

## 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 [adulted@rsu25.org](mailto:adulted@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 [adulted@rsu25.org](mailto:adulted@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](mailto: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 [adulted@rsu25.org](mailto:adulted@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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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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**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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**WORK AND VOLUNTEER HISTORY**

Please share your work and volunteer history? Please explain below.

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**REFERENCES**

Please provide your references with the enclosed written reference forms. Your references should have worked with you in a supervisory capacity or have extensive knowledge of your appropriateness for the program. At least one of these references must be from an employer or teacher if you have never been employed. The other can be an employer or someone who can give a personal reference. These individuals cannot be family members or significant other.

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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 2024-25 RSU 25 Adult and Community Education Student Handbook can be found on the school's website ([www.rsu25.maineadulted.org](http://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 2024-2025. 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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**PERSONAL STATEMENT**

Please briefly describe an experience you have had related to the medical field that has inspired you to pursue this training, or why do you want to earn this certification?

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What are your long-term goals related to the medical field? (We know they might change over time.)

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Please use the back of the page as needed.



CERTIFIED CLINICAL MEDICAL ASSISTANT  
FALL 2024-2025 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](mailto:adulted@rsu25.org)  
[www.rsu25.maineadulted.org](http://www.rsu25.maineadulted.org)

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date



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FALL 2024-2025 APPLICATION



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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?

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Your Name Telephone Date

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Mailing Address

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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](mailto:adulted@rsu25.org) Fax: 207.469.2192



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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?

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Your Name

Telephone

Date

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Mailing Address

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Email Address (Optional)

**Thank you for taking the time to complete this form.**

**Please send, email, or fax this form to:**

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Email: [adulted@rsu25.org](mailto:adulted@rsu25.org)

Fax: 207.469.2192