



CARRINGTON  
COLLEGE®

## ES ADMISSIONS BUNDLE

<b>ES Admissions Bundle</b>	<b>ES_BDL01_170707</b>
Application for Admission	ES_FRM07_170530
Background Check Acknowledgement	ES_FRM08_161212
Federal Disclosure	ES_DOC01_161212
Hartford Blanket Student Accident Policy Summary	ES_DOC02_170707
Enrollment Review Checklist	ES_DOC03_170707
Friends Helping Friends Form	ES_FRM03_161212



## APPLICATION FOR ADMISSION

Have you previously attended or are you a graduate of Carrington College, Carrington College California, Apollo College, or Western Career College  Yes  No

CAMPUS LOCATION					
TITLE	LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	FORMER NAME/MAIDEN NAME
ADDRESS (INCLUDE APARTMENT #)			CITY	STATE	ZIP
HOME NUMBER			WORK NUMBER	EXTENSION	
CELL NUMBER			ALTERNATIVE NUMBER		
E-MAIL			OTHER E-MAIL		
SSN*			DRIVERS LICENSE NUMBER	DRIVERS LICENSE STATE	
Are you or your spouse currently serving in the U.S. military (active guard or reserve)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which branch: _____					
Are you a discharged veteran from the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Military service date: _____					
GENDER* <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH*	CITIZENSHIP* <input type="checkbox"/> US CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> NON-CITIZEN			ALIEN REGISTRATION NUMBER
ARE YOU CURRENTLY INCARCERATED? <input type="checkbox"/> YES <input type="checkbox"/> NO					
I AM APPLYING FOR (PROGRAM)			START DATE	<input type="checkbox"/> MORNING <input type="checkbox"/> AFTERNOON <input type="checkbox"/> EVENING	
HIGH SCHOOL GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO			GED <input type="checkbox"/> YES <input type="checkbox"/> NO		
DATE COMPLETED/GRADUATED			NAME OF HIGH SCHOOL OR GED TESTING CENTER		
ADDRESS			CITY	STATE	ZIP
Please list all Colleges/Institutions you have attended. Military and individuals eligible for veterans benefits must list all previous institutions attended.					
NAME OF INSTITUTION	CITY/STATE		DATES ATTENDED		CREDIT/DEGREE EARNED



## PERSONALLY IDENTIFIABLE INFORMATION\*

Carrington College is required to collect the social security number (SSN), gender, ethnicity, citizenship status, and drivers license number for a variety of legally mandated activities, including income tax reporting and administration of federally supported financial aid programs. Gender, ethnicity, citizenship and date of birth are not used in determining admission. The SSN is not used as the student's primary identification; however, students who do not provide this information at the point of application may experience a delay in financial aid processing.

Carrington College has adopted privacy policies and practices designed to protect student educational records and information. Only information required to efficiently conduct our business and meet state and federal reporting requirements is collected. The information collected is only disclosed as permitted under the Family Educational Rights and Privacy Act (FERPA) of 1974 as amended. Carrington's FERPA policy is printed in the academic catalog.

## NONDISCRIMINATION POLICY

Carrington is an educational institution that admits academically qualified students without regard to gender, age, race, religion, national origin, sexual orientation, political affiliation or belief, or disability and affords students all rights, privileges, programs, employment services and opportunities generally available. Carrington complies with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 and does not discriminate on the basis of disability. Additional information about this policy or about assistance to accommodate individual needs is available from General Counsel, Adtalem Global Education, 3005 Highland Parkway, Downers Grove, IL 60515-5799, (800) 733-3879.

## HEALTH REQUIREMENTS

I understand that I must provide proof that required health tests have been completed before I can be released to my externship or clinical site. The tests may consist of TB, Chest X-ray, MMR or Hepatitis. All costs associated with these tests and providing this information to Carrington College are my responsibility.

## ACADEMIC CATALOG

The academic catalog can be found at [www.carrington.edu/carrington-college/catalog](http://www.carrington.edu/carrington-college/catalog). Upon request, a printed version will be provided.

## ACKNOWLEDGEMENT OF CATALOG AND TOUR

\_\_\_\_\_ (Initial) I acknowledge and understand how to access the Carrington College academic catalog.

\_\_\_\_\_ (Initial) I acknowledge that I have received a tour of the College's facilities and inspected equipment pertaining to my course of instruction on this date of \_\_\_\_\_.

## HIGH SCHOOL/GED ATTESTATION

I attest that I have successfully completed high school or have obtained my GED and must submit official proof within 6 weeks of the start of my program.

## RACE/ETHNICITY (U.S. RESIDENTS ONLY)

The federal government requires colleges and universities to collect and report the racial/ethnic backgrounds of students and employees. Requests for such information also come from state governments, accrediting agencies, college guides, newspapers, and other sources. In order to respond to these requests, we ask that you please answer the following two questions:

Do you consider yourself to be Hispanic/Latino\*?  Yes  No

In addition, select one or more of the following racial categories to describe yourself\*:

American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

**I certify that the information I have provided in this application is true, accurate and complete. Completing and submitting this form provides consent without obligation for Carrington College to call, text, and/ or email you about your education by our automated means or prerecorded messages at the number(s) and/or email address you provide.**

STUDENT SIGNATURE	DATE
PARENT OR GUARDIAN SIGNATURE (IF STUDENT IS UNDER 18 YEARS OF AGE)	DATE
ENROLLMENT SERVICES REPRESENTATIVE SIGNATURE	DATE





# IMMUNIZATION STATUS, DRUG USE, AND/OR BACKGROUND CHECK ACKNOWLEDGEMENT

We are committed to your success and want to make you aware of important facts that could impact your future.

## **All Programs - Notification to all Prospective Students**

If you have past, pending, or future criminal convictions, you may be prohibited from obtaining certification, licensure, or employment in your field of study.

Enrollment into an externship or clinical experience often requires successful completion of a background check. Falsifying information or a negative background check may prevent you from being accepted into an externship or clinical experience. Should this occur, the College may withdraw you from the program. Any refund of tuition and fees will be calculated according to the Refund Policy outlined in the catalog at <http://www.carrington.edu/carrington-college/catalog>.

## **Pharmacy Technology program - Notification to all California and non-California Prospective Students**

Employment as a Pharmacy Technician requires licensure through the state in which the candidate wishes to work. Illicit drug use, positive criminal background checks, and questionable or problematic immunization status may prevent future licensure and employment as a pharmacy technician. Additionally, externship sites, employers, and State Boards of Pharmacy may also have regulations and/or policies related to immunization status, drug use and background checks.

Enrollment into an externship or clinical experience often requires successful completion of a background check. Falsifying information or a negative background check may prevent you from being accepted into an externship or clinical experience. Should this occur, the College may withdraw you from the program. Any refund of tuition and fees will be calculated according to the Refund Policy outlined in the catalog at <http://www.carrington.edu/carrington-college/catalog>.

Therefore, Carrington College strongly recommends that students interested in enrolling in the Pharmacy Technology program(s) visit their state board web site to review requirements for licensure and determine whether any barriers exist prior to beginning a course of study.

## **Pharmacy Technology program - Notification to California Prospective Students**

The California State Board of Pharmacy has provided a list of criminal convictions that *may* result in the denial of a Pharmacy Technician application. This list is not all-inclusive, but it does provide some of the most frequent violations the board reviews. Providing this information to prospective students prior to enrollment may help an individual make an educated decision as to whether or not they may have difficulty obtaining a license, and thus a career, as a Pharmacy Technician. License denials are frequently based on convictions for:

- Driving Under the Influence (drugs or alcohol)
- Possession of illegal drugs, or prescription drugs without a prescription
- Possession or sale of illegal drugs or prescriptions drugs
- Theft (identify, fraud, etc.)
- Multiple arrests

There is nothing in pharmacy law that requires the board to deny a license based on a specific conviction. That is, nothing is automatic. The board reviews each incident on a case-by-case basis. Likewise, a determination regarding an applicant's approval for licensure cannot be made prior to the submission of an application. The board believes that providing prospective students with this information will help them decide whether or not they are likely to obtain a Pharmacy Technician license prior to enrollment in a Pharmacy Technician training program.

*Once the board determines that there may be a reason to deny a license, the board will consider evidence of rehabilitation (mitigation) using the following criteria (Title 16, California Code of Regulations section 1769):*

- The nature and severity of the crime
- Total criminal record
- The time that has elapsed since the commission of the act(s) or offense(s)
- Additional evidence, if any, submitted by the applicant
- Whether the applicant has complied with all terms and conditions of parole, probation, restitution, or any other requirements or sanctions lawfully imposed against the applicant

The board reviews all available evidence (arrest report, court documents, applicant's explanation, etc.) and makes a determination based on the Board's primary mandate - protection of the public. An applicant that provides arrest documents, court documents and a written explanation with his or her application will speed the review process. If those items are not included with an application, the board will generally send a letter to the applicant requesting the missing documents, which increases the review time.

My signature below acknowledges that I have received and understood the information disclosed above.

STUDENT NAME (PLEASE PRINT)	
STUDENT SIGNATURE	DATE



## FEDERAL DISCLOSURE ON DRUG CONVICTIONS AND TITLE IV AID

Drug convictions can have a significant impact on students who are using financial aid. Students convicted of drug-related offenses committed while receiving Title IV federal financial aid may lose eligibility for federal financial aid for one or more years from the date of conviction. Federal aid includes: Federal Grants, Federal Work Study, Federal Student Loans, and Federal PLUS Loans.

### **Title IV Eligibility Penalties for Drug Convictions**

Possession of Illegal Drugs:

- First Offense: Ineligible for 1 year from the date of conviction
- Second Offense: Ineligible for 2 years from the date of conviction
- Third and Subsequent Offenses: Indefinite ineligibility from the date of conviction

Sale of Illegal Drugs:

- First Offense: Ineligible for 2 years from the date of conviction
- Second and Subsequent Offenses: Indefinite ineligibility from the date of conviction

### **Regaining Eligibility for Federal Financial Aid After a Drug Conviction**

Students can regain eligibility for federal aid no matter how many or what type of drug convictions they have. To do so, students must successfully complete an acceptable drug rehabilitation program that meets the standards set by Congress and the Department of Education. They will regain eligibility on the date the program was completed.

### **What is an Acceptable Drug Rehabilitation Program?**

An acceptable drug rehabilitation program must require passing two unannounced drug tests and must:

1. Be qualified to receive funds from a federal, state or local government agency or program, or from a state or federally licensed insurance company, or
2. Be administered or recognized by a federal, state or local government agency or court, or by a state or federally licensed hospital, health clinic, or medical doctor.

### **Free Application for Federal Student Aid (FAFSA)**

Question 23 on the FAFSA asks if the student has ever been convicted of a drug related offense. Answering this question falsely, if discovered, could result in fines up to \$20,000, imprisonment, or both.

### **Convictions During Enrollment**

Per the United States Department of Education regulations, a student, if convicted of a drug offense after receiving federal aid, he or she must notify Carrington College Student Finance immediately. The student will be ineligible for further aid and required to pay back all aid received after the date of the conviction.

# Hartford Life

## Blanket Student Accident Policy Summary

**Policyholder's Name:**

U S Education Corporation DBA Carrington Colleges Group Inc.

**Policy Number**

10-SR-441478

**Company**

Hartford Life & Accident Ins. Co.

**Effective**

7/1/2017 - 7/1/2018

**Amount or Limit**

\$25,000 Accidental Death & Dismemberment Benefits  
\$15,000 Accident Medical Expense Benefit/maximum  
Maximum Dental Limit: Included in Accident Medical Expense Benefit

**Coverage**

Blanket Student Accident Benefits Primary basis

**Deductible**

\$100 per annum each student

**Covered Activities**

The policy covers each Insured Person during the policy period while he or she is  
(a) Participating in, attending or preparing for the USEC Career Programs sponsored by the Policyholder while on premises of, and/or designated by the Policyholder, or  
(b) Traveling with a group in connection with such activities designated by the Policyholder

**Scope of Coverage**

Full primary benefits excess of applicable deductible to policy limits

**Classes of Eligible Persons**

Any person who is a registered student of the Policyholder



## ENROLLMENT REVIEW CHECKLIST FOR INTERNAL USE ONLY

APPLICANT NAME	PROGRAM
ENROLLMENT SERVICES REPRESENTATIVE	
START DATE	SCHEDULE

ITEM	DATE/COMMENTS
<input type="checkbox"/> Application for Admission	_____
<input type="checkbox"/> Letter to the Campus Enrollment Review Board	_____
<input type="checkbox"/> Background Check Acknowledgement Form	_____
<input type="checkbox"/> Federal Disclosure on Drug Convictions and Title IV	_____
<input type="checkbox"/> Blanket Student Accident Policy	_____
<input type="checkbox"/> Copies/Materials Given to Applicant <i>(EA, Program Collateral, FA Guide, Brochures/Flyers, SOAR Checklist, etc.)</i>	_____
<input type="checkbox"/> Know Before You Go Fact Sheet	_____
<input type="checkbox"/> Entrance Assessment Complete <i>(Indicate Passing Score)</i>	_____
<input type="checkbox"/> Tuition Planning Overview <i>(Scheduled or Completed)</i>	_____
<input type="checkbox"/> Tuition Planning Meeting <i>(Scheduled or Completed)</i>	_____
<input type="checkbox"/> Official Proof of Graduation/GED <i>(Received or Requested)</i>	_____
<input type="checkbox"/> Performance Fact Sheet <i>(if applicable)</i>	_____
<input type="checkbox"/> Veteran's Bill of Rights <i>(if applicable)</i>	_____
<input type="checkbox"/> Program/Campus Specific Paperwork/Requirements <i>(List, if applicable)</i>	_____

ENROLLMENT SERVICES REPRESENTATIVE SIGNATURE	DATE
PTD STUDENTS ONLY: PROGRAM DIRECTOR APPROVAL	DATE
ENROLLMENT HAS BEEN REVIEWED AND: <input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> IN PERSON <input type="checkbox"/> BY TELEPHONE	
BY (ENROLLMENT REVIEW BOARD OR DESIGNEE)	DATE





## FRIENDS HELPING FRIENDS

At Carrington College, we are passionate about empowering our students to achieve their educational and career goals. Now that you have experienced what Carrington College has to offer, let us know who we can help!

NAME
ENROLLMENT SERVICES REPRESENTATIVE

If you have friends or acquaintances who may be interested in attending Carrington College, please provide their contact information below.

1. NAME	PHONE
ADDRESS	

2. NAME	PHONE
ADDRESS	

3. NAME	PHONE
ADDRESS	

4. NAME	PHONE
ADDRESS	

5. NAME	PHONE
ADDRESS	