



**CLINICAL MEDICAL ASSISTANT COURSE ENROLLMENT AGREEMENT**

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**CLINICAL MEDICAL ASSISTANT COURSE ENROLLMENT AGREEMENT: Port Huron Campus**

NAME: \_\_\_\_\_ SS# \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ Race: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ (H) \_\_\_\_\_ (C) Ethnicity: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_ Gender: \_\_\_\_\_

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)

If you are self-pay, please sign the Contract Agreement below, then complete the next page and click Submit.  
Voucher students, please fill in the section below, sign the agreement and click submit on the next page.

**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

All payment plans do require a \$500 down payment which is deducted from the cost of tuition. Finance Fees are included in the price.

### **Choose One program**

### **Payment Plan**

\_\_\_\_\_ \$3,425 (CMA)

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

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