

APPLICATION FORM FOR CERTIFIED NURSE ASSISTANT & MEDICAL ASSISTANT

Cape Girardeau Career & Technology Center

1080 South Silver Springs Road

Cape Girardeau, MO 63703

Phone: 573.334.0826

Fax: 573.334.5930

Web Page: www.capectc.org

MA (Medical Assistant)

A \$100.00 DEPOSIT MUST ACCOMPANY THE COMPLETED APPLICATION FORM.

****Remaining payment must be made before first day of class****

PLEASE MAKE CHECKS PAYABLE TO "ADULT EDUCATION"

PLEASE PRINT CLEARLY

NAME					
_____	_____	_____	_____	____/____/____	_____
Last	First	Middle	All Previous Legal Last Name(s)	Today's Date	
PRESENT ADDRESS					
_____	_____	_____	_____	_____	_____
Street/Box/Route	Apt. #	City	State	Zip Code	
Social Security Number _____ - _____ - _____			Date of Birth ____/____/____		

Home phone #:	(_____) _____
Work phone #:	(_____) _____
Cell phone #:	(_____) _____
E-mail address where you can be reached: _____	

Name of Employer or Sponser: _____	_____
	City

High School graduate? ___ Yes ___ No	_____
	Name of High School
Passed GED exam? ___ Yes ___ No	
Do you have any College Experience? ___ Yes ___ No	

Background Check: Please note that final acceptance into any of the health-related programs is contingent upon a criminal background check. If an individual has been convicted of a felony, s/he shall appear before a Review Committee. At this meeting, the applicant shall provide certified copies of court documents (i.e. docket sheet, complaint, and final disposition) and a written notarized statement fully describing the event(s) in question. It is the decision of the Review Committee as to whether or not this individual can participate in clinical experiences at designated health care institutions. If the committee's decision is "No, this individual cannot participate in direct hands-on patient care," then the applicant will not be allowed to enter the designated health-related program. The cost related to the criminal background check will vary from student-to-student. A minimum fee of \$65.25 (it may be significantly higher depending upon the states that must be checked) must be anticipated. **Applicant is responsible for the background check fee.**

Obligation for Payment

Registration constitutes a financial contract between students and the school. Students are ultimately responsible for payment of amounts owed to the school, including instances where anticipated financial aid becomes unavailable. If students do not make payments of amounts owed to the school when they become due, the school has the right to cancel students' registration; to withhold their grades, transcripts, diplomas, certificates, and to refuse admittance to final exams.