

CERTIFIED CLINICAL MEDICAL ASSISTANT

ADMISSION APPLICATION

(\$45.00 nonrefundable application fee)



Date Application Received: _____
 Application fee paid: YES / NO _____ Amount: _____
 Scholarship Awarded: _____
 Deposit Invoice sent: YES NO
 Deposit Paid: _____ Date: _____

Student Name: _____ Date of Birth ___/___/___

Telephone: Primary: _____ Alternate Telephone #: _____

Address: _____

County: _____

Email Address: _____

Please identify your Program of Study:

ACCELERATED CCMA PROGRAM TRACK 2

TRADITIONAL CCMA PROGRAM TRACK 1

3 OPTIONS AVAILABLE

TRADITIONAL 12 WEEKS PROGRAM

PROGRAM COST

- Application fee: \$45
- Tuition and book \$2200
- Supplies: \$300
- **Total \$2,500**

Payment Plans available:

- Full payment or
- Deposit \$400 and 6 payments of \$350 every two weeks

Other related fees:

- CPR/BLS \$85 (optional but strongly recommended and may be required at clinical facility)
- Uniform approximated cost \$85 (2 uniform) student purchase their own uniform
- Certification processing fee, Practice Certification Exams, and certification exam \$250

OPTION 1 {8 WEEKS} _____	OPTION 2 {9 WEEKS} _____	OPTION 3 {9 WEEKS} _____
PROGRAM COST	PROGRAM COST	PROGRAM COST
Application fee \$45	Application fee \$45	Application fee \$45
• Tuition and book \$1650	• Tuition and book \$1800	• Tuition and book \$1900
• Supplies: \$250	• Supplies: \$250	• Supplies: \$300
• Total \$1,900	• Total \$2,050	• Total \$2,200
Payment Plans available:	Payment Plans available:	Payment Plans available:
• Full payment or	• Full payment or	• Full payment or
• Deposit \$400 and 6 payments of \$250 every two weeks	• Deposit \$400 and 6 payments of \$275 every two weeks	• Deposit \$400 and 6 payments of \$300 every two weeks

Other related fees:

- CPR/BLS \$85 (optional but strongly recommended and may be required at clinical facility)
- Uniform approximated cost \$85 (2 uniform) student purchase their own uniform
- Certification processing fee, Practice Certification Exams, and certification exam \$250

COMPLIANCE (completed by staff)	DATE	COMMENT
Application		
High School Diploma/Equivalency		
CPR/BLS		
IMMUNIZATIONS		
TB Skin Test/CXR		
Flu Vaccine		
Varicella		
MMR		
Hepatitis B		
Competency Test		
Drug Test		
Background Check		
School Catalog accessed		Accessed online
Student Handbook		

COMPLIANCE	DATE	COMMENT
CNA Student Handbook signed		
Enrollment Agreement Signed		
Refund Policy signed		

One of the following is Mandatory for your student file:

1. Please select: High School Diploma: ___ GED (Official Certificate with score): ___
2. Have you ever been diagnosed with a learning disability or while in school have you ever been assigned an IEP or 504 plans: YES NO
3. *This does not determine acceptance but allows us to provide as much help to every student possible.

Sponsored Entity Name if applicable:

Orientation Day: _____

Time: _____

Comment(s): _____
