CLINICAL MEDICAL ASSISTANT COURSE ENROLLMENT AGREEMENT

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CLINICAL MEDICAL ASSISTANT COURSE ENROLLMENT AGREEMENT: Port Huron Campus

SS#

NAME: ___ _____

DATE OF BIRTH:

ADDRESS: _____ _____

CITY: _____ STATE: _____ ZIP:_____ Race: Choose One

PHONE NUMBER: _____(H) _____(C) Ethnicity: Choose One

E-MAIL: _____ Gender: Choose One (A

COURSE START DATE _____

WHERE DID YOU HEAR ABOUT OUR COURSES?_____

PAYMENT METHOD

- **$500 Deposit is required for Payment Plan Option**

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

- **$300.00 Non-refundable enrollment fee is already included in the price**
- **Voucher Payments: (I.E. Goodwill, Dept Of Labor, Mycaa, Etc.)**

ONE TIME FULL PAYMENT- Check one, see next page for additional Payment Options

Self-Pay **Voucher**

_____ _____ **$3,200** Clinical Medical Assisting (CCMA Certification)

_____ _____**$5,800** Medical Assisting (CCMA, CMAA, Billing Certificate)

Voucher Payments:

Name Of Organization Paying: _____

Point of Contact:_____

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: _____

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 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

Payment Plan SIGNATURE:_____ DATE: _____