

**Vermont Med Ed, LLC
Online Caregiver Mentorship Class**

ADMISSION APPLICATION

Name: _____ Date: _____

Date of Birth: _____ Class start date requested: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: C () _____ H () _____

Email Address: _____ Best way to contact you: _____

Current occupation: _____ Employer: _____

Interested in the full mentorship caregiver series of six sessions _____

Single Session only _____ The module I would like to attend is: _____

Educational and Caregiving Background:

Family member or work experience in caregiving _____ High School Diploma/GED _____

List other degrees, special training or certificates received:

How did you find out about Vermont Med Ed? _____

Payment Plan:

I have a funding option through the following federal or state funding source: _____

Source contact: _____

I am being funded by my employer or other sponsor _____

Employer or sponsor: _____

I am paying privately _____ Mail payment to: **P O Box 61, Vergennes, VT 05491**

You may also pay by credit card through the school's website, www.vermontmeded.com
(**Contact us:** 303-880-9026, 802-771-5673, or vermontmeded@gmail.com for instructions)

- I hereby certify all the above is true and correct to the best of my knowledge.
- Tuition or an approved funding arrangement is due prior to the start of class.

Signature of Applicant

Date

Submit this form by emailing to vermontmeded@gmail.com or mail to P O Box 61 Vergennes, VT 05491