

THE COLORADO SCHOOL FOR FAMILY THERAPY
12101 East Second Avenue, Suite 101, Aurora, Colorado 80011-8328
Phone: (720) 253-4831
E-mail: leslieinstitute@cs.com * www.familyplaytherapy.net

STUDENT ENROLLMENT AGREEMENT FORM
Approved and Regulated by the Colorado Department of Higher Education,
Private Occupational School Board Updated December 30, 2025

I. General Information:

Student's name _____ Address _____
City _____ State _____ Zip Code _____
E-Mail Address _____
Home Phone _____ Work Phone _____

II. Program/Course: Prior to Admission the Applicant's Academic and Clinical History Must Be Reviewed

Certificate Program:

- | | |
|-----------------------------|---|
| € Advanced Sandplay Therapy | € Sandplay Therapy |
| € Art Therapy | € Sex Therapy |
| € Behavioral Health and CJ | € Systemic Leadership and Public Policy |
| € CBT | € Trauma and Abuse |
| € Clinical Supervision | € Addiction Counselor Exam Preparation |
| € Family Mediation | € Parental Responsibility Evaluation |
| € Jungian Psychotherapy | <u>Prerequisites:</u> |
| € Jurisprudence | I. Psychologists licensed pursuant to §12-245-301, C.R.S., et. seq |
| € MFT | II. Social workers licensed pursuant to §12-245-401, C.R.S., et. seq |
| € Motivational Interviewing | III. Marriage and family therapists licensed pursuant to §12-245-501, C.R.S., et. seq |
| € Play Therapy | |

- IV. Licensed professional counselors, §12-245-803(4), C.R.S., and licensed pursuant to §12-245-601, C.R.S., et. seq pursuant to §12-245-804(1), C.R.S.
- V. Licensed addiction counselors, defined by §12-245-801(10), C.R.S., with a scope of work defined by

_____ Total cost of selected School Program _____ Training start date

III. Type of Instruction

Online X Total Contact Hours of Education _____

IV. Tuition and Fees

The tuition of each program/class varies, therefore, once the prospect student chooses a program, then the tuition cost will be discussed and written on the first page of this agreement. The student is responsible for the required textbooks for certain programs; there are no additional fees.

V. Admission Requirements

MFT program enrollment requires a Masters degree in a mental health related field or enrollment in graduate school. **By signing this EA I affirm I meet this eligibility requirement .**

VI. Enrollment requirements

Prospective students must have a High School Diploma or GED for all programs, except the Certificate in Marriage and Family Therapy (MFT) program. MFT program enrollment requires an undergraduate degree in a counseling field or current matriculation in graduate school. **By signing this EA I affirm I meet these eligibility requirements .**

VII. Student enrollment procedures

The prospective student will make an appointment with the School Director to validate eligibility by ensuring that all enrollment requirements are met and to complete the Student Enrollment Agreement Form (SEAF).

Each student will review and sign an enrollment agreement as a condition of enrollment and matriculation at the school. This is a requirement from the Colorado Department of Higher Education, Division of Private Occupational Schools (DPOS). The Student Enrollment Agreement Form contains a waiver for the School to release confidential

student information (grades, transcripts, forms, etc.) to the School's regulatory, accrediting, approval, and credentialing bodies like DPOS, DORA, APT, and ABS for purposes of the School's accreditation, credentialing, and all other professional or educational review.

Late enrollments will only be accepted after the first class and the academic time for the first class must be made up.

VIII. Payment Agreement

By signing this Enrollment Agreement, the student agrees to pay the Colorado School of Family Therapy (hereafter referred to as “the school”) the total tuition for the relevant certificate program. The School agrees to provide the occupational training in accordance with the provisions of the School Catalog/Student Handbook. Payment of all monies on time shall be a condition of continued enrollment. Upon satisfactory completion of all academic and clinical skill requirements and, when all financial obligations to the school have been met, the school will award the Certificate to the student according to the authority invested in CRS 23-64 and document completion to the appropriate State regulatory body and/or professional organization. The student and the school understand that this Enrollment Agreement, **WHICH INCLUDES THE REFUND POLICY** may not be amended except in writing and signed by both parties. The student also agrees to share confidential information, such as, but not limited to, student transcripts, forms, and other relevant data with the School's accreditation, approval, credentialing, and regulatory authorities, such as DORA, APT, DPOS, and the American Board of Sexology for purposes of the School's educational and professional review.

IX. Postponement of Starting Date

Postponement of starting date, whether at the request of the school or the student, requires a written agreement signed by the student and the school. Such postponement will **NOT** affect refund of student payments. The agreement must set forth:

- a) Whether the postponement is for the convenience of the school or the student, and,
- b) A deadline for the new start date, beyond which the new start date will not be postponement.

If the course is not commenced, or the student fails to attend by the new start date set forth in the agreement, the student will be entitled to an appropriate refund of prepaid tuition and fees within 30 days of the deadline of the new start date set forth in the agreement, in accordance with the school's refund policy and all applicable laws and rules concerning the Private Occupational Education Act of 1981. The admission

requirements for qualifying students may be waived at the discretion of the School Director on a case by case basis. **Students may be dismissed from the School for reasons outlined in the School Catalogue and, on a case by case basis, at the discretion of the School Director. Students should also be aware that a valid and legal Social Security Number and legal presence or residency in the United States of**

America is required by the State of Colorado Department of Regulatory Agencies (DORA) for registration or licensure in a profession or occupation.

X. Refund Policy

Students not accepted to the school and students who cancel this contract by notifying the school within three (3) business days, are entitled to a full refund of all tuition and fees paid. Students who withdraw after three (3) business days, but before the commencement of classes, are entitled to a full refund of all tuition and fees paid except the maximum cancellation charge of \$150.00 or 25% of the contract price, which ever is less. In the case of students withdrawing *after* commencement of classes, the school will retain a cancellation charge plus a percentage of tuition and fees, which is based on the percentage of contact hours, as described in the table below. The refund is based on the last day of student attendance.

DPOS Approved Refund Table

Student is entitled to upon withdrawal/termination:	Refund:
Within first 10% of program	90% less cancellation charge
After 10% but within first 25% of program	75% less cancellation charge
After 25% but within first 50% of program	50% less cancellation charge
After 50% but within first 75% of program	25% less cancellation charge
After 75% (if paid in full, cancellation charge is not applicable)	NO REFUND

1. The student may cancel this contract at any time *prior* to midnight of the third business day after signing this contract.
2. All refunds will be made within 30 days from the date of termination. The official date of termination or withdrawal of a student shall be determined in the following manner:
3.
 - a. The date on which the school receives notice of the student’s intention to discontinue the training program; or
 - b. The date on which the student violates published school policy, which provides for termination.
 - c. 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.

3. The student will receive a full refund of tuition and fees paid if the school discontinues a course/program within a period of time a student could have reasonably completed it, except this provision shall not apply in the event the school ceases operation.

4. Attempting to resolve any issues with the School first is strongly encouraged. Complaints may be filed by a student or guardian at any time online with the Division of Private Occupational Schools (DPOS) within two years from the student's last date of attendance or at any time prior to the commencement of training at <http://highered.colorado.gov/dpos>, 303-862-3001.

5. The policy for granting credit for previous training shall not impact the refund policy.

6. Refund Policy for Non-accredited courses in accordance with VA Regulation 21.4255-1 for veteran students:

Student entitled upon withdrawal/termination

Refund

10% of program completed	90% Refunded
20% of program completed	80% Refunded
30% of program completed	70% Refunded
40% of program completed	60% Refunded
50% of program completed	50% Refunded
60% of program completed	40% Refunded
70% of program completed	30% Refunded
80% of program completed	20% Refunded
90% of program completed	10% Refunded

XI. SECTION FOR THE CERTIFICATE PROGRAMS

1. These are the specific requirements of the different Certificate programs. The student agrees to these terms by signing section ten (X) of the Student Enrollment Agreement and will review the requirements for each separate Certificate program prior to application and matriculation.

2. The academic year of the School is 4 semesters with each postgraduate class worth 3 Semester Credit Hours. Effective July 1, 2024 the cost of tuition for a 3 Semester Credit Hour postgraduate course is **\$700.00**. The tuition payment covers one 3 Credit Hour class of instruction (30 in class contact hours and 15 hours of out of class reading, homework and research). Students in the State of Colorado DORA MFT Certificate Program receive an average of at least 4 hours a month of clinical supervision (a monthly average of at least 2 clinical hours of individual

supervision and a monthly average of 2 clinical hours of group supervision.) on a minimum ratio of one hour of supervision to twenty hours of supervised systemic/relational clinical practice. 100 hours of clinical supervision and 2000 hours of supervised clinical experience (1000 with couples or families) are required by the State of Colorado DORA Group Supervision will include no more than ten students. **I understand Colorado Licensure as a LMFT will require a**

CCE MFTC educational equivalency application. I also affirm that I am a graduate student or have an earned masters degree in a mental health related field that is required for eligibility to enter the MFT Program.

3. Tuition is paid by the class by check, money order, VISA, MASTERCARD, or on www.familytherapy.net.
4. Student enrollment may be terminated for failure to meet academic or clinical skill requirements, student misconduct, nonpayment of tuition, violation of the laws, ethics, and/or rules of the student's state regulatory body and/or professional organization, or violation of relevant Code of Ethics. Students are required to review their Code of Ethics and all relevant state regulatory agency law, ethics, and/or rules and adhere to them all. It is the responsibility of the student to review and be aware of their Code of Ethics and relevant State law. The refund of paid tuition fees of terminated students will be governed by the DPOS Refund Policy and Refund Table published above in the previous section. Students agree to the release of confidential information as defined in the Supervision section (Section Four) of the AAMFT Code of Ethics. If clergy, the student agrees to the release of confidential information to denominational or ecclesiastical authorities that govern, monitor, or review their professional conduct.
5. Missed class time must be made up for the student to receive full academic credit.

Make up time options may include:

- a. Additional homework calculated to the amount of time missed.
 - b. Videotape reviewing, distance learning instruction, and homework calculated to the amount of time missed.
 - c. Attendance in a related program class for make-up.
6. Courses, previous education and training will be evaluated and credited for veterans and non-veterans on a case by case basis in a manner consistent with accreditation standards. Veterans may submit previous education and training for evaluation and possible credit.
 7. Students engaged in clinical practice must store, transport, and transmit confidential records and media in a manner consistent with "double lock" standards, CRS 12-245, and HIPAA requirements.

8. By signing this enrollment agreement form I agree to allow my confidential student files to be disclosed to and released to and reviewed by the State of Colorado DPOS, DORA, APT, AAMFT, the American Board for Sexology, and any other accrediting, regulatory, approval, or credentialing body that the School must allow to review student files as part of a professional and accreditation

review of the School and all its educational programs. I also agree to the release of confidential information as defined by the Supervision section (Section Four) of the AAMFT Code of Ethics. If clergy, the student agrees to the release of confidential information to denominational or ecclesiastical bodies that govern, monitor, or review their professional conduct.

9. **Because of School DORA and DPOS concerns about employability in the industry after graduation, students are required to disclose any past disciplinary sanctions, criminal convictions or current legal stipulations with DORA, BHA, and/or the DVOMB prior to starting supervision. Colorado Licensure as a LMFT will require a CCE MFTC educational equivalency application.**
10. Students may review the School Grievance Policy in the School Catalogue. If a conflict develops between a student and a School faculty member, a School clinical supervisor or a School staff person, it is the expectation that the student **FIRST** try to resolve any differences with that person. By **FIRST** seeking resolution in this manner, the student is exercising a mature and professional approach to problem solving and limits passive aggressive, backstabbing, and splitting behavior that epidemic in many systems.
11. Supervisors-In-Training, in the Clinical Supervision or Supervision Only programs can discuss work study options with the School Director. Other Program students can also discuss work study options, if any exist at the time, with the School Director. Interns are expected to pay for classes at the School to enhance their level of competence to serve the client population.

XII. FACILITY, EQUIPMENT LIST, AND TEACHING AIDES

The physical address of the School is located at 12101 East Second Avenue, Suite 101, Aurora, CO 80011. The name of the building is “Canal Place” on the corner of Peoria Avenue and Second Avenue in Aurora, Colorado. The School and instructors have internet access to provide online education to students.

The School program classrooms are 100% online. Students affirm by signing the Student Enrollment Agreement Form and attending class that they have internet access, laptops or other electronic devices to be 100 per cent present in class and it is their responsibility to have them. Equipment and teaching aides include power points, handouts, videos, internet access, and sample licensure exams. There is no

additional cost for the classroom material. Textbooks are purchased by the student. No other equipment is required to attend class at the School.

XIII Statement of Agreement/Understanding

By signing below, I affirm reading, understanding, and agreeing to all of the above terms and conditions of being a Student, either **Continuing Education Student, Certificate Program Student or Stand Alone Student**, at this School without reservation or duress. I also affirm I have read, understood, and agree to the contents of this document and the School Catalogue, **and have received a current copy of both. I also affirm and attest to the fact that I meet all State mandated minimum educational requirements to attend a Stand Alone or Certificate Program course. I also understand that Colorado Licensure as a LMFT will require a CCE MFTC educational equivalency application. By signing this form I hereby affirm that I have earned education that includes at least a high school diploma. For the MFT Program I further attest I am a graduate student or have earned a Masters degree in a mental health related field. By signing this EA I also affirm have the necessary electronic devices and internet access to attend the online classes at the School and it is my responsibility to have these devices and it is my responsibility a student to have both.**

Student Name

Date

Student Signature

Date

School Official

Date