

Calculation of refund – The amount calculated to refund to the student.

Cancellation - A student who never attends classes at the institution after enrolling and informs.

No Show (treated as cancellation): A student who never attends class after enrolling and does not inform RASA.

Withdrawal - A student who attends at least one class at the institution but does not complete the program.

Financial Obligation - RASA has one period of financial obligation, meaning the payment is based on the entire program and cost charged on the enrollment agreement is for the entire program. RASA will not obligate a student for more than 12 months at a time.

Refund computations apply to the stated charges attributable to the given period of financial obligation.

Notification - RASA will not require written notification of cancellation or withdrawal and will not charge a penalty for failure to notify the institution in writing.

ALL STUDENTS EXCEPT COLORADO

In states where RASA is required to be licensed by the state and the state mandates a cancellation and refund policy, RASA will compare the state's policy with ACET's policy in each instance of cancellation or withdrawal and follow the policy that is more lenient towards the student.

Cancellation:

- No tuition payments will be charged/deposited until the application is officially accepted.
- **Program Cancellation** - If RASA cancels a program subsequent to a student's enrollment, RASA will refund all monies paid by the student.
- **Buyers Right to Cancel** – If an applicant cancels within 3 business days (excluding holidays) following execution of the Enrollment Agreement, all monies paid will be refunded.

Cancellation Prior to the Start of Class or No Show - **If an accepted applicant cancels prior to the start of scheduled classes or never attends class (no-show), RASA 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. All refunds due will be paid within**



forty-five (45) calendar days of the first scheduled day of class or the date of cancellation, whichever is earlier.

Refunds:

- Refund amounts will be based on a student’s last date of attendance (LDA). When determining the number of weeks completed by the student, RASA will consider a partial week the same as if a whole week/unit was completed, provided the student logged into the online program or completed unit assignments at least one day during the scheduled week. If a student provides advanced notice of withdrawal such that the 45-day window for refund processing ends before the last date of attendance, the refund will be paid within forty-five (45) calendar days from the last date of attendance.
- **Refund of Provided Supplies:** If the Wound Closure Kit has been mailed to the student and documented by tracking information, a non-refundable fee of \$350 will be charged to the student (\$325 will be refunded if the Wound Closure Training System is unopened and returned in its original condition prior to the final refund determination notice (restocking fee of \$25.00 applies and proof of delivery to RASA is required).
- **During the first week of classes,** tuition charges withheld will not exceed 10 percent (10%) of the stated tuition up to a maximum of \$1,000.
- **After the first week and through fifty percent (50%)** of the period of financial obligation, tuition charges retained will not exceed a pro rata portion of tuition for the training period completed, plus ten percent (10%) of the unearned tuition for the period of training that was not completed, up to a maximum of \$1,000.
- **After fifty percent (50%)** of the period of financial obligation is completed by the student, RASA will retain the full tuition for that period.
- If the refund amount is less than what the student has actually paid, RASA will mail the excess amount (total the Refund Amount) to the student. If the refund amount is more than what the student is paid, the student will be responsible for paying RASA the additional amount.

Eligible Refund Amount Example:

For simplicity, the following example is based on a charge of \$3,000.00 for the program with one financial obligation in a signed Enrollment Agreement and a program consisting of 60 weeks. If the student is making payments, there is still one financial obligation and the refund amount will be deducted from the actual amount paid.

	Example # 1	Example # 2	Example # 3
Refund Calculation Examples	1st Week of Classes	After the first week and through fifty percent (50%). Weeks 2 – 30.	After fifty percent (50%). Weeks 30-60.
# of Weeks in the Program	1	20	31
% of Program	1.6%	33.3%	61.6%
Refund Calculation	1.6% of \$3,000.00 tuition=\$48.00 earned tuition	33.3% of \$3,000.00 tuition=\$999.00 earned tuition	0
Refund Calculation plus 10% of unearned tuition equals refundable to student	\$3,000.00-\$48.00=\$2,952.00 less \$150.00 cancellation charge=\$2,802.00	\$3000.00-\$999.00=\$2001.00 plus 10% unearned tuition of \$200.10=\$2,201.10	N/A
Non-refundable supplies provided-Wound Closure Kit	Not provided yet	\$2,201.10 less \$350.00=\$1,851.10	N/A
Owed to RASA	\$198.00	\$1,148.90	\$3,000.00
Eligible Refund Amount	\$2,802.00	\$1,851.10	\$0

COLORADO STUDENTS ONLY

The above refund policy will be compared to the Colorado policy below and students who withdraw, cancel or are not current with their financial obligations, will be provided with the refund that is the most lenient and beneficial to the student.

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 prior to the final refund determination notice (restocking fee of \$25.00 applies and proof of delivery to RASA is required), 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 credit for previous training shall not impact the refund policy. Refunds will be credited or mailed within 30 of official termination. The refund policy will not be altered for denied or delayed registration from the 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. RASA will compare the Colorado policy with ACCET’s Cancellation and Refund Policy of the Accrediting Commission for Continuing Education and Training, in each instance of cancellation or withdrawal and follow the policy that is more lenient towards the student.

- The official date of termination or withdrawal of a student shall be determined in the following manner:
- The date on which RASA receives notice of the student’s intention to discontinue the training program; or
 - 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 Corequisite 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 & Patho. 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%	Chapter 3-4	Chapter 3-4	Chapter 3-6	Chapter 3-4	75%
After 25% but within first 50%	Chapter 5-8	Chapter 5-8	Chapter 7-11	Chapter 5-8	50%
After 50% but within first 75%	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

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 nancy@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.



STUDENT ATTESTATION

This Agreement is not binding until three (3) business days after signing by all parties. The student and RASA will retain a copy of this Agreement. By signing below, the student acknowledges receipt of this Enrollment Agreement and the school catalog. Further, the student acknowledges that he/she has read, understood, and agrees to the conditions outlined in this contract. Lastly, by signing below the student acknowledges receipt of enrollment documents and attests that ample opportunity was given to review and understand the terms and conditions of the enrollment, including the institution's refund policy, prior to signing the enrollment document. The student also confirms the information contained in this application is correct to the best of my knowledge. Further, I understand the legal rights to practice in my state and understand my responsibilities to complete RASA's Surgical Assisting Program.

By signing below, RASA provides written confirmation that the above-named student is approved to enter the SA program. Once signed, this contract becomes legal and binding. UPON APPROVAL of this application, a copy of the executed agreement will be emailed to the student. If you do not receive a copy of the approved application within 5 business days, please contact RASA.

By signing the student acknowledges that he/she has read, understood, and has received a copy of the completed and executed agreement.

Student:

Print Name _____

SIGNATURE _____ Date: _____

RASA Administrator:

Print Name _____

Title _____

SIGNATURE _____ Date: _____

FOR OFFICE USE ONLY

- Page 1 - Application
- Page 2 – Enrollment Offerings
- Page 3 – Eligibility & Acknowledgement
- Page 8 – Student Attestation
- Addendum 2&3 - Letters of Recommendations
- Addendum 4 - Clinical Acknowledgement
- Addendum 5 (two pages) – Installment Agreement
- Addendum 6 – B2B Release of Information
- Addendum 7 – B2B agreement

Proof of ST Completion

OR

Licensure – LPN, RN, PA, IMG

OR Transcripts of Basic Science

- Med Term
- Pharmacology
- Microbiology
- APP

NOTE:



REFERENCE ADDENDUMS

- ADDENDUM # 1** – This is for reference only and does not need to be submitted.
ADDENDUM # 8 – Please see this addendum for the States we allow enrollments.

REQUIRED BY ALL STUDENTS ENROLLING

1. **ADDENDUM # 2 & 3**: LETTERS OF RECOMMENDATION
2. **ADDENDUM # 4** - CLINICAL INTERNSHIP AND ACKNOWLEDGEMENT AND TRAINING AGREEMENT

PAYMENT PLAN AUTHORIZATION

1. **ADDENDUM # 5** - Installment Agreement and Disclosure and Payment Plan Authorization

REQUIRED BY STUDENTS ENROLLED BY FACILITIES PAYING FOR STUDENTS UNDER A FACILITY SPONSORED TRAINING AGREEMENT

1. **ADDENDUM #6** – Student Authorization to Release Education Information and Administrator Access
2. **ADDENDUM #7** - B2B/Facility Sponsored Training



ADDENDUM # 1

Required Documentation Checklist

Documents required for enrollment:

Required for Individual Enrollment	Required for B2B/Facility Sponsored Training	Application Forms including payment authorization (<i>do not email credit card information</i>).
Required with Application	Required with Application	Proof of RN/LPN/PA/IMG license or successful completion of a Surgical Technology program (transcripts or copy of certificate). OR 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. <ul style="list-style-type: none"> <input type="checkbox"/> Anatomy, Physiology and Pathophysiology (available through RASA) <input type="checkbox"/> Microbiology (available through RASA) <input type="checkbox"/> Pharmacology (available through RASA) <input type="checkbox"/> Medical Terminology (available through RASA) OR 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. <ul style="list-style-type: none"> <input type="checkbox"/> Anatomy, Physiology and Pathophysiology (to be completed through RASA) <input type="checkbox"/> Microbiology (to be completed through RASA) <input type="checkbox"/> Pharmacology (to be completed through RASA) <input type="checkbox"/> Medical Terminology (to be completed through RASA)
Required with Application	Required with Application	Addendum 2 & 3: Two letters of recommendation , including verification of a working knowledge of operating room fundamentals, signed by a surgeon/operating room educator (<i>templates attached</i>).
Required	Required	Addendum 4: Clinical Internship Acknowledgment - form is to be completed by student's supervisor or facility's credentialing manager.
	Required	Addendum 6: Student Authorization to Release Education Information and Administrator Access
	Required	Addendum 7: B2B/Facility Sponsored Training
Required	Required	Copy of current CPR or BLS (must maintain throughout the entire program).
Required	Required	Copy of all certifications, State registrations or licenses (if applicable).

Documents to be uploaded to our RASAcampus.com

Required in Unit 1	Required in Unit 1	Copy of Driver's License or State-issued identification, with identifiable picture. <i>Do not fax your IDs as they come through black</i> . You may upload them to our eCampus website once you are enrolled.
Required in Unit 2	Required in Unit 2	Copy of HIPPA and Bloodborne Pathogens Training within the past year
Required prior to clinicals	Required prior to clinicals	Acceptable health and immunization records, documenting positive titers of hepatitis B, MMR, varicella (titer or history), annual PPD/TB assessment (or note from your facility that they do not require it annually), Tetanus and annual influenza vaccine, Covid per your facility requirements. You may submit your facility immunizations or the RASA Health Form.
Required prior to clinicals	Required prior to clinicals	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.



ADDENDUM #2 – Required by All Students

Letter of Recommendation (1)

Dear Perioperative Educator/Administrator, Surgeon, Certified First Assistant, CNOR:

Student Name: _____ **Title:** _____ has applied to the Royal Academy’s Surgical Assisting 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



ADDENDUM #3 – Required by All Students

Letter of Recommendation (2)

Dear Perioperative Educator/Administrator, Surgeon, Certified First Assistant, CNOR:

Student Name: _____ **Title:** _____ has applied to the Royal Academy’s Surgical Assisting 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



ADDENDUM #4 – Required by all Students Clinical Internship Acknowledgment & Training Agreement

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

Student Name: _____, **Title:** _____ has applied to the Royal Academy's Surgical Assisting Program and is requesting to complete the clinical internship at:

Facility Name: _____

Facility Address: _____

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

- a. 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 accepted by the American Board of Surgical Assistants (ABSA) and leads to the Surgical Assistant – Certified (SA-C) title.
- b. Facilities that students will complete their clinical internship must have appropriate JCAHO, state, and/or federal approval/certification.
- c. 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 is 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.
- d. **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 a paid person.
- The above student is authorized to complete the clinical internship ON-the-clock. The student should not be substituted for a 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 the contact for the training agreement process is different than yourself, please include his or her information in the comments):

Name	Email	Title
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SIGNATURE	Date
-----------	------

*By signing this form, you attest that you have the authority to make this decision. Please indicate the person to contact **IF** a facility-specific Affiliation Agreement is required, or if you are unsure:*

Name: _____ Email: _____



Addendum #5 (Page 1 of 2)

Installment Agreement and Disclosure

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 principal 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 followed by 10 payments of \$300.00 (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					
Annual Percentage Rate: The cost of the credit as a yearly rate.	Finance Charge: The dollar amount the credit will cost you.	Principal Down Payment Amount: The amount you are putting down.	Total of Payments: The amount you will have paid after all payments have been made as scheduled.	Less Discounts or Sales: Any discounts or sales (for example group discount \$500.00).	Total Tuition Price: The total cost of your purchase on credit, including your down payment.
0%	\$0	\$495.00 or \$_____	\$ or \$_____	\$	\$ or \$_____
Monthly Payment Amount and Schedule:					Total:
Monthly Principal	\$300.00 or \$_____				
Interest	\$0.00 / 0%				
Admin Fee	\$0.00				
Total Monthly Payment	\$300.00 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:** _____



ADDENDUM #5 (Page 2 of 2) PAYMENT PLAN AUTHORIZATION FORM

Name of Student: _____

✓ Total Tuition Payment Amount of First Payment: \$_____

CHOOSE ONE:

- RASA may use the credit card on file to make the initial payment to set up my payment plan.
- I wish to provide another credit card to set up my payment plan.

A PAYMENT LINK WILL BE EMAILED TO YOU FOLLOWING APPROVAL OF YOUR APPLICATION.

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 the 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 _____

PRINT AND SIGN _____ Date: _____

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



ADDENDUM #6 – Required by all B2B/Facility Sponsored Training

STUDENT AUTHORIZATION TO RELEASE EDUCATION INFORMATION AND ADMINISTRATOR ACCESS

Student Name: _____

Last 4 of SSN: _____

The Royal Academy of Surgical Assisting, Inc. may only release these records to third parties with my prior written consent. Intending to waive my right of confidentiality, I consent to the Royal Academy of Surgical Assisting, Inc. to release information from my education records to the following person/agency/facility:

Facility Name: _____

Name of person access provided to: _____

I, the undersigned, hereby authorize the Royal Academy of Surgical Assisting, Inc. to release any and all educational records and information, including academic grades, progress and graduation/ withdrawal/inactivity information.

These records are being released for the purpose stated below:

To monitor student progress during the Surgical Assisting Program.

By signing below, I hereby authorize the Royal Academy of Surgical Assisting, Inc. to release my education record information as specified above. Further, I agree to release, indemnify, and hold harmless the Royal Academy of Surgical Assisting, Inc., its employees, officers, and agents, from all liability for damages of whatever kind which may result on account of the Institute’s compliance, or any attempts to comply, with this authorization.

Student’s Signature: _____

Date: _____



ADDENDUM #7 – Required by all Facility Sponsored Training Facility Sponsored Training/B2B Agreement

If your facility is providing payment for your training, please have them complete the following.

Facility Name: _____

Facility Contact: _____

Email: _____

This agreement is between the Royal Academy of Surgical Assisting and the Facility named above.

Release/Group Access/Access to Student Progress: Student must sign a release form to allow RASA to provide Facility access and/or progress information to Student educational records and/or information. If a Facility has Group Access for multiple Students, they will have one Admin online access per Group included in the tuition costs, which allows the Administrator to log in to the RASAcampus site to monitor Student(s) progress.

Transferability: Enrollments are non-transferrable once a student’s access has been granted. However, Facility has a 90-day Grace Period to transfer from one Student to another within 90 days of the original Student’s Start Date for a \$500 Transfer Fee.

Course-Related Costs: All costs for the program are defined within the application paperwork. All costs payable for the program are to be paid by Facility and the Facility should not obligate the student to pay any amount back to Facility.

Termination: Students may be dismissed from the program without refund to the Purchaser for violation(s) of RASA Academic Integrity Policies found in the RASA Training Application and Catalog. Students must abide by all School policies, including attendance and completion requirements within their deadlines.

Renewal of Agreement: This contract is valid for a period of three (3) years from the below date of execution and automatically renews unless cancelled, updated or otherwise stated.

By signing this agreement,

I have read and accept the terms set forth in this Agreement for the RASA Program and accept the terms of this Payment Authorization Form. I authorize RASA to charge my account as agreed upon.

Student Name _____

Facility Signature _____ **Date:** _____

Cardholder Signature is required *even if payment will be taken over the phone.*



ADDENDUM #8 – States we enroll individual students.

Every State has different requirements for enrolment into distance learning programs. We currently enroll students in the following States.

- Alabama
- Arizona
- Colorado
- Florida
- Iowa
- Missouri
- Montana
- North Carolina
- New York (RN, PA only)
- Ohio
- South Carolina
- South Dakota
- Wisconsin

Facility Sponsored Training/B2B Enrollments

Many States allow Facility Sponsored Training agreements. Please contact us to verify that we can accept enrollments in your State.

Practicing as a Surgical First Assistant

It is the full responsibility of the prospective student to investigate all applicable state laws, regulations and policies, and any and all other requirements for practicing as a surgical assistant in a particular state and facility. The program does not guarantee eligibility to sit for any other certification titles, state licensures, registrations or boards. RASA takes no responsibility in providing advice regarding the scope of practice in your state and hospital or employment setting. You should research the statutes and regulations governing surgical assistants in the state(s) you intend to practice before enrolling in the program.

Based on RASA’s most current knowledge, the states below have statutes or regulations regarding non-licensed Surgical Assistants. The State Boards of Medicine generally regulate non-licensed SAs. Please note that our program does not lead to the requirements of the bolded states below for non-licensed professionals.

Those holding a license, such as RNs and PAs are generally authorized to first assist. We encourage you to contact your regulatory board prior to enrolling. Some facilities may require RNs to complete a program that abides by AORN standards (bachelor’s degree, CNOR and 2 years’ perioperative experience), which we do not require.

- CO: Registration
- **DC**: Optional Licensure - requires CAAHEP SA education
- IL: Licensure
- **IN**: SAs must hold CSFA to perform certain tasks
- **KY**: Certification – requires CAAHEP SA education
- NE: Licensure
- TX: Voluntary Licensure – requires CAAHEP SA education. SAs may work under the delegation of surgeons without being licensed, however, there is the option to apply for licensure if they wish to increase their chances of private billing reimbursement.
- **VA**: Registration - requires CAAHEP SA education
- **TN**: Registration – Requires CSFA, NSAA or NCCSA certification

Also, to our knowledge non-licensed individuals (e.g., someone without a RN, PA or comparable license) cannot be a SA in the following states:

- NY, CA, WA, CT, NJ (very limited practice)