

PIERPONT COMMUNITY & TECHNICAL COLLEGE
REGISTRATION FORM
ON-LINE MEDICAL TRANSCRIPTION TRAINING PROGRAM

Form MT - 1/10

(Please Print)

NAME: _____

SOCIAL SECURITY #: _____ / _____ / _____

ADDRESS: _____

BIRTH DATE: _____

_____/_____/_____
City State Zip County

E - MAIL ADDRESS: _____

HOME PHONE: (____) _____

WORK PHONE: (____) _____

ENROLLMENT INFORMATION
(Please choose from the following options)

(CHECK)

Gold Online Medical Transcription Course Tuition.....	\$ 2,299	<input type="checkbox"/>
Hard-Copy Textbook Course Companion (<i>Optional</i>).....	\$ 299	<input type="checkbox"/>

TOTAL SUBMITTED _____

**REQUIRED FOR REGISTRATION: Proof of Competency in Medical Terminology or Anatomy/Physiology;
Typing Test (45 wpm or better); High School Diploma/GED.**

Payment is required prior to beginning the class

Method of Payment: (Check method utilized)

- ____ Check or money order payable to Pierpont Community and Technical College
- ____ Credit Card (Visa, MasterCard, American Express, Discover (use form below))

If **NOT** using either of the above payment methods, please indicate your funding source below:

____ Financial Aid **Please Circle Financial Aid Source (WIA, TAA, HEAPS, Voc. Rehab.)** Other: _____

Refund Policy: The Program is non-refundable after the student has been enrolled in the program for a period of 10 days. This 10 day period begins from the date you are issued your User ID and Password to access the program. During the 10 day period, the program is 100% refundable, less a \$35.00 administrative fee and any shipping and handling expenses incurred. All shipped materials must be returned in good condition for full credit.

Credit Card Authorization *If paying by credit card, please complete the following information.*

Charge to: VISA, Discover, American Express, or MasterCard (**Please Circle Type of Card Used**)

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CARD NUMBER

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PRINT YOUR NAME AS SHOWN ON CARD

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AMOUNT TO BE PAID

EXPIRATION DATE

Card Holder Zip Code

Sign Your Name Here for Credit Card Authorization

Please email any questions to: ceinfo@pierpont.edu or call the number below.

Return this completed and signed registration form along with a copy of your H.S. Diploma or GED to:

Pierpont Community & Technical College, Center for Workforce Education, 320 Adams Street, Suite G01, Fairmont, WV 26554

Phone: 304-367-4920

Fax: 304-367-2717

Signature _____ Date _____

For Office Use Only: Diploma/GED _____ WPM _____ Terminology _____