



ACADEMY

of MEDICAL PROFESSIONS

Brunswick Business Center 18 Pleasant Street, Suite 210 Brunswick, ME 04011
 207-721-0714 1-866-516-8274 (toll free) 207-449-1242 (fax)
 www.academyofmedicalprofessions.com info@academyofmedicalprofessions.com

CLINICAL MEDICAL ASSISTANT COURSE ENROLLMENT AGREEMENT

NAME: _____ SS# _____
 ADDRESS: _____ DATE OF BIRTH: _____
 CITY: _____ STATE: _____ ZIP: _____ Gender Assigned at Birth
 (choose from dropdown below)
 PHONE NUMBER: _____ (H) _____ (C)
 E-MAIL: _____
 LOCATION ATTENDING _____ START DATE _____

PAYMENT METHOD

****Please make checks payable to the Academy of Medical Professions****

- \$500 Deposit is required for Payment Plan Option
- \$300.00 Non-refundable enrollment fee is **already included** in the price
- Voucher Payments: (I.E. Goodwill, Dept Of Labor, VA, Mycaa, Etc.)

ONE TIME FULL PAYMENT

Self-Pay	Voucher	
_____	_____	\$3,200 Clinical Medical Assisting (CCMA Certification)
_____	_____	\$5,800 Medical Assisting (CCMA, CMAA Certifications, Billing Certificate)

Voucher Payments:

Name Of Organization Paying: _____

Point of Contact: _____

WHERE DID YOU HEAR ABOUT OUR COURSES? _____

IF FROM AN ADULT EDUCATION OR COLLEGE BROCHURE PLEASE LIST WHICH ONE:

PAYMENTS MADE BY CREDIT CARDS

CREDIT CARD # _____

EXPIRATION DATE: _____ SECURITY CODE: _____

NAME AS IT APPEARS ON CARD: _____

BILLING ADDRESS IF DIFFERENT FROM REGISTRATION FORM:

FULL PAYMENT \$ _____ Date you wish to have full payment taken: _____

PAYMENT PLAN DOWN PAYMENT Amount \$500.00 Date to take out deposit from credit card: _____

PAYMENT PLANS

Other Monthly Payment plan options available through TFC Tuition, for more information contact the Academy

All payment plans do require a \$500 down payment which is deducted from the cost of tuition

Choose One program

Payment Plan

_____ \$3,425 (CMA)

\$500 Down Payment/ \$325 for 9 months.

_____ \$6,000 (Both Programs combined) Contact school for payment plan

Date you wish to have monthly payment taken: _____ of the month.

_____ (initial) I agree to the payment plan chosen above

_____ (initial) I agree that if I have a payment plan, that I will keep it in good standing, and that if my account is sent to collections, I am responsible for the legal fees, late fees, and payment plan I have agreed to

CONTRACT AGREEMENT

I, _____ hereby agree to the above mentioned terms of the program. I

have read and understand the REFUND POLICY and STANDARDS OF PROGRESS for this

course and agree to its terms.

SIGNATURE: _____ DATE: _____