- Medical Assistant
X-Ray Training
ENROLLMENT FORM

Avery X-Ray Schools

X-Ray Training as Required for the TDH - Department of State Health Services NCT Registry Medical Assistant Certificate Program

			Amount Paid	Check/ MO. Number
Select Your Payment option:				
☐ **$1,895.00 Tuition***	**X-Ray Training program**	**$1,895.00**	$_____	_____
☐ **$3,500.00 Tuition**	**Medical Assistant program 9 month class**	**$3,500.00**	$_____	_____

SELECT Your Class Time and Location:

X – RAY CLASSES – ONSITE CLINICS

- ☐ **Nights - 10 weeks: Mon / Tue** — **CLASS SCHEDULE SUBJECT TO CHANGE!!!**
- **Days- 7 weeks: Mon/ Tue** — **CLASS SCHEDULE SUBJECT TO CHANGE !!!**

MEDICAL ASSISTANT Classes – ONSITE LOCATIONS – Doctor Clinics

- ☐ **Days – 32 weeks:**
- ☐ **Weekends**
- ☐ **Nights -**

_____ **CE CLASSES ONSITE OR AT OUR FACILITY $85.00**

Please Print the name of the student enrolling below: One enrollment form per student please.

Student Name:	email:	
Address:	**Apt. #**	
City:	ST.	ZIP:
Home Phone:( )	cell:( )	wk:( )

Payment Information: ☐ **Check/ Money Order** ☐ **Debit** ☐ _____	☐ _____	☐ _____	
Billing Address:	City:	ST.	ZIP
If paid by employer, Employer Name:	Phone:( )	FAX:( )	
Business Address:	City	ST.	ZIP
Training authorized by:	Title:	**Referred by:**	

Only Paid enrollments assure your class seat. Text book not included. Job placement not included. The Texas Dept. of Health reserves the right to issue a NCT X-Ray Permit based on passing a criminal background review. ONLY DSHS Registered NCT Graduates of this course are permitted to take adult x-rays of all anatomical areas completed.

*** Refund policy:** 100 % refund made if we receive written cancellation notice 72 hours before the first day of the class to which you first enroll, no other refunds. Refunds paid within 21 days. **Classes may be combined or rescheduled**.
You can learn more about X-Ray training at:**www.Learnxray.com** or **Phone: (713) 667-5100 FAX: (214) 957-6135**

1. **Print and complete this enrollment form, select your class date, fill in your name and address.**
2. **Make your check payable to: Avery X-Ray Schools, Inc.**
3. **Mail this form with payment information to the corporate billing office at:**

Avery X-Ray Schools, Inc. P.O. Box 496203 Garland, Texas 75049

Houston ◆ Dallas ◆ Garland ◆ Rockwall