



IMPROVING LIVES THROUGH EDUCATION



Clinical Medical Assistant Application

Instructions: Please fill out the form; print; sign, date, initial and submit application and all relevant documents to the Nursing Office.

First Name: _____ Last Name: _____ M.I: _____

Address: _____ Apt #: _____ City: _____ State: _____ Zip: _____

Contact Number: _____ Email: _____

Date of Birth (MM/DD/YYYY): _____ Social Security Number: _____

Education: High School Diploma? GED? College? Date of Graduation :(MM/YYYY): _____

Program Start Date (MM/YYYY): _____ How did you hear about us? _____

Student Aid? (Select one) Department of Rehabilitation Workers Compensation CalWorks
 Veterans Administration (VA) PELL Grant Self-Pay
 Workforce Connection Other: _____

Have you ever been convicted by any court of a crime (Select one)? Yes No

Have you ever been charged with a misdemeanor violation other than a minor traffic violation? Yes No

Are you aware of any current or past medical, physical or emotional problems that will keep you from completing the Clinical Medical Assistant Program? Yes No

If yes, briefly explain _____

I understand that I must disclose any health conditions prior to starting the CMA Program. _____ (initial)
(Print & Initial)

I understand that my application is not active until I have all the required documentation for the application as follows:

- High School Diploma/ GED
- Student Health Questionnaire
- Negative TB Test
- Level A TABE test (taken at CAE)
With a score of 10 or higher
- Physical Examination
- Flu shot (seasonal)
- Physical Capacity Test

I understand that I am **NOT** "OFFICIALLY" accepted into the Clinical Medical Assistant Program at Clovis Adult until I receive an "Acceptance Letter" of admission signed by the Director of Nursing and Allied Health. _____ (initial)
(Print & Initial)

I understand that my signature confirms that all of the above information is true.

Signature: _____ Date (MM/DD/YYYY): _____
(Please print application and sign and date)

| OFFICE USE ONLY | Date taken | Driver's license: _____ |
|-----------------------------|-------------------|--------------------------------|
| Reading | _____ | |
| Math Comp | _____ | |
| Applied Math | _____ | |
| Acceptance Letter Received: | _____ | |
| Additional Notes: _____ | | |