

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					
			DATE RECEIVED	EMPLOYEE NAME	EMPLOYEE SIGN
PROOF OF GED OR HIGH SCHOOL DIPLOMA					
VACCINATION RECORD					
PPD RECORD					