Teamwork Career Institute, LLC

Tel: 972-642-5466 | Fax: 972-237-7854

MEDICATION AIDE
CONTINUING EDUCATION

STUDENT ENROLLMENT AGREEMENT

Please attach the following documents:

- Copy of Driver's License
- Copy of C.M.A License
- Copy of Social Security Card

1. Name: _____ (Last) _____ (First) _____ (Middle)
2. Home Address: _____ (Street) _____ (APT.) _____ (CITY) _____ (Zip)
3. Social Security: _____ 4. Date of Birth _____
5. Home No: _____ Cell: _____ Work: _____
6. Email Address: _____
7. Date Class begins: _____

MA License #: **MA**_____ CMA CEU Length: 7 Hrs

8. **YOUR Current Employment:**

   Name of Facility: _____

   Address: _____

9. Payment: *AS SPECIFIED (Non-refundable). Attendance is ONLINE

   CMA CEU Cost: $100.00

- Any holder of this consumer credit contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds hereof. Recovery hereunder by the debtor shall not exceed the amounts paid by the debtor hereunder.
- In no situation will a **refund** be given to any student unless the continuing education class is being **cancelled by the school**.

Teamwork Services will give equal opportunity to all applicants regardless of race, sex or natural origin. This is approved and regulated by the Texas Workforce Commission, Proprietary School section in Austin, Texas.

Student Signature: _____ Date: _____ Print Name: _____

School Official Signature: _____ Date: _____ Print Name: _____