



# ACADEMY

of MEDICAL PROFESSIONS

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## CMAA COURSE ENROLLMENT AGREEMENT

(PLEASE PRINT AND MAIL OR EMAIL OR FAX REGISTRATION FORM TO ABOVE ADDRESS) SS#

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ Gender Assigned at Birth  
 (choose from dropdown)  
 PHONE NUMBER: \_\_\_\_\_ (H) \_\_\_\_\_ (C)  
 E-MAIL: \_\_\_\_\_

I have earned a High School Diploma or Equivalent (GED, HiSET, etc.) (Initial here) \_\_\_\_\_

LIVE (Zoom, see start dates on calendar) START DATE: \_\_\_\_\_

ONLINE (watching prerecorded classes) START DATE: \_\_\_\_\_

### SINGLE PAYMENT METHOD

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

- \$500 Deposit is required for Payment Plan Options
- \$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** Medical Office Specialist (CMAA & Billing Certificate)

**\$6,300** Medical Professional (CMAA, CPC-A, Billing Certificate)

#### Voucher Payments:

Name Of Organization Paying: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

If taking a program that requires Medical Terminology, please indicate the following:

Place Start Date Next To Option

\_\_\_\_\_ I Intend To Take The Program All Together

\_\_\_\_\_ I Intend To Break Up My Courses By Taking Terminology First

Where Did You Hear About Our Courses? \_\_\_\_\_

If From An Adult Education Or College Brochure Please List Which One:

\_\_\_\_\_

## 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

### **Payment Plan**

#### **Choose One program**

\_\_\_\_\_ \$3,425 (CMAA) \$500 Down Payment/ \$325/month for 9 months.

\_\_\_\_\_ \$6,500 (Office Professional) Contact school for payment options

\_\_\_\_\_ (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