Vermont Med Ed Nursing Assistant Training Program

Applicant Name		Date		
Address		City	State	Zip
Phone	Email			
Employer (if working in hea	lthcare)			
	Class Reg	gistration Requ	<u>uest</u>	
Please complete the following	ng information t	to reserve a seat in	n a Vermont Med Ed	class:
The PCA/RCA class is taught certification to get prepared. This two-week online modul material needed to pass the I	for the LNA ex le begins at the	am should check conclusion of the	the Additional LNA Market PCA/RCA class. It compared to the co	Module box. contains extra
You may sign up for both by up for the additional LNA m by the end of the second wee certificate. Those taking the that will allow them to qualit	odule later, as lek of the PCA/F additional mod	long as the LNA 1 RCA class. All st lule will also rece	module payment of \$9 udents will receive a l eive an LNA completion	900 is received PCA/RCA
I understand that for a	dmission to	any Nursing A	Assistant program	I must:
Be at least 16 years of	old and able to l	ift 50 pounds.		
Acknowledge that I v	will be asked to	follow all Covid-	-19 state recommenda	ations.
Private pay students must su	bmit payment f	for the full tuition	amount before the sta	art of class.
Please indicate which mode	ules you are pa	aying for below b	y checking the optio	on:
PCA/RCA Class \$885	Addit	ional LNA modul	e \$900	
Both \$1785				
Start Date of Class:				
Location of in-person skills a	activity: Verge	nnes, Vermont		

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Method of Tuition Payment: All students (both PCA/RCA and LNA) must pay \$885 due by the start of class or with permission for funded students.

LNA students must pay an additional \$900 for the LNA completion module by the end of the econd week of the basic nursing assistant class or with permission for funded students.
am paying \$ for the nursing assistant class/classes marked above. Please accept my ayment by:
Online Credit Card Payment (provided on vermontmeded.com)
Paper Credit Card Payment (using information provided below)
Check Cash State Program Tuition Assist Employer Tuition Assist
Paper Credit Card Payment Information:
Name appearing on Credit Card:
Credit Card Number: Expiration Date:
Card Type: (VISA, MC, Discover) CCV code
Card Holder Signature:
Please sign and send these two pages along with your tuition or billing information to Vermont Med Ed:
Mail to: Vermont Med Ed, LLC P. O. Box 61 Vergennes, VT 05491
Student Signature Date
Information below is for funding option students only.) State or Employer Funding Representative
Name Date
Representative contact email / phone