

The Chrysm Institute of Esthetics

Winter 2022 Application for Admission

Please complete all sections of the Application for Admission, with accuracy in its **entirety**. Application packages that are missing required documents at the time of application appointment will not be accepted for submission.

A. Personal Information

Name: _____
Last
First
Middle Initial

Address: _____

City, State, Zip: _____

Email: _____

Cell Phone: (____) _____

SSN #: _____ - _____ - _____

Home Phone: (____) _____

DOB: ____/____/____

Work Phone: (____) _____

B. Program Selection

Esthetics (Distance Hybrid) Program

<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #d9e1f2;">Location:</td><td>Virginia Beach Campus</td></tr> <tr><td style="background-color: #d9e1f2;">Class ID#:</td><td>E- AM1VB</td></tr> <tr><td style="background-color: #d9e1f2;">Schedule:</td><td>Mon-Thurs 8 AM-11 AM ON CAMPUS Practical 11:30 AM-2:30 PM ONLINE Theory</td></tr> </table>	Location:	Virginia Beach Campus	Class ID#:	E- AM1VB	Schedule:	Mon-Thurs 8 AM-11 AM ON CAMPUS Practical 11:30 AM-2:30 PM ONLINE Theory	<input type="checkbox"/> I would be interested in attending another location in another city in Hampton Roads.
Location:	Virginia Beach Campus							
Class ID#:	E- AM1VB							
Schedule:	Mon-Thurs 8 AM-11 AM ON CAMPUS Practical 11:30 AM-2:30 PM ONLINE Theory							
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Master Esthetics (Distance Hybrid) Program

PREREQUISITE: Requires a valid VA Esthetics license and/or have begun VA Esthetics licensure exam process and/or enrollment in Esthetics at The Chrysm Institute* (see Getting Started Checklist for application requirements).

<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #d9e1f2;">Location:</td><td>Virginia Beach Campus</td></tr> <tr><td style="background-color: #d9e1f2;">Class ID#:</td><td>M- AM2VB</td></tr> <tr><td style="background-color: #d9e1f2;">Schedule:</td><td>Mon-Thurs 9:30 AM-11:30 AM ONLINE Theory 12 PM-4 PM ON CAMPUS Practical</td></tr> </table>	Location:	Virginia Beach Campus	Class ID#:	M- AM2VB	Schedule:	Mon-Thurs 9:30 AM-11:30 AM ONLINE Theory 12 PM-4 PM ON CAMPUS Practical
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Class ID#:	M- AM2VB						
Schedule:	Mon-Thurs 9:30 AM-11:30 AM ONLINE Theory 12 PM-4 PM ON CAMPUS Practical						

C. Demographic Information

Residency: Do you claim Virginia residency? Yes No, please specify: _____

Check all that apply:

Ethnicity: Asian Nonresident Alien Other, please specify: _____
 Black or African American American Indian or Alaska Native _____
 White Native Hawaiian or Other Pacific Islander _____
 Hispanic/Latino Two or more races _____

Citizenship: USA Resident Alien Other, _____
(Please provide permanent resident card with application) *(Please specify and provide applicable documentation)* _____

C. Education

a. Do you currently or do you plan to attend another institution while enrolled at The Chrysm Institute? Yes No

b. Have you ever taken any postsecondary/college courses of any kind (i.e. college/university classes, community college, career/vocational school education, military courses, etc.) Yes No

c. HS Diploma type you received: High School Diploma GED Foreign High School Diploma not obtained in the USA; *requires translation/evaluation*

d. Please select Degrees **completed**: Associates Bachelors Other, please list below*

e. Please list all schools you've attended **even if you did not complete the program.**

Level	Name of School	Dates/Semesters Attended:	Grad. Date (If Appl.)
High School:			
College/University:			
College/University:			
*Other (ex. career school/program)			

D. Esthetics Employment History (if applicable)

If you have worked in Esthetics or a related field, please list employment below:

Employer	City/State	From	To

E. Finance

Please select planned payment type:

- Financial Aid → Be sure to fill out your FAFSA and email financialaid@chrysm.edu for information about your financial aid eligibility.
- MyCAA → Contact your representative to find out what the paperwork you need to file.
- Payment Plan/Cash → When participating in a payment plan, the school requires a credit/debit/check card on file for automatic payments. The cardholder making the payments will need to sign the automatic payment agreement.

F. Emergency Contact Information

Name: _____ Relationship: _____
 Phone Number: _____ Cell Home Work
 Email: _____

G. Social Security Number Verification

Please provide one of the following:

- A. Copy of signed social security card with application (recommended) OR
- B. FAFSA must be PROCESSED and RECEIVED by school, confirming student's SSN on or before the date of your application appointment. FAFSA's can take 3-5 business days to process.
 - a. **If FAFSA is not received by the school by the time of your appointment and/or FAFSA has determined your SSN is not valid, your application package will not be accepted at that time.**

H. High School Diploma/Transcript/GED/Equivalent

Please provide copy of high school diploma/transcript/GED/equivalent with application. Your application package will not be accepted if your high school diploma/transcript/GED is not included. If the institution has reason to believe that a high school diploma is not valid, the institution will evaluate the validity of the student's high school completion. If the high school diploma is deemed invalid, student may be denied admission.

Students with foreign high school diplomas are responsible for translating their documents into English in addition to having their diploma evaluated for U.S. High School Diploma Equivalency by a qualified agency. The translated and evaluated diploma is a part of the application process, therefore, students cannot apply prior to the translation and evaluation of their diploma.

I. Valid, Government-Issued Photo ID

Please provide copy of current (not-expired), government-issued photo identification with application. Your application package will not be accepted if your valid, government-issued photo ID is not attached.

J. Non-Refundable \$50 Application Fee

The nonrefundable \$50 application fee can be paid via credit/debit card. The fee is valid for one enrollment period.

1. The nonrefundable application fee must be paid at the time of application appointment if there's an available reserved seat.
2. No application fee will be due at the time of application submission if there are no reserved seats available and applicant opts to waitlist. The nonrefundable \$50 application fee will be required to formally accept a reserved seat, should one become available.

K. Master Esthetics Applicants: Esthetics License

Master Applicants:

Please provide one of the following unless other arrangements have been approved by the Director of Education:

- A. A copy of your current Virginia Esthetics license with your application OR
- B. Documentation of your scheduled state board examinations
 - a. *If applying while still enrolled at The Chrysm Institute, documentation of scheduled state board examinations will need to be provided prior to class start date.*

Note: A Virginia Esthetics license is required prior to taking the Master Esthetics board examination. If you do not have your Esthetics license by the time you reach 300 hours in the Master Program, you may be withdrawn.

L. Master Applicants: Admissions and Acceptance

A panel of The Chrysm Institute of Esthetics instructors and administrators will review your application package, attendance and conduct from your Esthetics enrollment, if you attended Esthetics at The Chrysm Institute of Esthetics and determine your application status. You will receive official notification of your acceptance, waitlist status, or denial of admission into the Master Program after your application has been reviewed.

M. All Applicants: Confirmation and Acknowledgment

By signing this form:

- I agree to submit all necessary and/or requested paperwork prior to enrollment.
- I acknowledge that I have read, understand and agree to comply with all institutional policies.
- State that to the best of my knowledge I am free of communicable disease, in good health and physically able to practice in this field.
- Certify that the information given is full, true and correct to the best of my knowledge.
- **Reservation in the class may be forfeited if I do not respond to repeated attempts to contact**

Applicant Signature:

If applicant is under 18,

Print Parent Name, Parent Signature

Date: _____

Date: _____

School Official (Print Name):

School Official Signature:

Date: _____

The Chrysm Institute of Esthetics
Distance Hybrid Program Disclosures

Student Name: _____

I confirm that I will be enrolling in the following Distance Hybrid program:

- Esthetics Master Esthetics

I understand enrolling in a distance hybrid program means I will be completing part of my program via online instruction and the other part of my program via on campus practical hands-on training.

I understand and agree to the following information about the distance hybrid program:

- Practical requirements are completed on campus during your designated practical block
- Synchronous theory/demonstration instruction is offered as online distance education via virtual meeting. This means you must login with your instructor and classmates for your scheduled class time from your own computer off-campus.
- This is **not** self-paced instruction that can be completed at any time.
- You must enable video of yourself for the entire meeting so the instructor can periodically verify attendance
- For any distance online education: you will receive clock hour credit based on your meeting login and logout timestamp
- Hardware and Software Requirements:
 - o **You will need to provide your own** computer with webcam, microphone, and speaker capabilities that can access the internet at speeds that can handle video streaming.
 - o The school will make applicable software accessible to students at no charge
- Academic achievement earned via distance education may not be accepted for reciprocity or eligible for licensure in other states. If you plan to obtain licensure in another state, please check with that state’s licensing board.

I understand that if I miss time:

- **I must complete all 600 hours within my contracted schedule, and I will graduate after my contract end date.**
- **When I have completed the maximum allowable distance hours for my program, I will need to attend both blocks of my schedule in on campus practical.**

Student Signature: _____

Date: _____

School Official Signature: _____

Date: _____

The Chrysm Institute of Esthetics
Student Confidentiality Contract

Student Name: _____

Confidentiality, Agreements Not to Solicit or Disclose, and Protection of Proprietary Information

The Student understands and acknowledges that his or her access to lessons and materials from the School is for the sole use of the Student in learning during the course of study enrolled in hereunder. The Student understands and acknowledges that the School has stated that the School's educational material does not fall under any fair use laws, and the Student agrees not to use such materials except as authorized in his or her course of study with the School. The Student understands and acknowledges that the materials used in his or her course of study with the School are the sole intellectual property of the School.

The Student agrees to all of the following terms regarding confidentiality and agreements not to solicit or disclose:

Student agrees that the purpose of taking this course is to learn esthetics to perform services only - not to teach courses in esthetics or share school information with other competing entities.

Confidentiality

1. Any person engaged in the unauthorized or invalid use of any materials belonging to the School will be prosecuted under the law for trespassing and theft. Any person who allows others to use any test preparation course, examination or online course of the School, or who downloads or allows the downloading of documents of the School, for any purpose other than the Student's educational use in his or her course of study with the School, will be subject to a minimum fine and penalty of \$10,000.00.
2. Educational materials, supplies, or any other property not belonging to the Student shall not to be taken from the School without express permission of the School's Director.
3. Materials, text or print information belonging to the School shall not be duplicated, rewritten, reworded in part or whole, or reused for any reason whatsoever. Test materials, client records and forms belonging to the School shall not be taken from the School's premises.
4. All daily operations, events during the daily operation of the school, courses, conversations, meetings, events, and general or specific information is not to be disclosed.

Notice to Student Regarding School's Use of Photographs, Videos, Audio Tapes, Letters, Etc.

The School reserves the right to use photographs, videos, audio tapes, letters or quotes of or from the Student at the School's discretion and for the advancement of research or marketing materials. Submitting the signed application is the student's acknowledgement of and agreement to this policy (as listed in Confidentiality Contract of the application). Should the student wish to withhold permission for use of photographs, videos, audio tapes, letters, etc., he or she must provide written notification to the school and the school will not make use of the items listed above specific to that student.

Governing Law

The laws of Virginia shall govern this Agreement.

SIGNING THIS AGREEMENT, EACH PARTY HERETO CONFIRMS THAT HE OR SHE HAS READ AND FULLY UNDERSTANDS THIS AGREEMENT, HAS RECEIVED A COPY AND THAT HE OR SHE HAS SIGNED THE AGREEMENT AS HIS OR HER FREE AND VOLUNTARY ACT.

We affirm and represent, by our signatures below that this Agreement is freely executed

Print Applicant Name: _____

Applicant Signature: _____

Date: _____

Print School Official Name: _____

School Official Signature _____

Date: _____

The Chrysm Institute of Esthetics

COVID-19 Acknowledgement of Risk Form

As a student at The Chrysm Institute of Esthetics, I accept the following conditions of participation, and I acknowledge that I have been informed of the general nature of the risks involved in this activity, including, but not limited to slips and falls, needle pricks, and contracting diseases such as COVID-19, also known as the coronavirus disease.

COVID-19 is a pandemic of respiratory disease that spreads from person-to-person. COVID-19 can cause mild to severe illness; most severe illness occurs in older adults. Nevertheless, people of all ages are at risk of contracting COVID-19, and people with severe chronic medical conditions including, but not limited to, heart disease, lung disease, and diabetes, are at a higher risk of developing serious COVID-19 illness.

Symptoms of COVID-19 include, but are not limited to, fever, cough, and shortness of breath. Reported illnesses may range from very mild (including some with no reported symptoms) to severe, including death. If I feel sick, I agree not to attend on campus and that I will stay home for the period of time recommended by the Centers for Disease Control and Prevention (the "CDC").

Additionally, while participating in the program, I agree to take all necessary precautions recommended by the CDC as applicable to prevent the spread of COVID-19, including but not limited to, washing my hands thoroughly and often, avoiding large gatherings per state/federal requirements, wearing a mask to cover my mouth and nose, and adhering to social distancing wherever possible.

I agree to abide by any and all specific requests by The Chrysm Institute of Esthetics for my safety and the safety of others, as well as any and all of The Chrysm Institute of Esthetics rules and policies applicable to all activities related to this program. I understand that The Chrysm Institute of Esthetics reserves the right to exclude my participation in this program if my participation or behavior is deemed detrimental to the safety or welfare of others.

In consideration for being permitted to participate in this program, and because I have agreed to assume the risks involved, I hereby agree that I am responsible for any resulting personal injury or illness which may occur as a result of my participation or arising from my participation in this program, unless any such personal injury or illness is directly due to the negligence of The Chrysm Institute of Esthetics.

In case an emergency situation arises, please contact:
Name: _____
Phone Number: _____
Relationship: _____

I acknowledge that I have read and fully understand this document. I further acknowledge that I am accepting these personal risks and conditions of my own free will.

_____ I represent that I am 18 years of age or older and legally capable of entering into this agreement.

_____ My child/ward is under 18 years of age and I am hereby providing permission for him/her to participate in this program, and I agree to be responsible for his/her behavior and safety during this event.

Print Applicant Name: _____
Applicant Signature: _____

Date: _____

Print Parent Name (if appl.): _____
Parent Signature: _____

Date: _____