

Financial Agreement

Last Name:	First Name:	M.I.:	Phone #: ()
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Tuition Payment Options

(Select one option)

	Full Payment - \$6,500^
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	Payment Plan – See schedule below*^
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*Payment Plan Schedule			
Payment #	Due	Amount	Balance After Payment
Deposit	1 week prior to program	\$1,000	\$5,500
2	1 st of month	\$500	\$5,000
3	1 st of month	\$500	\$4,500
4	1 st of month	\$500	\$4,000
5	1 st of month	\$500	\$3,500
6	1 st of month	\$500	\$3,000
7	1 st of month	\$500	\$2,500
8	1 st of month	\$500	\$2,000
9	1 st of month	\$500	\$1,500
10	1 st of month	\$500	\$1,000
11	1 st of month	\$500	\$500
12	1 st of month	\$500	\$0

^Tuition covers the following items: all instruction as outlined in each module syllabus, all required course textbooks, FISDAP Skills Tracker / Scheduler Account, EMS Testing Account, uniform – polo shirt (2), ID badges, course completion cards for all “card courses” (ACLS, PALS, PHTLS). Tuition does not cover the cost National Registry testing (cognitive and psychomotor) or required equipment (i.e. watch and stethoscope). Students may be encouraged to purchase recommended texts throughout the program.

I, _____, acknowledge the financial obligation of the course, in accordance with the selected payment options with \$1,000 due no later than one week prior to the program start date. I acknowledge that the deposit is non-refundable and all payments made after two weeks from the start date of the program are non-refundable. I also acknowledge that I will make the necessary payments by the specified due date or I will be dismissed from the program.

Print Name: _____ Signature: _____ Date: _____