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 am enrolling in the program I selected on this form, that I have reviewed the tuition, schedule, and refund policy for that program, and that I meet any stated prerequisites. I understand that access is granted after payment and this completed form are received.

Student Signature Date

FOR OFFICE USE ONLY

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