



## Clinical Medical Assistant Class Spring 2019

### APPLICATION

Date: \_\_\_\_\_ (Please use legal name that is identified on your driver license or social security card)

Name: \_\_\_\_\_  
(Last) (First) (Middle/Maiden)

Mailing Address: \_\_\_\_\_ Telephone No. (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code) (County)

Email address: \_\_\_\_\_ Date of Birth: \_\_\_\_-\_\_\_\_-\_\_\_\_

Race: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ U.S. Citizen: No \_\_\_\_\_ Yes \_\_\_\_\_ Legal Alien No \_\_\_\_\_ Yes \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Public Agency \_\_\_\_\_ Private Agency \_\_\_\_\_ Title of Position \_\_\_\_\_

Business Address: \_\_\_\_\_ Telephone No. (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code) (County)

Have you ever been convicted of a misdemeanor or felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

IF yes, please indicate nature of conviction and date: \_\_\_\_\_  
\_\_\_\_\_

#### REQUIRED PREREQUISITIES (Please attached all documents that are checked)

High/School Diploma/GED

#### I. FACTORS AFFECTING COMPLETION OF ASSIGNMENT

1. Do you plan to be employed during the skills/training class? \_\_\_\_\_ Yes \_\_\_\_\_ No

1) If yes please answer the following:

1. Number of hours per week: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

2. What days? \_\_\_\_\_



## Clinical Medical Assistant Class Spring 2019

2. Because you are responsible for your transportation to and from class, do you foresee any problems this may cause in class attendance? \_\_\_\_\_ Yes \_\_\_\_\_ No

1. If yes, please explain \_\_\_\_\_

3. Please note any handicaps or special needs you have that may impact the type of placement training you receive: \_\_\_\_\_

### II. EDUCATION

High School Diploma

Technical/Trade Certification (Specify type of certification and list the institution certificate received from)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

UNDERGRADUATE EDUCATION (Specify type of degree, discipline and year)

1) \_\_\_\_\_

2) \_\_\_\_\_

### III. WORK EXPERIENCE

Agency/Location/Telephone	Dates	Description of Job Duties



## Clinical Medical Assistant Class Spring 2019

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### IV. CAREER INTERESTS

1. What are your current education and career goals?
  
2. What personal strengths, qualities and/or abilities do you possess that would be an asset to you in this skills/training class.
  
3. What knowledge, information, or experience do you hope to gain from this skills/training class?

V. I give my permission for the information contained in this application to be shared with other entities who are involved with my skills/training class. I have completed this application as accurately as possible, and I understand it and subsequent interview (s) will be utilized to determine the best employment/employer opportunity for me. I also understand that any false information deliberately included on this application will disqualify it and may disqualify me this class.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date



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DO NOT WRITE BELOW THIS LINE (OFFICIAL USE ONLY) \_\_\_\_\_

**Application:**

Received on \_\_\_\_\_ Reviewed on \_\_\_\_\_  
Date Date

Transcript/transfer credits evaluated on \_\_\_\_\_ GPA \_\_\_\_\_ Number of Hours \_\_\_\_\_  
Date

**Review Decision:**

Approved \_\_\_\_\_ Approved conditionally \_\_\_\_\_ (List condition (s) below)

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Disapproved \_\_\_\_\_ (List condition (s) below)

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Class Instructor \_\_\_\_\_ Telephone Number \_\_\_\_\_