



**Maritime School of
Paramedicine**
101 Main Street
Dartmouth, NS B2X 1R4

Phone Number: (902) 464-5288
Fax Number: (902) 434-2242

Receipt No.	_____
Application Fee	_____
Date Received	_____

FOR OFFICE USE ONLY

MEDICAL TERMINOLOGY CORRESPONDENCE COURSE APPLICATION FORM

Personal Information

Surname/ Family Name: _____

Legal First Name: _____

Middle Name: _____ DOB: dd/mm/yyyy

Street Address: _____

City/ Town: _____ Province: _____

Postal Code: _____ Phone Number: _____

High School Completed: YES NO If NO, last grade completed: _____

**Email Address (Mandatory): _____

Learning Agreement

I, _____ do hereby enroll in the Medical Terminology Correspondence Course offered by the Maritime School of Paramedicine. I understand that by signing this application form I agree to pay all tuition fees associated with the course and agree to complete all assignments associated with it. I understand that I am allowed to make payments on my tuition throughout the duration of my course. I understand that this course warrants a Certificate of Achievement upon completion of the course, provided my tuition payments are up-to-date, and the completion of this course does not guarantee employment. I understand that after beginning this course, I am within my rights to cancel my enrollment but understand that my \$250.00 enrollment fee cannot be refunded and I will be responsible to pay any outstanding tuition that does not cover my time enrolled in the program. Any overpayment of tuition will be reimbursed to me should I not complete the course. I understand that I have one year (52 weeks) from the time of enrollment to complete this course. I understand that extensions are available to me but I must request any extension in writing.

Tuition Amount: **\$500.00** (payable by cash, check, money order only)

Registration Fee: **\$250.00** (due at registration, applied to tuition, and non-refundable)

Please send the \$250.00 Registration Fee (cash, check, money order, Visa, MasterCard) payable to the Maritime School of Paramedicine to 101 Main Street, Dartmouth, NS B2X 1R4

Applicant Signature _____

Application Date _____

Your learning materials will arrive within 2 weeks of receiving your registration form. Thank you for your interest in the Maritime School of Paramedicine.