

# MEDICAL ASSISTANT TRAINING PROGRAM

LOUDOUN MEDICAL GROUP EDUCATION CENTER  
 224-D CORNWALL ST. NW  
 SUITE 401  
 LEESBURG, VA 20176



## STUDENT ENROLLMENT FORM

| STUDENT INFORMATION  |         |   |               |  |               |
|--|---------|---|---------------|--|---------------|
| FULL NAME:   |         |   |               | <input type="checkbox"/> I AM AN EMPLOYEE OF LMG |               |
| STREET ADDRESS:  |         |   |               | SUITE/APT:                                       |               |
| CITY:  |         | STATE:  |               | ZIP:   |               |
| PHONE:   |         |   | EMAIL:        |  |               |
| 2015 PROGRAM DATES & TIMES   |         |   |               |  |               |
| <input type="checkbox"/> DAY (10:00am-2:00pm)                      |         | <input type="checkbox"/> EVENING (6:00pm-10:00pm)   |               |  |               |
| <input type="checkbox"/> JANUARY 5-FEBRUARY 26                     |         | <input type="checkbox"/> MARCH 9-APRIL 30   |               |  |               |
| <input type="checkbox"/> MAY 11-JULY 2                             |         | <input type="checkbox"/> JULY 13-SEPTEMBER 3  |               |  |               |
| <input type="checkbox"/> SEPTEMBER 14-NOVEMBER 5                   |         | Please note, Internships will start the Monday after each end date and go for 2 to 4 weeks. |               |  |               |
| PAYMENT INFORMATION  |         |   |               |  |               |
| PAYMENT TYPE (CIRCLE ONE):    CASH        CHECK        CREDIT CARD |         |   |               | CARD TYPE:                                       |               |
| NAME ON CARD:  |         |   |               |  |               |
| CARD STREET ADDRESS:   |         |   |               | SUITE/APT:                                       |               |
| CITY:  |         | STATE:  |               | ZIP:   |               |
| CARD NUMBER:   |         |   | EXP DATE:     |  | CV CODE:      |
| -----BELOW FOR USE BY LMG EDUCATION CENTER ONLY-----               |         |   |               |  |               |
| TOTAL BAL:   |         | NEW BAL:  |               | NEW BAL:   |               |
|  | AMOUNT  | DATE  | METHOD        | EMPLOYEE NAME                                    | EMPLOYEE SIGN |
|  | DEPOSIT |   |               |  |               |
|  | PAYMENT |   |               |  |               |
|  | PAYMENT |   |               |  |               |
|  | PAYMENT |   |               |  |               |
|  | PAYMENT |   |               |  |               |
|  |         |   | DATE RECEIVED | EMPLOYEE NAME                                    | EMPLOYEE SIGN |
| PROOF OF GED OR HIGH SCHOOL DIPLOMA                                |         |   |               |  |               |
| VACCINATION RECORD   |         |   |               |  |               |
| PPD RECORD   |         |   |               |  |               |