Vermont Med Ed Nursing Assistant Training Program

Applicant Name		Date_	
Address	City	Stat	eZip
Phone	Email		
Employer (if working in hea	lthcare)		
	Class Registration	Request	
Please complete the following	ng information to reserve a	seat in a Vermont Me	ed Ed class:
The PCA/RCA class is taught certification to get prepared to This two-week online modul material needed to pass the I	for the LNA exam should de begins at the conclusion	check the Additional lof the PCA/RCA class	LNA Module box. ss. It 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 long as the lek of the PCA/RCA class. additional module will also	LNA module paymen All students will rece so receive an LNA con	at of \$900 is received eive a PCA/RCA impletion certificate
I understand that for a	dmission to any Nurs	ing Assistant proរុ	gram I must:
• Be at least 16 years of	old and able to lift 50 pound	ds.	
Acknowledge that I v	will be asked to follow all	Covid-19 state recom	mendations.
Private pay students must su	bmit payment for the full t	uition amount before	the start of class.
Please indicate which mode	ules you are paying for b	elow by checking the	e option:
PCA/RCA Class \$885	Additional LNA	module \$900	
Both \$1785			
Start Date of Class:			
Location of in-person skills a	activity: Middlebury, Vern	nont	

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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.

1 .	in additional \$900 for the LNA completion module by the end of the nursing assistant class or with permission for funded students.	
I am paying \$payment by:	For the nursing assistant class/classes marked above. Please accept my	
Online Credit Card Pa	ment (provided on northlandedu.com)	
Paper Credit Card Pay	ment (using information provided below)	
Check Cash	State Program Tuition Assist Employer Tuition Assist	•
Paper Credit Card Pay	ment Information:	
Name appearing on Cred	it Card:	
Credit Card Number:	Expiration Date:	
Card Type:	(VISA, MC, Discover)	
Card Holder Signature: _		
Please sign and send th Vermont Med Ed:	ese two pages along with your tuition or billing information to	
Mail to: Vermont Med Ed, LLC P. O. Box 61 Vergennes, VT 05491		
Student Signature	Date	
(Information below is f	or funding option students only.)	
State or Employer Fundi	ng Representative	
Name	Date	
Representative contact e	mail / phone	