

Application for Admission

Medical Office Assistant (MOA) Program

(Form update: May 20, 2026)

1 Applicant Information

Full Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Phone: _____ Email: _____

2 Program Cost & Fee Breakdown

- Base Tuition:** \$3,000.00
- Registration & Seat Deposit:** \$700.00
(\$250 non-refundable application fee + \$450 seat security deposit applied toward tuition)
- Administrative Fee:** \$200.00 (Non-refundable)
- Course Materials & Manuals:** \$400.00 (Non-refundable)
- Immunization Review:** \$180.00
(Includes medical form completion; physical vaccinations/shots are a separate cost)
- Lab & Equipment Fees:** \$800.00 (Non-refundable)
- Miscellaneous/Contingency:** \$100.00 (Refundable)
- Training Completion Fund (TCF):** _____ *(Varies by province)*

3 Clinical Placement Requirements

Criminal Record & Vulnerable Sector Check:

Applicants are responsible for support service processing. Please note that official record check fees must be paid directly to the **Winnipeg Police Service (WPS)**.

4 Declaration & Signature

I certify that the information provided is true and complete. I understand that the application and administrative fees are non-refundable and that a total deposit of \$700 is required to secure my seat in the MOA program.

Signature: _____ Date: _____

5 Required Documents Checklist

Please ensure the following documents are attached to your application. **Incomplete applications will not be processed.**

- Government Issued Photo ID** (e.g., Driver's License or Passport)
- Official High School Transcripts** or High School Equivalency (GED)
- Post-Secondary Transcripts** (If applicable for credit transfer)
- Proof of English Proficiency** (If secondary education was outside of Canada)
- Updated Resume** outlining relevant work experience

Note: Please submit the completed application along with the required application fee to the Admissions Office. Use the space below to list any additional documents submitted with your application.

6 Payment Schedule

To maintain enrollment, students must adhere to the following schedule:

Payment Milestone	Amount Due	Due Date
Initial Deposit (Registration + Seat Security)	\$700.00	Upon Application
Program Start Fees (Admin, Lab, Materials, Immunization, Misc.)	\$1,680.00	First Day of Class
Tuition Installment 1	\$1,275.00	End of Month 1
Tuition Installment 2 (Final Balance*)	\$1,275.00	End of Month 2

**Total balance calculation: \$3,000 (Base Tuition) - \$450 (Seat Deposit) + Fees = \$2,550 remaining tuition + fees. Note: The Training Completion Fund (TCF) fee will be added to the Program Start Fees once the provincial rate is confirmed.*

7 Refund Policy

- Non-Refundable Fees:** The Registration Fee (\$250), Administrative Fee (\$200), Course Materials Fee (\$400), Immunization Review Fee (\$180), and Lab/Material Fees (\$800) are strictly non-refundable once the application is processed or materials are issued.
- Seat Security Deposit:** The \$450 seat deposit is non-refundable unless the program is cancelled by the institution.
- Tuition Refunds:** A partial refund of the remaining paid tuition may be granted if a student withdraws **in writing in person** within the **first 5 (five) calendar days** (during office hours) of the program. After this period, no refunds will be issued.
- Contingency Fund:** The Miscellaneous Cost (\$100) is refundable upon successful completion of the program, provided no equipment damage or outstanding fines have occurred.

8 Declaration & Signature

I hereby certify that all educational documents and certificates submitted with this application are true, accurate, and complete copies of the original records. I understand that any misrepresentation may result in immediate dismissal without refund. I acknowledge that I have read and understood the payment schedule and refund policy.

Applicant Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

9 Educational Background

High School Education

Name of School: _____ Graduation Year: _____
City/Province: _____

Secondary School Education

Name of School: _____ Graduation Year: _____
City/Province: _____

Post-Secondary Education (College, University, or Technical Training. Add additional pages if required)

1. Institution: _____ Year Completed: _____
Degree/Diploma Earned: _____
2. Institution: _____ Year Completed: _____
Degree/Diploma Earned: _____

Relevant Certifications (e.g., First Aid, CPR, Medical Terminology)

1. _____ Expiry Date: _____
2. _____ Expiry Date: _____

10 Payment

Applicants are advised to carefully review the refund policy outlined in Section 7 prior to submitting any payment. Payment confirmation and official receipt will be issued by email or regular mail once the payment has been successfully received and processed by PMC. **Note:** At this time, PMC does not accept credit card payments.

Accepted Methods of Payment

- Interac E-Transfer
- Certified Cheque
- Bank Draft
- Money Order

Important Note: All tuition and fees must be paid in Canadian Dollars (CAD). Any service charges or banking fees associated with the payment transaction are the responsibility of the applicant/student.

Important Notice: Completion of the Medical Office Assistant (MOA) Program at PMC does NOT guarantee employment, job placement, immigration status or benefit, professional certification, or licensure. While PMC may provide academic and career-related support, employment outcomes remain subject to individual qualifications, labor market conditions, employer requirements, and applicable regulatory standards. By signing this application, the applicant acknowledges and

accepts that PMC shall not be held liable for a graduate's inability to obtain employment following program completion.

Declaration of Authenticity

"I hereby certify that all educational documents and certificates submitted with this application are true, accurate, and complete copies of the original records. I understand that any misrepresentation, falsification, or omission of information may result in the immediate rejection of my application or dismissal from the Medical Office Assistant program without a refund of fees. I authorize the Admissions Office to verify the authenticity of these documents with the issuing institutions if necessary."

Applicant Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

Note: Kindly initial each page of this document.