



**ACADEMY**

of MEDICAL PROFESSIONS

**PHLEBOTOMY COURSE ENROLLMENT AGREEMENT**

(PLEASE PRINT, MAIL, EMAIL OR FAX REGISTRATION FORM TO ABOVE ADDRESS)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ (H) \_\_\_\_\_ (C)

E-MAIL: \_\_\_\_\_

LOCATION ATTENDING \_\_\_\_\_ START DATE \_\_\_\_\_

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

If Adult Education brochure or website, which one? \_\_\_\_\_

**PAYMENT METHOD**

\*\*\*\*Please make checks payable to the Academy of Medical Professions\*\*\*\*  
\$300.00 non-refundable enrollment fee is **already included** in the price

**Please initial**

\_\_\_\_\_ I have provided a copy of my current immunizations.

\_\_\_\_\_ I understand that I will be required to participate in performing common phlebotomy practices in this class which requires a number of needle sticks on myself, others in the program and/or volunteers.

\_\_\_\_\_ I understand that I will **NOT** be required to participate in an externship but will provide consent to the instructor and school should I desire to obtain one and that it is not guaranteed.

\_\_\_\_\_ I understand that there may be a dress code in this field, which may include but not limited to hair color, tattoos and/or piercings.

**SINGLE PAYMENT**

**\$2,500**

**CIRCLE ONE**

Phlebotomy, all inclusive program

**\$2,500**

**Voucher Payment**, Phlebotomy, all inclusive program

**VOUCHER PAYMENTS I.E. GOODWILL, DEPT OF LABOR, VA, MYCAA, ETC.**

**Name of Organization paying and contact information:**

\_\_\_\_\_

\_\_\_\_\_



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**PAYMENT PLANS (Finance Fees Included)**

\$2,700 \_\_\_\_\_

**\$500 Down, \$300/month until paid in full**

**CONTRACT AGREEMENT**

I, \_\_\_\_\_ hereby agree to the above mentioned terms of the program. I agree to the payment plan chosen above and I have read and understand the REFUND POLICY for his course and agree to its terms. 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:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**(THIS INFORMATION IS ONLY NEEDED IF USING PAYMENT PLAN)**

SS# \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

**PAYMENTS MADE BY CREDIT CARDS**

CREDIT CARD # \_\_\_\_\_

EXPIRATION: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_ TYPE OF CARD: \_\_\_\_\_

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

ADDRESS WHERE CARD IS SENT IF DIFFERENT FROM REGISTRATION FORM:

\_\_\_\_\_

**(Check One)**

**DEPOSIT** Amount \$ \_\_\_\_\_ Date to take out deposit: \_\_\_\_\_

**(OR)**

Payment in **FULL** \$ \_\_\_\_\_ Date to take out the full payment: \_\_\_\_\_

**PAYMENT PLANS:**

**MONTHLY** Amount \$: \_\_\_\_\_ Date to begin payments: \_\_\_\_\_