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**TAITE HEALTHCARE TRAINING**

**MEDICAL ASSISTANT COURSE PAYMENT PLAN ENROLLMENT AGREEMENT**

THIS PAYMENT PLAN OPTION IS DIVIDED INTO 8 PAYMENTS/8 MODULES. EACH PAYMENT WILL ALLOW THE STUDENT ACCESS TO ONE MODULE. THE STUDENT MUST COMPLETE EACH MODULE SUCCESSFULLY TO RECEIVE A CERTIFICATE OF COMPLETION SENT TO THE NATIONAL CERTIFICATION PROGRAM FOR EXAMINATION. NATIONAL EXAMINATION IS $160

**EACH MODULE IS $275 EACH. BRINGING THE COURSE TOTAL TO $2200**

**STATE EXAMINATION IS AN ADDITIONAL $160**

**TOTAL $2360**

***THE STUDENT MUST COMPLETE, SIGN AND DATE THIS FORM, SEND IN THEIR DRIVERS LICENSE AND SOCIAL SECURITY CARD TO*** [***ADMINISTRATION@TAITETRAINING.INFO***](mailto:ADMINISTRATION@TAITETRAINING.INFO)***.*** TO APPLY FOR THIS PAYMENT PLAN. ONCE PLAN IS APPROVED THE STUDENT WILL BE ALLOWED TO PURCHASE THE FIRST MODULE.

STUDENT INFORMATION REQUIRED:

LEGAL NAME FIRST AND LAST

MAILING ADDRESS

PHONE NUMBER

EMAIL ADDRESS

**I CERTIFY THAT I UNDERSTAND THE PAYMENT ARRANGEMENT FOR THIS COURSE. I ALSO UNDERSTAND, I HAVE 1 YEAR TO COMPLETE PAYMENTS AND FINISH ALL COURSE REQUIREMENTS.**

STUDENT SIGNATURE

DATE