



ACADEMY

of MEDICAL PROFESSIONS

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 www.academyofmedicalprofessions.com info@academyofmedicalprofessions.com

CLINICAL MEDICAL ASSISTANT COURSE ENROLLMENT AGREEMENT

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

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, CMA, CPB Certifications)

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: _____

ADDRESS WHERE CARD IS SENT 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

SS# _____ DATE OF BIRTH: _____

_____ (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: _____