



Application: Clinical Medical Assistant (CMA)

Jefferson Community College (JCC) Continuing Education Division in partnership with Condensed Curriculum International (CCI) will offer a Clinical Medical Assistant (CMA) pre-certification program **at Jefferson Community College, 1220 Coffeen Street, Watertown, NY 13601.**

Program Summary: The Clinical Medical Assistant Program is a 20-week program that prepares students to take the National Healthcareer Association Certified Clinical Medical Assistant National examination and begin work in the healthcare field. During the program, students will earn 140 hours of classroom lecture, 160 hours of clinical externship and hands-on lab experience.

CMA program syllabus includes how to assist physicians by preparing patients for examination and treatment, routine laboratory procedures and diagnostic testing. Students will learn the technical aspects about phlebotomy and pharmacology, the proper use and administration of medications, taking and documenting vital signs, cardiology including proper lead placements and legal aspects of healthcare.

Extended Learning Center: E-129
Monday & Wednesday
September 11, 2017 – February 14, 2018
6:00 – 9:30 p.m.
\$2,399 (textbooks included)
Application deadline: **July 28, 2017**
Course Code: CCI 004 701

- 1) All information given on the application form must be typed or neatly printed.
- 2) Arrange for an official copy of your college transcript, or high school transcript to be forwarded to the Continuing Education Division by contacting your high school and/or college.
- 3) Two letters of reference and reference forms are required. These references may not be family members. References should be responsible adults who can attest to your ability to successfully complete this training. Letters can be mailed to Continuing Education separately, or included in sealed envelopes with your application.
- 4) Mail completed applications to: **Continuing Education Division at Jefferson Community College - 1220 Coffeen Street, Watertown, NY 13601 Attention: Continuing Education.**

*There are only 20-seats available in this program. Acceptance letters will be mailed to the 20 people selected for the program. Continuing Education will **not** notify applicants who are not accepted into the Phlebotomy Technician certification program.*

2017 Fall Clinical Medical Assistant Training Program
APPLICATION

Name _____
Last First Middle

Other/Previous Name (which may appear on records) _____

Address _____
Number & Street Apt. Number

City State Zip code

Phone: cell or day number: () _____ Work: () _____

JCC Student or Alum/J# _____

If no J# Social Security Number _____

Date of Birth _____ **Email** _____

How did you hear about the certification program?

Extra-Curricular Activities (please list all school, community or religious activities in which you have participated. Include all offices which you have held and honors you have received.)

Give names and address of the persons whom you have asked to speak to your ability to successfully complete this training. These references must *not* be family members.

Name _____ Title/Position _____

Address _____

Phone () _____ Email _____

Relationship to Applicant _____

Name _____ Title/Position _____

Address _____

Phone (____) _____ Email _____

Relationship to Applicant _____

Educational Background

| | School | City | Dates Attended | Degree |
|-----------------------|--------|-------|----------------|--------|
| High School | _____ | _____ | _____ | _____ |
| College | _____ | _____ | _____ | _____ |
| Special Certification | _____ | _____ | _____ | _____ |

Employment

Present Employer _____ Phone (____) _____

Address _____ Dates of Employment _____

Nature of Work _____

Name of Employer _____ Phone (____) _____

Address _____ Dates of Employment _____

Nature of Work _____

APPLICANT: Please complete the information section only, and then give this form to the recommending official with a pre-addressed stamped envelope, addressed to: **Continuing Education Division at Jefferson Community College - 1220 Coffeen Street, Watertown, NY 13601 Attention: Continuing Education.**

INFORMATION SECTION:

Applicant's name: _____
 (LAST, FIRST, MIDDLE NAME) (FORMER LAST NAME)

Program: _____ **E-mail address:** _____ **Date of Birth:** _____

PERSON COMPLETING: The person named above has requested that you submit a recommendation pertaining to his/her potential to pursue a career in an allied health profession. Please mail in the envelope provided by the applicant, FAX to 315-786-2391, or send via email to ced@sunyjefferson.edu.

| Please rate the candidate on the following scale: | | Yes | No | Comments |
|---|---|-----|----|----------|
| Works well with others | Willing to work in groups/teams | | | |
| | Listens to others' ideas | | | |
| Takes responsibility | Follows through on responsibilities | | | |
| | Seeks, accepts, and acts upon constructive feedback | | | |
| | Completes work in a timely fashion | | | |
| Fosters positive relationships | Models effective interpersonal behavior/communication | | | |
| | Engages in positive interactions with professionals and peers | | | |
| | Seeks to solve problems | | | |
| Behaves in a professional manner | Is punctual, dependable, and dresses appropriately. | | | |
| Engages in self-evaluation | Is interested in and participates in ongoing self-evaluation on one's own performance | | | |
| Maintains high level of competence and integrity | Exhibits interest in and enthusiasm for learning process | | | |
| Willing to take risks; flexible | Adapts to change | | | |
| | Shows self-direction in completing works | | | |
| Recognizes and respects diversity | Responds positively to diverse opinions | | | |

Jefferson Community College
CMA Program

Certificate of Information & Commitment

I certify, to the best of my knowledge, that the information supplied on this application is complete and accurate. Additionally, I certify that I understand this is a non-credit training program. Upon completion of this program, students would be eligible to sit for the National Healthcareer Association (NHA) Certified Clinical Medical Assistant (CCMA) national examination. This is not a college degree program through Jefferson Community College.

Applicants signature _____ Date _____

Jefferson Community College admits students without regard for race, color, creed, sex, age, religion, national/ethnic origin, sexual orientation, disability, pregnancy or military status.

CMA Application Checklist

- Completed Application Form

- Transcripts: (College or High School diploma or copy of high school equivalency diploma sent to the Continuing Education Division.

- Two letters of recommendation & reference forms in sealed envelopes to the Continuing Education Division.