



ACADEMY
of MEDICAL PROFESSIONS

CLINICAL MEDICAL ASSISTING

CERTIFICATE PROGRAM

•
WITH CCMA
NATIONAL
CERTIFICATION

What is a Clinical Medical Assistant?

A Clinical Medical Assistant (CMA) is a medical support professional that performs a variety of tasks to assist physicians in providing patient care. While CMAs working in smaller practices may be required to perform some administrative tasks, those working in larger medical facilities focus mainly on providing support services directly related to patient care. Typically, Medical Assistants prep rooms and prepare patients for examinations, while helping manage medical supply inventories. CMAs may also assist nurses and physicians providing direct patient care by taking medical histories, charting vitals, and assisting in procedures. Some even perform more advanced tasks under the supervision of a physician such as cleaning and dressing wounds, removing sutures, collecting blood and other specimens, as well as administering medication.

Characteristics of a successful Clinical Medical Assistant:
Excellent communicator, ability to multitask, organized, ability to handle stress and think clearly on their feet. One must be compassionate while still maintaining a professional distance.

Career Outlook:

Employment of medical assistants is projected to grow 15% from 2023 to 2033, much faster than the average for all occupations. About 119,800 openings for medical assistants are projected each year, on average, over the decade. Many of those openings are expected to result from the need to replace workers who transfer to different occupations or exit the labor force, such as to retire.¹

All Inclusive - Tuition Includes:

- All Textbooks and supplies
- CCMA Practice Exams
- Resume Building, Job Search, and Interview Skills
- NHA CCMA Exam Fees
- Externships are suggested and may be required in your area; we will assist you in obtaining them through our partners.

Class Calendar

Hybrid Program: A combination of Online Classes and in-person skills held locally at Adult Education Centers in Maine.

- Online Tuesday evenings for 16 Weeks. **5:30 PM to 8:30 PM**

In-Person Clinical Skills Lab

- **Locations vary.**
- **Typically meet Thursday evenings 5:30 PM - 8:30 PM.**

Class Start Dates:

Tuesday, October 14, 2025
Tuesday, February 24, 2026
Tuesday, June 16, 2026

1. Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, Medical Assistants, at <https://www.bls.gov/ooh/healthcare/medical-assistants.htm> (visited July 08, 2025).



CLINICAL MEDICAL ASSISTANT - WHAT YOU WILL LEARN:

- Medical Terminology, Body Systems, HIPAA
- Vital signs, PPE, infections control, wound care
- EKG, OB/GYN, and surgical procedures
- Phlebotomy, Injections, Immunizations
- Pharmacology and Lab Procedures
- Professionalism, basic procedural coding and administrative duties

COURSE DESCRIPTIONS

• **Clinical Medical Assisting (CMA)- 16 Weeks.** This program will be held for a total of 6 hours, twice a week for 16 weeks. Classes meet via Zoom on Tuesday evenings, and Clinical Skill Labs are held in person at an adult education center near you. Locations and days for labs may change each term. Upon completion of the program, you will take your national certification of CCMA (Certified Clinical Medical Assistant). All books, supplies, and exam fees are included. \$3,500.

• **Medical Assistant Professional Program- 32 Weeks.** This all-inclusive program combines the above Clinical Medical Assistant program and our Certified Medical Administrative Assistant. Most employers prefer a Medical Assistant to be able to work both in front and back office. This 32-week Medical Assistant Program provides you with cross-training for both clinical and administrative/insurance/billing tasks. \$6,425 when taken with Clinical Medical Assistant program. If only taking the Medical Administrative Assistant Program, please see Medical Administrative Assistant information package for costs and class information.

ENTRANCE REQUIREMENTS

All applicants must be 18 years of age. A high school diploma or GED equivalent is also required for most employment opportunities but is not required to take or start the training.

***No criminal record *** please contact the school for more information should you have any prior record.

Must submit a copy of current, up-to-date immunization records (titers preferred) before attending Labs. Measles Ab (IgG) Qual; Mumps (IgG) Qual; Rubella Ab (IgG) Qual; Varicella Zoster Virus (IgG) Qual; we do not require Hep B, tetanus, flu, COVID, or TB test, but these may be needed by several clinical facilities.

Students must be aware and agree to participate in “sticking/drawing” each other in class and will sign a consent prior to the first class.

ATTENDANCE POLICY

The attendance policy set forth by the Academy of Medical Professions is strictly enforced.

Students attending Live Classes are expected to attend 100% of all scheduled meetings; missing a scheduled meeting will require the student to watch the recorded version of the meeting prior to attending the next lecture.

Self-Paced students are expected to watch recorded lectures and communicate weekly with the Academy or their assigned instructor. Students whose attendance drops below 70% (not withstanding mitigating circumstances), may be dis-enrolled from the program.

STANDARDS OF PROGRESS

Students whose academic average drops below 70% will be placed on academic probation. We will work with the student to develop an action plan for success, to include specific goals and target dates. If the student is unsuccessful in meeting the goals and target dates of the action plan or success, the student will be subject to academic dismissal with no refund.

REFUND POLICY

1. You may terminate the Enrollment Agreement or training at any time. If you do so, you must inform the school, not the instructor, in writing. Termination will become effective upon receipt of the written notice. The refund will be based on the notification week corresponding with your course assignments or week associated with start date of the program.

2. If you terminate before you commence training, you will receive a refund of the money paid to the school, minus \$500 for the course books, unless they are returned unused, unopened. The \$300.00 application fee is nonrefundable. If no unused books are returned, the total subtracted from the refund will be \$800.00.

3. If you terminate within the first 3 weeks, you will receive a prorated refund equal to the unused portion of monies received from your last day of attendance, or week corresponding with your course assignments, less the application fee of \$300.00 and the book fee of \$500.00. If you terminate any time after week 3, there will be no refund. If you are on a payment plan, the balance will be effective as of drop date, 30 days to pay in full or sent to collections.



ACADEMY
of MEDICAL PROFESSIONS

Brunswick Business Center

207-721-0714

www.academyofmedicalprofessions.com

18 Pleasant Street, Suite 210

1-866-516-8274 (toll free)

Brunswick, ME 04011

207-449-1242 (fax)

info@academyofmedicalprofessions.com

CLINICAL MEDICAL ASSISTING COURSE ENROLLMENT AGREEMENT

(PLEASE PRINT, MAIL, EMAIL OR FAX REGISTRATION FORM TO ABOVE ADDRESS)

NAME: _____ SS# _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NUMBER: _____ (H) _____ (C)

E-MAIL: _____

I have earned a High School Diploma or Equivalent (GED, HiSET, etc.) (Initial here) ____

LOCATION ATTENDING _____ START DATE _____

Where Did You Hear About Our Courses? _____

If Adult Education brochure or website, which one? _____

PAYMENT METHOD

\$300.00 non-refundable enrollment fee is **already included** in the price

******Please make checks payable to the Academy of Medical Professions******

CHOOSE ONE Payment Method

SINGLE PAYMENT

VOUCHER PAYMENT

PAYMENT PLAN

CHOOSE ONE Program

_____ **\$3,500** Clinical Medical Assisting (CCMA Certification)

_____ **\$6,425** Medical Assistant, combined program (CCMA, CMAA and Billing certificate)

Please initial

_____ I have provided or will provide a copy of my current immunizations.

_____ I understand that I will be required to participate in performing common phlebotomy practices in this class which requires a number of needle sticks on myself, others in the program and/or volunteers.

_____ I understand that I will **NOT** be required to participate in an externship but will provide consent to the instructor and school should I desire to obtain one and that it is not guaranteed.

_____ I understand that there may be a dress code in this field, which may include but not limited to hair color, tattoos and/or piercings.

***All applicants must sign the Contract Agreement on the next page regardless of payment method**

COURSE ENROLLMENT AGREEMENT Page 2

VOUCHER PAYMENTS I.E. GOODWILL, DEPT OF LABOR, MYCAA, ETC.

Name of Organization paying and contact information:

PAYMENT PLANS- please initial one (Finance Fees Included)

_____ **\$3,750 CCMA \$500 Down, \$325 a month for 10 months**
_____ **\$6,675 Combined-CCMA/CMAA \$500 down, \$325 per month for 19 months**

PAYMENTS MADE BY CREDIT CARDS

CREDIT CARD # _____

EXPIRATION: _____ SECURITY CODE: _____ TYPE OF CARD: _____

NAME AS IT APPEARS ON CARD: _____

BILLING ADDRESS IF DIFFERENT FROM REGISTRATION FORM:

(Check One)

Payment in FULL \$ _____ **Date to take out the full payment:** _____

(OR)

PAYMENT PLAN: DEPOSIT Amount \$ _____ **Date to take out deposit:** _____

Date to begin payments: _____

ADDITIONAL INFORMATION

1. **Choose One:** ____ Textbook shipped to me. **OR** ____ eBook with Read Aloud feature.
2. ____ I have current or previous healthcare/dental office experience in a patient-facing role and would like to be considered for a full-tuition scholarship: By initialing this box I give consent for my information to be shared with Maine JobLink for this purpose.

CONTRACT AGREEMENT

I, _____ hereby agree to the above mentioned terms of the program, including the ATTENDANCE and STANDARDS OF PROGRESS policies. I agree to the payment plan chosen above and I have read and understand the REFUND POLICY for this course and agree to its terms. I agree that if I have a payment plan, that I will keep it in good standing, and that if my account is sent to collections, I am responsible for the legal fees, late fees, and payment plan I have agreed to:

SIGNATURE: _____ DATE: _____