



**PERCOMONLINE, INC. AND PERCOM EMS MEDICAL
EDUCATION CONSORTIUM (PERCOM)**

PAYOR SPONSORSHIP ACCESS ACKNOWLEDGEMENT FORM

By signing below and submitting this form back to my instructor for my class through PERCOM, I acknowledge and accept the following:

1. My employer or other third-party payor is responsible for paying for my course tuition through PERCOM.
2. My employer or other third-party payor is aware that there may be separate fees for other features of this program, and we have made plans to pay these fees at the appropriate time for me to continue in the program.
3. Because my employer or other third-party payor has taken on the financial responsibility for my program, their company representative may be kept abreast of my progress.

I give permission to the Program Director, Coordinator, and/or instructors for PERCOM and to the representative(s) of the company/school with whom PERCOM has a Cooperative Agreement for my Clinical and Field Rotation component of training to discuss my progress, behavior, completion, grades or any other issues as requested by the employer or other third party payor. I also understand that my employer or other third-party payor may be notified if I am dropped, in danger of being dropped from the program or fail the program prior to course completion.

Name of Employer Agency or Third-Party Payor

Signature of Student

Date

Printed Name of Student