



## **CMAA COURSE ENROLLMENT AGREEMENT**

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

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

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

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

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

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

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

**OR**

ONLINE/CORRESPONDENCE START DATE: \_\_\_\_\_

**(CHECK ONE)**

I PLAN ON TAKING THE ENTIRE PROGRAM AT THE SAME TIME: \_\_\_\_\_

I PLAN ON TAKING TERMINOLOGY AND THEN CMAA: \_\_\_\_\_

WHERE DID YOU HEAR ABOUT OUR COURSES?:

\_\_\_\_\_

### **PAYMENT METHOD**

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

- Please send all registration forms to Brunswick, Maine office
- \$150.00 non-refundable enrollment fee is already included in the price
- All registration forms need to be in 2 weeks prior to beginning of class start date or call for availability; however we cannot guarantee books will be available that first class.
- All payments are to be kept in good standing or contract is null and void and you must pay remaining balance before attending any more classes or the balance with appropriate fees will be sent to collection agencies as well as legal action will be taken.

\_\_\_\_\_ SINGLE PAYMENT      \$3,000.00 full CMAA program

\_\_\_\_\_ SINGLE PAYMENT      \$2,800.00 full payment NO TERMINOLOGY CMAA ONLY

\_\_\_\_\_ SINGLE PAYMENT      \$5,800. Medical Professional Program (CMAA AND CODING DISCOUNT)

\_\_\_\_\_ VOUCHER PAYMENT (CIRCLE ONE) \$3,000. CMAA program

**OR**

\_\_\_\_\_ \$5,800. Medical Professional Program (PAID BY GOODWILL, DEPT OF LABOR, MYCAA)



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### 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:

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

### WEEKLY OR MONTHLY PAYMENT PLANS

\_\_\_\_ PAYMENT PLAN 1: **\$ 3,200.00** CMAA Weekly payment plan  
**OR** **\$6,000.00** **MEDICAL PROFESSIONAL** Weekly payment plan  
**FULL COURSE (\$200 finance fee included)**  
**Initial payment of \$500, then \$100 weekly until paid off or you may extend longer if you are taking classes one at time extending your payments, please contact the school.**  
**\*\*\*\*(for the medical professional course before taking national certifications and before starting the second program, the balance of the first class must be paid in full)\*\*\*\*\***

\_\_\_\_ PAYMENT PLAN 2: **\$3,200.00** CMAA Paid Monthly (\$500 down, \$400/month) until paid in full  
**OR** **\$6,000.00.** Paid Monthly(\$500 down, \$500/month) until paid in full  
**\*\*\*\*(for the medical professional course before taking national certifications and before starting the second program, the balance of the first class must be paid in full)\*\*\*\*\***

**BE SURE TO PROVIDE CREDIT CARD INFORMATION AND DATE YOU WANT TO START THE AUTOMATIC PAYMENTS ON: \_\_\_\_\_ (initial agreement to terms)**

CREDIT CARD # \_\_\_\_\_  
EXPIRATION: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_ TYPE OF CARD: \_\_\_\_\_  
NAME AS IT APPEARS ON CARD: \_\_\_\_\_  
FULL AMOUNT:\$ \_\_\_\_\_ OR DEPOSIT ONLY \$ \_\_\_\_\_  
ADDRESS WHERE CARD IS SENT IF DIFFERENT FROM REGISTRATION FORM: \_\_\_\_\_

Date that you want to start the automatic weekly payments on weekly date and amount: \_\_\_\_\_

AMOUNT OF WEEKLY OR MONTHLY PAYMENT: \_\_\_\_\_

CHECK ONE: WEEKLY \_\_\_ MONTHLY \_\_\_

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

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

### CONTRACT AGREEMENT

I, \_\_\_\_\_ hereby agree to the above mentioned terms of the program. I have seen, read, and understand the REFUND POLICY for his course and agree to its terms: (SIGN BELOW)

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