



**ACADEMY**  
of MEDICAL PROFESSIONS

Brunswick Business Center  
207-721-0714  
www.academyofmedicalprofessions.com

18 Pleasant Street, Suite 210  
1-866-516-8274 (toll free)

Brunswick, ME 04011  
207-449-1242 (fax)  
info@academyofmedicalprofessions.com

**MYCAA DENTAL ASSISTING COURSE ENROLLMENT AGREEMENT**  
**(PLEASE PRINT, MAIL, EMAIL OR FAX REGISTRATION FORM TO ABOVE ADDRESS)**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ (H) \_\_\_\_\_ (C)

E-MAIL: \_\_\_\_\_

I have earned a High School Diploma or Equivalent (GED, HiSET, etc.) (Initial here) \_\_\_\_\_

LIVE CLASS    START DATE \_\_\_\_\_  
**OR**  
ONLINE        START DATE \_\_\_\_\_

**MYCAA - check below**

\_\_\_\_\_ **\$2,900** Dental Assisting, All-inclusive program

**CONTRACT AGREEMENT**

I, \_\_\_\_\_ hereby agree to the above-mentioned terms of the program. I have read and understand the STANDARDS OF PROGRESS for this course and agree to its terms.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_