

SAINT PAUL VI INSTITUTE
CREIGHTON MODEL **FertilityCare**[™]
Allied Health Education Program
Financial Policies Signature Form

- Policies Reviewed

By signing below, I hereby attest that

- I HAVE READ AND AGREE TO ADHERE to the **CREIGHTON MODEL FertilityCare**[™] Allied Health Education Program Financial Policies found on pages 6-9 of the Fee Schedule & Financial Policies found in the Education Phase I Student Information Packet.
- I understand these policies can change at any time.

INTERN'S ID NUMBER (found on your financial statement) _____

INTERN'S NAME (print) _____

INTERN'S SIGNATURE _____

DATE _____

Mail, fax, or email to:
Saint Paul VI Institute Education Department
6901 Mercy Road
Omaha, NE 68106
Phone: (402) 390-9168 Fax: (402) 390-9851
Email: education@popepaulvi.com