



# Certified Clinical Medical Assistant (CMA) Program

Please submit to: Helena College – Continuing Education  
1115 North Roberts St.  
Helena, MT 59601  
p.406-447-6946 f.406-447-6397

Please type or print legibly

## Personal Information

Full Legal Name \_\_\_\_\_  
LAST FIRST MIDDLE

Previous Name(s) \_\_\_\_\_  
LAST FIRST MIDDLE

Current mailing address \_\_\_\_\_  
STREET/PO BOX CITY STATE ZIP

Physical address (if different from above) \_\_\_\_\_  
STREET CITY STATE ZIP

DAYTIME PHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

Date of Birth \_\_\_\_\_ MM/DD/YYYY Social Security Number \_\_\_\_\_

## Academic History

If you are a high school graduate, provide graduation \_\_\_\_\_  
MO/YR SCHOOL NAME/LOCATION

If you have a GED or equivalent, please indicate date \_\_\_\_\_  
MO/YR INSTITUTION/LOCATION

## Students with Disabilities

### Classroom Adjustments and Accommodations

Students with physical, cognitive, or learning disabilities who seek accommodations should contact Disability Services, located in Room 119, at 447-6952, or email (disabilityresources@HelenaCollege.edu). Only students registered with the Disability Resources Office are permitted accommodations. In order to ensure adjustments or accommodations are in place in a timely manner, you should register upon acceptance to the program. All information will be kept confidential.

## Program Application Requirements

Along with this completed application, students should also submit:

- ESSAY – typed or neatly printed describing why you would like to become a CMA (minimum 250 words)
- CURRENT PROFESSIONAL RESUME
- IMMUNIZATION RECORDS

MMR shots

Varicella Vaccine - A written statement from a parent/legal guardian, school nurse, or physician attesting to a student's positive history of chickenpox, is acceptable in lieu of a vaccine record.

Tetanus

Diphtheria } (within the last 10 years) often combined as "Tdap"

Pertussis

TB test results (within the past 12 months)

\*Hepatitis B (may be required for externship, ask your healthcare provider about beginning this process)

\*Flu Shot (in-season, usually available by October - January)

*\*Not required for application, but may be required before course completion*

## Safety and Security

1. Have you ever been convicted of a felony? Yes No
2. Have you been otherwise institutionalized for threatening or causing physical or emotional injury to persons or property? Yes No
3. Have you been dismissed and/or suspended from an educational facility for disciplinary reasons? Yes No
4. Have you ever been required to register as a sexual or violent offender? Yes No
5. Have you ever been convicted of any offense that involved violence, such as assault, rape, child abuse, child molestation, or adult abuse? Yes No
6. Have you been convicted of any offense that involved embezzlement, fraud, theft, robbery, extortion, blackmail, or coercion? Yes No

*\*Answering yes to any of the above may or may not be cause for immediate rejection of application, but you may not be granted a State License and/or may not be eligible for employment as a Clinical Medical Assistant in many facilities or agencies.*

## Physical Readiness

CMAs must help lift and transfer patients, supplies, and equipment; spend considerable time standing; interact with staff and patients; and complete paperwork. Your signature on this application indicates that you have no health or physical problems that would prevent you from being able to complete the training or to regularly work as a CMA, such as (but not limited to) back or joint pain, communicable diseases, or vision problems. Please understand that if a temporary, unforeseen medical condition arises during the course, you will only be granted an extension or exception with a statement signed by a treating physician.

## Caring and Compassion

Successful CMAs must have good helping, caring, and nurturing skills. They also have good communication skills and work as a part of a professional healthcare team. Successful CMAs hold to the highest professional and ethical standards, and treat patients with respect. By applying for admission to this course, you certify that you will strive to uphold these standards.

## Classroom Expectations – PLEASE INITIAL TO INDICATE UNDERSTANDING

- \_\_\_\_\_ 1. You are expected to arrive on time for class. Repeated tardiness may result in course failure.
- \_\_\_\_\_ 2. If you will be absent, you are required to contact the instructor PRIOR to class time.
- \_\_\_\_\_ 3. If you are absent, you must make up any written homework or reading on your own time.
- \_\_\_\_\_ 4. Because of the accelerated pace of the class, more than 8 hours of class absence may result in failure.
- \_\_\_\_\_ 5. No student shall disrupt a class or interfere with the learning of the other students.
- \_\_\_\_\_ 6. The instructor is your first contact for all academic questions or concerns.
- \_\_\_\_\_ 7. Cell phones should be turned off or turned to silent mode for class. If you must take an emergency call, you should briefly excuse yourself to the hallway. (This also means no texting or email during class).
- \_\_\_\_\_ 8. Any student participating in any act of academic dishonesty, such as copying others' work or cheating on an exam, will be considered for dismissal from the program.
- \_\_\_\_\_ 9. If you fail the class, you will not be permitted to sit for the certification exam nor participate in the externship.

## Clinical Externship Expectations

1. Placement in an externship is not guaranteed and is subject to each facility's requirements.
2. You will comply with all site policies including professionalism, uniform, and hygiene practices.
3. Externship completion is required for successful course completion.
4. Externship hours may not be accrued before passing the national certification exam.

## Materials Supplied

You will receive one set of textbooks at the first class, and additional materials and books will be provided as class progresses. You are responsible for note-taking materials, binders, note cards, etc., as needed.

## Certification Exam

Upon successful completion of the classroom hours, you will be eligible to sit for the certification exam offered by the National Healthcareer Association. The cost of CMA certification exam is included with your tuition. Extra fees will apply if you are unable to take the exam with the class, as scheduled, or for any subsequent retake.

## Payment/Cancellation/Refund Policy

Once your application is accepted, you have until that session's payment deadline (usually one week before class begins) to make payment in full. If you cannot make payment for the current session, your application may be held for the next available class, but you must make payment two weeks in advance for the following class.

If you cannot attend a class you have registered for, you must request a refund in writing at least three full business days prior to the first class meeting. \$295 will be retained as an application processing fee, and cannot be used for future admission to class.

There are no refunds once a class has begun.

We reserve the right to cancel a course due to insufficient enrollment or other conflicts. If a class is canceled by the Continuing Education Department, you will receive a full refund.

Immediate cash refunds are not given for withdrawal from a class or when a class is canceled, regardless of the type of payment made. If payment was made by credit or debit, funds will be returned to the card. If payment is made by check or cash, refund processing will take 5-7 business days, and funds will be returned via check.

## Cancellation, Withdraw, Termination Refund for GI Bill® funded students

Refunds for students using VA education benefits who do not begin, withdraw, or are discontinued from a course before completion will follow the pro-rata guidelines set forth in 38 CFR 21.4254 and 21.4255. This pro-rata refund is calculated using the total charges for tuition and fees that the length of the completed portion of the course bears to the total length of the course. Additionally, once book and tool kit is issued to student as supplies, this amount will not be calculated into the pro-rata calculation.

## Emergency Contact Information

Contact Name \_\_\_\_\_  
FIRST LAST RELATIONSHIP TO APPLICANT

Contact Phone number \_\_\_\_\_  
DAYTIME EVENING

## Signature

I hereby certify that to the best of my knowledge that the information contained in this application is true and complete without evasion or misrepresentation. I understand that if it is later found otherwise, it is sufficient cause for rejection or dismissal. If my application for admission is approved, I agree to abide by the present and future rules and regulations, both academic and nonacademic, and the scholastic standards of the institution. I further acknowledge that if I fail to adhere to these regulations or meet these requirements, my registration may be canceled.

\_\_\_\_\_  
APPLICANT'S COMPLETE LEGAL SIGNATURE

\_\_\_\_\_  
DATE

\*Once application meets initial approval, student will be contacted for course payment. If you are working with a current employer or agency who will be providing payment, please indicate here:

\_\_\_\_\_  
PAYING ENTITY (BUSINESS NAME)

\_\_\_\_\_  
INDIVIDUAL CONTACT NAME

\_\_\_\_\_  
PHONE AND/OR EMAIL