



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

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: _____

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