



**MEDICAL TRANSCRIPTION 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 \_\_\_\_\_

**OR**

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

**(CHECK ONE)**

I plan on taking the entire program at the same time: \_\_\_\_\_

**OR**

I plan on taking terminology and anatomy & physiology first and then transcription: \_\_\_\_\_

WHERE DID YOU HEAR ABOUT OUR COURSES?

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**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 CAN NOT GUARANTEE BOOKS WILL BE AVAILABLE THAT FIRST CLASS.
- 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 WITH BE SENT TO COLLECTION AGENCIES AS WELL AS LEGAL ACTION WILL BE TAKEN.

\_\_\_\_\_ \$2,400.00 SINGLE PAYMENT

\_\_\_\_\_ PAID BY OUTSIDE SOURCE

\_\_\_\_\_ \$2,200.00 SINGLE PAYMENT: ENTIRE PROGRAM (EXCLUDING A&P)

\_\_\_\_\_ PAID BY OUTSIDE SOURCE



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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 PAYMENT PLANS**

\_\_\_\_\_ PAYMENT PLAN 1: \$ 2,600.00. FULL COURSE  
Initial payment of \$500, then \$100 weekly until paid in full

\_\_\_\_\_ PAYMENT PLAN 2: \$2,400.00. EXCLUDING A&P.  
Initial payment of \$500, then \$100 weekly until paid in full

\_\_\_\_\_ PAYMENT PLAN 1: \$ 2,800.00. FULL COURSE  
Initial payment of \$500, then \$50.00 weekly until paid in full

\_\_\_\_\_ PAYMENT PLAN 2: \$2,400.00. EXCLUDING A&P.  
Initial payment of \$500, then \$50.00 weekly until paid in full

**MONTHLY PAYMENT PLANS**

\_\_\_\_\_ PAYMENT PLAN 1: \$ 2,600.00. FULL COURSE  
Initial payment of \$500, then \$400.00 monthly until paid in full

\_\_\_\_\_ PAYMENT PLAN 2: \$2,400.00. EXCLUDING A&P.  
Initial payment of \$500, then \$400.00 monthly until 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: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

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:  
\_\_\_\_\_

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

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