

CERTIFIED CLINICAL MEDICAL ASSISTANT PROGRAM APPLICATION PROCESS:

- Applicants schedule and attend an interview with the adult education director, Kathy Pelletier. Call our office at 207.469.2129 or email adulthood@rsu25.org to schedule an appointment.
- Applicants either submit a completed, signed Release of Records form (attached) permitting us to request your high school transcript or submit a sealed, signed, official transcript to the RSU 25 Adult Education office.
- Applicants take a reading and math appraisal and assessment (Comprehensive Adult Student Assessment System- CASAS). Contact us at 207.469.2129 or email at adulthood@rsu25.org to schedule this assessment. When you call, let our office know you need the CASAS Reading and Math for entrance into the Clinical Medical Assistant program. Applicants should plan on a minimum of 2 hours to take assessments. Scores on file with another institution will be considered if the assessment was administered within the last 90 days. Please request this information be sent electronically to kpelletier@rsu25.org. The information should include the date the test was taken, the level administered, and the scores.
- Applicants complete and return the CCMA application forms to the RSU 25 Adult Education office.
- Applicants submit two sealed written references. At least one of these references must be from an employer or volunteer position. If you have never been employed, a reference from a teacher is acceptable. The other reference can be from an employer or someone who can give a personal reference. These individuals cannot be family members or significant others.
- Immunization form – required for labs and externships.

It is the responsibility of the CCMA applicant to maintain communication with the adult education office to ensure all of the required documentation has been received, that their application process is complete, and up-to-date with current admission requirements.

If you have questions about RSU 25 Adult and Community Education's Certified Clinical Medical Assistant Program, please contact our office via phone 207.469.2129 or email at adulthood@rsu25.org.

For additional funding opportunities, please contact:

Hancock County: EMDC, Mill Mall 207.992.6389

ACCEPTANCE NOTE: You will not be considered for acceptance into the CCMA Program until completed application packet, pre-assessments and interview results been received by this office.

STUDENT FINANCIAL

RESPONSIBILITY: All applicants will receive information pertaining to additional funding opportunities prior to the need for uniforms and shoes. Applicants who are denied or do not qualify for these programs will be eligible for an allocation of funds through our program to purchase required clothing and shoes. It is the applicant's responsibility to document this

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James Boothby, Superintendent

process or provide a release so that RSU 25 Adult Education staff can verify status to meet funding requirements.

CCMA Program includes:

Textbooks
Initial Background Check
Tuition
Student Kit
BLS/CPR and First Aid Certification
Supplies and Materials for class and labs
Digital Literacy Certification
National Certification study guide and practice exams
National Certification Exam Fee (one exam)

All materials and supplies will be provided to you throughout the course. Please do not make purchases before speaking to instructors. If you are required to purchase anything for course participation, a supply list and purchase voucher will be supplied to you at the appropriate time. Allocations for uniforms and shoes are available for applicants who do not qualify for assistance through alternate funding programs such as EMDC, CareerCenter, or the HOPE program. Funding under this grant may supplement but cannot supplant these funding opportunities.



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James Boothby, Superintendent

STUDENT BIO INFORMATION

LAST NAME _____ FIRST NAME _____ MI _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

GENDER MALE FEMALE (Required for federal reporting)

GENDER IDENTITY FEMALE NON-BINARY GENDER CONFORMING
 MALE PREFER NOT TO ANSWER

PREFERRED PRONOUNS SHE/HER/HERS HE/HIM/HIS
 THEY/THEM/THEIRS OTHER

MAILING ADDRESS _____

PHYSICAL ADDRESS (if different) _____

PHONE: (H) _____ (C) _____ (w) _____ Which number do you prefer we call?

EMAIL ADDRESS _____ is email a good way to reach you? Y N

EMERGENCY CONTACT NAME AND NUMBER _____

Have you ever been convicted of any crime other than a minor traffic violation? Y N

If yes, in what State? _____ Explain _____

If you have been convicted of abuse, neglect or misappropriation of property, you may NOT be able to work after completion of this course.

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STUDENT CONTACT INFORMATION

Please provide information about three people who will always know where to locate you. These can be a spouse, grandparent, parent, best friend, partner, etc.

Name _____ Relationship to you _____

Address _____

Phone number _____

Name _____ Relationship to you _____

Address _____

Phone number _____

Name _____ Relationship to you _____

Address _____

Phone number _____

EDUCATION

Official transcripts must be sent to the Adult Education office. Please fill out the attached Release of Records form and return to us. We will send it to your high school or educational institution.

Name of High School and/or Adult Education program _____

City _____ State _____ From MM/YY _____ To MM/YY _____

Did you receive a _____ diploma _____ GED _____ HiSET

Do you have any college experience? Please explain _____

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DISMISSAL POLICY AND PROBATIONARY STATUS

For the health and safety of our students, staff, and the patients in our clinical setting, we have a strict dismissal policy and protocol. After the start of the course, you will receive written notice of probationary status if you are not meeting all the criteria for the program. The written notice will include the action steps a student must take to be taken off Probationary Status and prevent Dismissal from the program. Please refer to the RSU 25 Adult Education Student Handbook and the RSU 25 Policies and Procedures. The possible reasons for dismissal include but are not limited to:

Absenteeism
Dishonesty

Confidentiality
Cheating

Misuse of Property
Substance Abuse

The 2023-24 RSU 25 Adult and Community Education Student Handbook can be found on the school's website (www.rsu25.maineadulted.org or [rsu25.org/departments/adult education](http://rsu25.org/departments/adult%20education)). If you would like a printed copy, please contact the adult education main office and one will be provided for you.

I have read and understand the RSU 25 Adult and Community Education Student Handbook for the academic year 2023-2024. By signing this document, I am acknowledging the expectations for student behavior and responsibilities to ensure a safe, stimulating, and nurturing learning climate for all students. I understand that if I do not meet the expected criteria, I could be subject to dismissal from this program.

Student Signature

Date

CCMA PROGRAM FEES

1. Free portions of this program include textbooks, initial background check, tuition, student kit, BLS/CPR and First Aid Certification, supplies and materials for class and labs, Digital Literacy certification, national certification study guide and practice exams, national certification exam fee (one exam).
2. Students will be required to obtain scrubs and shoes prior to lab sessions. Allocations through our grant for uniforms and shoes are available for applicants who do not qualify for assistance through EMDC, the CareerCenter, the HOPE program, or other alternate funding programs as provided in orientation. Funding under the Strengthening Maine's Workforce through the Maine Jobs Recovery Plan that is funding this CCMA program may supplement but cannot supplant these funding opportunities. Our staff will cover this opportunity during orientation. All other materials and supplies required for class will be provided to you throughout the program. Please do not make purchases before speaking to instructors. If you are required to purchase anything for course participation, a supply list and purchase voucher will be supplied to you at the appropriate time.
3. Students are expected to attend BLS/CPR certification and it is covered as part of this program. Any student who already has certification may choose whether or not to attend the BLS/CPR session but we strongly encourage you to attend for the extra practice. Students who are absent for BLS/CPR will be responsible for making up the certification at their own cost.



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FALL 2023-2024 APPLICATION



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RELEASE OF RECORDS REQUEST

TO: School/Program _____

Address _____

Town/State/Zip _____

Telephone _____ Fax _____

Date _____

RSU 25 Adult and Community Education has my permission to request the records checked below:

- High school transcript
- Adult diploma transcript
- HiSET/GED official transcript
- Relevant Special Services report (IEP, 504, reports)
- Adult education transcript
- College transcript

The information below should assist you in locating my records. If you need further information feel free to contact RSU 25 Adult and Community Education's office.

Name (at time of enrollment) _____

Date of Birth _____ Last Year Attended _____ Last Grade Attended _____

Please email, fax, or mail the records to:

RSU 25 Adult and Community Education
102 Broadway, Suite One
Bucksport, ME 04416
Phone: 207.469.2129 Fax: 207.469.2192
Email: adulted@rsu25.org
www.rsu25.maineadulted.org

Candidate Signature

Date



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REFERENCE REQUEST

_____ is applying to participate in RSU 25 Adult and Community Education's Certified Clinical Medical Assistant Program. We would appreciate information concerning the following.

1. In what capacity have you known this applicant? And for how long?
2. What do you consider to be the applicant's major strengths and weaknesses?
3. Please describe the work habits of this applicant.
4. Would you recommend the applicant for work in a medical office? Why or why not?

Your Name

Telephone

Date

Mailing Address

Email Address (Optional)

Thank you for taking the time to complete this form.

Please send, email, or fax this form to:

RSU 25 Adult and Community Education, 102 Broadway, Suite One, Bucksport, ME 04416

Email: adulted@rsu25.org

Fax: 207.469.2192



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