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EKG INTERPRETATION & APPLICATION COURSE ENROLLMENT AGREEMENT

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

NAME: _____ SS# _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
NUMBER: _____ (H) _____ (C)
E-MAIL: _____
I have earned a High School Diploma or Equivalent (GED, HiSET, etc.) (Initial here) ____
LOCATION ATTENDING _____ START DATE _____
Where Did You Hear About Our Courses? _____
If Adult Education brochure or website, which one? _____

PAYMENT METHOD

$300.00 non-refundable enrollment fee is already included in the price

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

CHOOSE ONE Payment Method

☐ **SINGLE PAYMENT** ☐ **VOUCHER PAYMENT** ☐ **PAYMENT PLAN**

CHOOSE ONE Program

☐ **$2,000 EKG Interpretation & Application (NHA CET Certification)**

Please initial

_____ I understand this is a 4-week hybrid program with live online lecture sessions and required in-person clinical lab participation.

_____ I understand that basic anatomy and physiology knowledge is a prerequisite and that vital-signs experience is recommended.

_____ I understand that the course includes hands-on 12-lead EKG practice and a skills check-off performed on a patient or manikin.

_____ I understand that a minimum of 80% attendance and a minimum passing score of 75% are required for the Certificate of Completion.

_____ I understand that upon successful completion I will be prepared to sit for the NHA Certified EKG Technician (CET) national certification exam.

***All applicants must sign the Contract Agreement on the next page regardless of payment method**

COURSE ENROLLMENT AGREEMENT Page 2

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

Name of Organization paying and contact information:

_____

PAYMENT PLANS- please initial one (Finance Fees Included)

_____ **EKG/CET $500 down; remaining tuition paid in automatic bi-weekly installments under AMP current payment-plan terms.**

PAYMENTS MADE BY CREDIT CARDS

CREDIT CARD # _____

EXPIRATION: _____ SECURITY CODE: _____ TYPE OF CARD: _____

NAME AS IT APPEARS ON CARD: _____

BILLING ADDRESS IF DIFFERENT FROM REGISTRATION FORM:

_____

(Check One)

☐ **Payment in FULL $_____ Date to take out the full payment: _____**

(OR)

☐ **PAYMENT PLAN: DEPOSIT Amount $_____ Date to take out deposit: _____**

Date to begin payments: _____

ADDITIONAL INFORMATION

1. Choose One: ☐ Course materials shipped/printed for me. OR ☐ Digital course materials.

2. _____ I understand that in-person clinical lab dates are communicated upon enrollment and may vary by location.

CONTRACT AGREEMENT

I, _____ hereby agree to the above mentioned terms of the program, including the ATTENDANCE and STANDARDS OF PROGRESS policies. I agree to the payment method chosen above and I have read and understand the REFUND POLICY for this 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: _____