



**Paramount Group  
Founding Partnership Verification Form  
THIS FORM MUST BE COMPLETED EVERY SEMESTER**

Clarkson Regional Health Services is pleased to extend its Founding Partnership tuition discount to employees of Paramount Group member clinics and ambulatory surgery centers.

**Eligibility Requirement:** Employees of the Paramount Group members may receive the Founding Partnership tuition rate (a 30% tuition savings), if all other eligibility criteria are met.

**This form must be completed and submitted every semester.**

**STUDENT/EMPLOYEE INFORMATION**

PLEASE PRINT FORM

Employee name \_\_\_\_\_

Home address \_\_\_\_\_

STREET

CITY STATE ZIP

Home phone \_\_\_\_\_

Preferred phone \_\_\_\_\_

Employee title \_\_\_\_\_

Employer name \_\_\_\_\_

Department name \_\_\_\_\_

Department address \_\_\_\_\_

STREET

CITY STATE ZIP

Supervisor name \_\_\_\_\_

Supervisor phone \_\_\_\_\_

Employee hire date \_\_\_\_\_

(MM/DD/YYYY)

Employee current employment status     Full-time (AT LEAST .9 FTE)     Part-time (AT LEAST .4 FTE)

**INSTRUCTIONS**

The following criteria must be met to be eligible for the Clarkson College Founding Partnership Tuition Rate:

1. The employee must be employed full-time (at least .9 FTE) or part-time (at least .4 FTE) for at least six months by a Paramount Group member clinic or ambulatory surgery center.
2. **Employment status must be maintained for the duration of the course.** Students must notify Student Accounts of a change in employment status.
3. **Every semester, the employee must complete this form,** and obtain the appropriate signatures from their employer and Clarkson Regional Health Services who will submit the completed form to the Clarkson College Student Accounts office.
4. The student is responsible for payment of tuition and fees to Clarkson College by the tuition payment due date. Failure to comply with this payment policy may result in late payment fees.
5. Please send completed form (with employer signature) to [paramountgroupmembers@clarksonregional.com](mailto:paramountgroupmembers@clarksonregional.com). Paramount Group will confirm eligibility and forward the form to Clarkson College for processing.

**STATEMENT OF UNDERSTANDING**

I authorize official representatives of Clarkson College and/or Clarkson Regional Health Services to verify information provided on this verification form. Clarkson College is selective and meeting all criteria for admission does not guarantee admission or participation in this program. I understand that Clarkson College may limit the number of students allowed to participate in the Partnership Tuition Rate Program, and tuition and fees are subject to change.

**STUDENT CERTIFICATION**

I hereby certify that I have read this verification form. I understand and agree that falsification or omission of information may result in disqualification of the Partnership tuition rate. I also understand that I am responsible for payment of all tuition and fees. I agree to abide by the terms set forth in this document. I understand a change in employment status may disqualify me from the Partnership Tuition Rate Program.

\_\_\_\_\_  
EMPLOYEE (STUDENT) SIGNATURE

\_\_\_\_\_  
DATE

### EMPLOYER CERTIFICATION

I hereby certify that the Employee/Student is a current employee of the Paramount Group member clinic /ASC listed above and the employment information contained in this form is correct.

\_\_\_\_\_  
EMPLOYER REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

**Send completed forms to [paramountgroupmembers@clarksonregional.com](mailto:paramountgroupmembers@clarksonregional.com). Paramount Group will confirm the student's eligibility and forward this form to Clarkson College.**

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(To be completed by Paramount Group)

### PARAMOUNT GROUP VERIFICATION

\_\_\_\_\_  
PARAMOUNT GROUP REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE