



Application for Admission

CERTIFIED MEDICAL ASSISTANT (CMA)

Jefferson College Workforce & Employment Services • 1000 Viking Drive • Hillsboro, MO 63050-2441
(636) 481-3143 • TDD (636) 789-5772 • www.jeffco.edu

LAST FIRST MI PREVIOUS NAME

CURRENT ADDRESS CITY, STATE, ZIP CODE

SOCIAL SECURITY NUMBER DATE OF BIRTH EMAIL

Do you have a high school diploma? Yes ___ No ___ HiSET Yes ___ No ___ Please attach copy with application.

HOME PHONE NUMBER CELL PHONE NUMBER

SCRUB TOP SIZE: ___ XS ___ S ___ M ___ L ___ XL ___ 2XL ___ 3XL ___ 4XL

SCRUB PANT SIZE: ___ XS ___ S ___ M ___ L ___ XL ___ 2XL ___ 3XL ___ 4XL

It is the policy of Jefferson College that no person shall, on the basis of age, ancestry, color, creed, disability, gender, national origin, race, religion, or veteran status, be subject to discrimination in employment or in admission to any educational program or activity of the College. Please note: If accommodations for a disability are needed, please contact Christine Platter at (636) 481-3148. TDD users may call (636)789-5772. The contents of this application are provided for informational purposes. The application is accurate at the time of printing but is subject to change. Any such changes may be implemented without prior notice and are effective when made. Jefferson College reserves the right to terminate programs for financial or other reasons which the College determines warranted. The programs, services, or other activities of the College may be terminated at any time due to reasons beyond the control of the College, including—but not limited to—acts of God, natural disasters, destruction of premises, labor disturbances, governmental orders, or financial insolvency.

THE ESSENTIAL FUNCTIONS OF THE MEDICAL ASSISTANT

Satisfactory completion of the Jefferson College Medical Assistant Program is contingent upon my being physically, mentally, and medically able, with or without reasonable accommodation, to successfully perform the essential functions necessary in the role of the Certified Medical Assistant.

Following appropriate instruction and supervision of the charge personnel, the student will at a minimum:

- Demonstrate understanding of and practice universal precautions
- Obtain patient vital signs
- Take measurements (height/weight)
- Communicate effectively and accurately record patient medical history
- Administer oral and parenteral medication
- Perform wound care
- Assistant during various in-office surgical procedures
- Label and process specimens
- Prepare for, perform, and monitor EKG
- Manage medical records
- Process health insurance claims
- Adhere to protocols involved in the protection of patient confidentiality and demonstrate knowledge of HIPAA
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Do you believe you would be able to perform the above listed essential functions, which are necessary in the role of a Certified Medical Assistant for which you are applying? YES _____ NO _____

If you answered NO to the above, are there any reasonable accommodations that you believe can be made that would permit you to perform the essential functions necessary in the role of a CERTIFIED MEDICAL ASSISTANT? Please answer in the space provided below.

I have read the above statement and have answered to the best of my knowledge.

Signature of Applicant

Date

In order to have a complete file, you must read and sign this form and return it to the Jefferson College Office of Workforce & Employment Services.

Please complete the following:

- 1) Do you have any prior experience working in the healthcare industry? Yes ____ No ____
If yes, please provide a brief summary of your experience:

- 2) Do you have any personal experience related to the healthcare industry? Yes ____ No ____
If yes, please provide a brief summary of your experience:

- 3) Please list any science-related courses you have previously successfully completed, including in high school:

- 4) Do you have sufficient access to the internet to complete course requirements? Yes ____ No ____

- 5) Are you proficient:

- a. using a personal computer? Yes ____ No ____
b. in Microsoft Word? Yes ____ No ____
c. In Microsoft Excel? Yes ____ No ____

- 6) Which exam do you plan to take upon completion of the Medical Assistant Program? (Check one below.)

____ Certified Medical Administrative Assistant (CMAA) Exam (front office-clerical)

____ Certified Clinical Medical Assistant (CCMA) Exam

Jefferson College CERTIFIED MEDICAL ASSISTANT Program Application

EMERGENCY INFORMATION

Emergency Contact: _____ Phone #: _____

Physician: _____ Phone #: _____

Allergies: _____

Please make sure that all sections of this application are complete with accurate up-to-date information.

Contact the Workforce & Employment Services Office with change of address.

File Reviews will not be rated unless all admission information requested is in your file.

LIST THREE REFERENCES

List complete name & phone number below. All three must be on file before review.

Name: _____ Phone Number: _____

Employer/Other: _____

Relationship of Reference (no family members): _____

Name: _____ Phone Number: _____

Employer/Other: _____

Relationship of Reference (no family members): _____

Name: _____ Phone Number: _____

Employer/Other: _____

Relationship of Reference (no family members): _____

NOTES:

- 1). Three (3) letters of reference must be submitted in sealed envelopes with the MA application in order to be eligible for a review.**
- 2). Student may not use Title IV Funds, including Pell Grants or Student Loans, to pay for this course. Contact your local Missouri Job Center about funding options.**

