



# Clinical Medical Assistant Application

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Number (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Education:**

High School Diploma?  Yes/  No HSE?  Yes/  No GED?  Yes/  No Date of Graduation: \_\_\_\_\_

Program Start Date: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

- Student Aid?  Department of Rehabilitation  Workman's Comp  CalWorks  Veterans Administration (VA)  PELL Grant  Self-Pay  Workforce Connection  Other \_\_\_\_\_

Have you ever been convicted by any court of a crime?  Yes/  No If yes, explain on the back

Have you ever been charged with a misdemeanor violation other than a minor traffic violation? Yes/ No  
If yes, explain on back

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)

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

- |   |   |
|---|---|
| <input type="checkbox"/> High School Diploma/ GED         | <input type="checkbox"/> Physical Examination |
| <input type="checkbox"/> Level A TABE test (taken at CAE) | <input type="checkbox"/> Negative TB          |
| <input type="checkbox"/> Student Health Questionnaire     | <input type="checkbox"/> Flu shot (seasonal)  |

**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)

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

| <u>OFFICE USE ONLY</u>                                      | Date taken | Driver's license |
|---|------------|------------------|
| <b>Reading</b>  | _____      | _____            |
| <b>Math Comp</b>  | _____      | _____            |
| <b>Applied Math</b>   | _____      | _____            |
| <b>Acceptance Letter received</b> _____                     |            |                  |
| <b>Additional notes:</b>                                    |            |                  |
| <input checked="" type="checkbox"/> <i>Transcripts done</i> |            |                  |