



West Virginia Department of Education

Public Service Training

-Beckley Office-

EMR Initial Class – Authorization of Payment Form

I, _____, _____
Name Position
of _____ authorize
Department Name
_____ to attend the EMR initial class.
Student Name

I agree that WVPST may invoice our department/organization for all tuition and textbook costs for this student. Tuition and course fees are based on enrollment not completion of the class and are not refundable. I understand that I will be invoiced for tuition and textbook costs even if the student drops out or does not complete the class.

I have read, and I understand, the above statements.

Name: _____
Official's Printed Name

Official's Signature

Date: _____