**Application Deadline: November 8, 2021**

**Notification of Decision: November 12, 2021**

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| **CLINICAL MEDICAL ASSISTANT (CMA) TRAINING PROGRAM APPLICATION**  Four Month Training Series  **Instructor-Led Online Training:** November 30, 2021—March 31, 2022  **Class Times:** Tuesdays & Thursdays, 6:00-8:00 p.m.  **Online Clinical Skills Labs**: January 8, January 15, January 22, January 29,  9:00 a.m. to 3:30 p.m.  For more information, visit:  <https://cel.sfsu.edu/cma> |

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| **APPLICANT INFORMATION** | | |
| Full Name (Last, First, Middle): | | |
| Mailing Address: | | |
| City: | State: | Zip Code: |
| Email: | | Phone Number: |
| Tribal Affiliation: | | |
| Are you at least 18 years of age?  Yes \_\_\_\_\_\_ No\_\_\_\_\_\_\_ | | |
| Have you completed an online, self-paced course in the past?  Yes \_\_\_\_\_\_ No\_\_\_\_\_\_\_ | | |

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| **EDUCATION** | | | |
| Name of School or Institute  (City/State) | Diploma or  Degree | Course of Study | Years Completed |
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| **CERTIFICATES, LICENSURES, OR SPECIALTY TRAINING** |
| *Please list any additional certifications, licenses, or specialty training.* |

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| **CURRENT/PREVIOUS PROFESSIONAL EXPERIENCE** | | | |
| *Please list ALL experience related to community health education, outreach, advocacy, and promotion.* | | | |
| Company Name |  | Dates |  |
| Role/Title |  | | |
| Description of Activities |  | | |
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| Company Name |  | Dates |  |
| Role/Title |  | | |
| Description of Activities |  | | |
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| Company Name |  | Dates |  |
| Role/Title |  | | |
| Description of Activities |  | | |
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| Additional Experience |  | | |

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| **Current employment status** | | |
| 🞎 Employed | 🞎 Underemployed  (Not having enough paid work OR not doing work that makes full use of your skills and abilities.) | 🞎 Unemployed |

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| **SHORT ESSAY** |
| Applicants are required to submit and a short essay to be considered for this opportunity. Please submit this document along with your application. Essays should be no longer than 750 words and answer the following question:  What are your educational and/or career goals for the next five (5) years? |

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| **How did you hear about this training opportunity?** | | |
| 🞎 Social media | 🞎 California Rural Indian Health Board, Inc. (CRIHB) | 🞎 Tribe/Tribal Health Program |
| 🞎 Family member/ Friend | 🞎 California Indian Manpower Consortium (CIMC) | 🞎 Northern California Indian Development Council (NCIDC) |
| 🞎 Other (Please list): | | |

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| **SIGNATURES** | | | |
| *Carefully read and initial each item below.* | | | |
| If offered admission into the CMA Training Program, I hereby commit to completing the program in its entirety. | | Initials  X | |
| I hereby certify that I have not withheld any information that might adversely affect my chances for admission and that the answers given by me are true and correct to the best of my knowledge. | | Initials  X | |
| ***My signature below certifies that I have read and understood every line item in this document and agree to the terms and conditions.*** | | |
| Applicant Signature | X Date | |
| ***If currently employed by a Tribe/Tribal Health Program, please have your Supervisor and Executive Director sign below.*** | | |
| Tribe/Tribal Health Program |  | |
| Supervisor Signature | X Date | |
| Executive Director Signature | X Date | |

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| **EXTERNSHIP** | | | |
| CMA Training Program students are required to complete a 160-hour externship. The externship site must be arranged with a qualified preceptor after passing the CMA course and national certification exam. If any, please list a preferred externship site location.  NOTE REGARDING EXTERNSHIPS AT PLACE OF EMPLOYMENT: Students will have the option to be placed at a local health facility or their place of employment. If you would like to be placed with your employer, please have the Executive Director and Human Resources Manager sign below. Without the necessary signatures, you may have to secure a clinical externship placement at a different location from your place of employment. | | | |
| Site Name |  | | |
| Site Address |  | | |
| Site Phone Number |  | | |
| Preceptor Name and Title |  | | |
| **Employer-Sponsored Externship APPROVAl** | | | |
| I attest that I am aware that the applicant to CRIHB’s CMA Training Program is interested in earning 160 clinical externship hours outside of their current role at our place of employment. My signature below signifies my ability to accommodate the student’s schedule and provide a qualified preceptor at the designated externship site. | | |
| Executive Director | | X Date |
| Human Resources Manager | | X Date |

**Application Deadline: Monday, November 8, 2021**

**TO SUBMIT YOUR APPLICATION, CHOOSE ONE OF THE FOLLOWING:**

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| **Mail** | Attn: Jan Carver, Education Coordinator  California Rural Indian Health Board, Inc.  1020 Sundown Way  Roseville, CA 95661 |
| **Email** | [jcarver@crihb.org](mailto:jcarver@crihb.org) |
| **Fax** | 916-771-9470 |
| **Online** | <https://www.surveymonkey.com/r/B8W837G> |

*If you have questions or need assistance filling out this application, please contact Jan Carver at* [*jcarver@crihb.org*](mailto:jcarver@crihb.org) *or (916) 286-7238.*