

Ophthalmic Career Progression Program (OCP)

Enrollment Agreement

“I would like to enroll in the Ophthalmic Career Progression Program (OCP), administered by the National Academy of Opticianry. I understand and agree that I am entitled to the complete OCP course based upon successful completion of each Volume exam, Final examination (receiving 70 percent or above on each) and payment of appropriate fees. Upon successful completion of the program, I will be awarded a certificate of completion. I further understand and agree that I have up to 36 months to complete the OCP, but my rate of progress will not in any way affect my obligation to pay the Academy according to the terms I have selected below.” (No refund awarded after thirty (30) Days of Enrollment)”

Option 1: Save! Full Tuition Payment upon Enrollment is \$1,100.00!

I enclose \$1,100.00, in full payment for the OCP tuition

Option 2: Automatic Credit (or) Debit Deduction: \$1,200.00

I enclose \$300.00 down payment and agree to allow the National Academy of Opticianry to automatically charge my credit card (or) debit card (listed below) **\$50.00 per month for 18 months, until the total tuition of \$1,200.00 is paid in full.** (If you choose this option, you must complete and return the enclosed **DISCLOSURE AGREEMENT.**)

Date: _____

Tuition to be paid by: <input type="checkbox"/> Student <input type="checkbox"/> Company		Student ___%	Company ___%
Student Signature	Company Name		
Print Name	Sponsor's Name		
Mailing Address, NO P.O. Boxes	Company Address, NO P.O. Boxes		
City, State, Zip Code	Company City, State, Zip Code		
Day Time Phone Number (include area code)	Business Phone Number (include area code)		
Student Email	Sponsor Email		

Please use the following credit card information to withdraw the entire \$1,100.00 tuition from my account

Please use the following credit card information to withdraw the \$300.00 down-payment from my account as well as the 18 monthly payments of \$50.00 each.

Credit Card Number: _____ **Exp. Date:** _____

Security Code: _____

Return this Document to:

**The National Academy of Opticianry
8401 Corporate Drive, Suite #605
Landover, MD 20785
Phone: 800-229-4828 Fax: 301-577-3880**

Ophthalmic Career Progression Program (OCPP)

Disclosure Agreement

(To be completed if enrollee selects Option 2 payment plan on the Enrollment Agreement)

SECTION A: THIS SECTION MUST BE COMPLETED IN ORDER TO PROCESS THIS AGREEMENT

Student Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Company Name: _____

Employer's Name: _____

Address: _____

TOTAL TUITION DUE: \$1,200.00

LESS DOWNPAYMENT: -\$300.00

UNPAID BALANCE: \$900.00

SECTION B: STUDENT/EMPLOYER FINANCIAL RESPONSIBILITY

(to be signed by the party(s) responsible for payment of Ophthalmic Career Progression Program.)

"I hereby agree to pay the National Academy of Opticianry (at the address below) the total 'unpaid balance' shown above in monthly installments (18 payments of \$50.00) through automatic credit or debit card deductions. All payments will be taken on the 15th of each month. If the credit or debit card payments fails (for any reason) to process on the 15th of the month, the Academy will again attempt to process the payment on the 30th of that same month plus a \$10.00 late fee for a total of \$60.00. If payments and late fees are not received by the 30th of the month, I will receive a warning letter. If my account is still not current by the 15th of the following month, I (or my student) will be withdrawn from the Ophthalmic Career Progression Program. The Sponsor and/or, If applicable, the State Licensing Board will be notified of the withdrawal from the program. Once withdrawn, a \$50.00 reinstatement fee and any remaining balance must be paid in order to regain good standing. At that time, respective State Boards and Sponsors will be notified. After 60 days of non-payment my account will be turned over to a collections agency." By signing the Disclosure Form, you agree to pay the entire cost of the tuition for the Ophthalmic Career Progression Program regardless of withdrawing from the program for any reason.

I HEREBY CERTIFY BY MY SIGNATURE BELOW, that I have read, understood, and agreed to the terms of this Disclosure Agreement. I have retained a copy and returned the original to the National Academy of Opticianry at the address below.

Student Signature: _____ (if student is responsible for payment)

Employer Signature: _____ (if employer is responsible for payment)

Date: _____

The National Academy of Opticianry
8401 Corporate Drive #605
Landover, MD 20785
Phone: 800-229-4828 Fax: 301-577-4828

Ophthalmic Career Progression Program (OCP)

Sponsor Registration Agreement

(TO BE SIGNED BY YOUR SPONSOR)

Mr., Mrs., Ms. (applicant)_____ is known to me to be a

responsible individual. I understand that this individual is applying for enrollment in the Ophthalmic Career Progression Program (OCP) of the National Academy of Opticianry. I agree to be available to answer questions, administer tests and assist in other aspects of the home study course as they arise.

I am acquainted with and have had the opportunity to observe the applicant's dispensing experience for _____ months, (if any).

I recommend this individual for admission to the Ophthalmic Career Progression Program.

Signature of Sponsor

Date

Type or print Sponsor's name clearly

Position/Title

Name of Company

Business Phone

Street/P.O. Box

City

State

Zip

SPONSOR'S CREDENTIALS

Qualifications: (Check as many as apply)

Member of the National Academy of Opticianry

Master in Ophthalmic Optics

American Board of Opticianry certified (ABO)

Opticianry State Licenses _____

Specify state(s), if applicable

Ophthalmologist (M.D.)

Optometrist (O.D.)

Other (please specify) _____

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