



ACADEMY

of MEDICAL PROFESSIONS

Brunswick Business Center
207-721-0714
www.academyofmedicalprofessions.com

18 Pleasant Street, Suite 210
1-866-516-8274 (toll free)

Brunswick, ME 04011
207-449-1242 (fax)
info@academyofmedicalprofessions.com

MYCAA PHLEBOTOMY COURSE ENROLLMENT AGREEMENT

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

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ (H) _____ (C)

E-MAIL: _____

LOCATION ATTENDING _____ START DATE _____

Indicate course (check or initial)

_____ \$2,500 MYCAA Phlebotomy, all inclusive program

CONTRACT AGREEMENT

Please initial

_____ I have provided a copy of my current immunizations.

_____ I understand that I will be required to participate in performing common phlebotomy practices in this class which requires a number of needle sticks on myself, others in the program and/or volunteers.

_____ I understand that I will **NOT** be required to participate in an externship but will provide consent to the instructor and school should I desire to obtain one and that it is not guaranteed.

_____ I understand that there may be a dress code in this field, which may include but not limited to hair color, tattoos and/or piercings.

I, _____ hereby agree to the above mentioned terms of the program.

SIGNATURE: _____ DATE: _____