# Student Enrollment Form

## COURSE DETAILS - Please Select Course

- ☐ **Self-Paced CPC® & Fundamentals of Medicine $3,995**
- ☐ **Self-Paced CRC® & Fundamentals of Medicine $3,995**
- ☐ **Self-Paced CRC® $2,750**
- ☐ **Self-Paced Fundamentals of Medicine Course $2,250**

Other / notes: _____

## STUDENT INFORMATION

**Full Legal Name**

**Email Address**

**Phone Number**

**Mailing Address**

**City / State / ZIP**

## CREDENTIAL INFORMATION

**Current Certification(s) Held (e.g., CPC, CCS, etc.)**

**AAPC Member ID**

**Issuing Organization**

## ADDITIONAL INFORMATION

**How did you hear about the Academy?**

## ACKNOWLEDGMENT & SIGNATURE

By signing below, I confirm that I meet the CPC (or equivalent) prerequisite, understand the course schedule and tuition of $5,000, and wish to enroll in the Risk Adjustment Coding Academy CRC program beginning October 13, 2026.

Student Signature Date

**FOR OFFICE USE ONLY**

Date Received: _____ Invoice #: _____ Payment Received: ☐ Yes ☐ No Confirmed: ☐ Yes