



P.O. Box 8, Wye Mills, MD 21679
Telephone: (410) 827-3412
Fax: (410) 827-5817

CLINICAL MEDICAL ASSISTANT PROGRAM APPLICATION

COMPLETE THE FOLLOWING INFORMATION (Please Print):

Last 4 Digits of Social Security No. or Student ID No.: _____ Date of Birth: _____

Name: _____
Last First M.I. (or maiden)

Mailing Address: _____
Street or P.O. Box County

City State Zip

Cell Phone: _____ E-Mail Address: _____

High School/Equivalent Completer Yes No

COLLEGE READINESS TESTS:

Please enter the appropriate Assessment Score below.

Assessment	Score/Grade	Date Taken
Reading Comprehension (minimum score of 230 is required) must be taken prior to admission		
Arithmetic (minimum score of 240 is required) must be taken prior to admission		

Check if exempt & provide documentation. Exemption information here:
<https://www.chesapeake.edu/admissions/accuplacer>

PRE-REQUISITES REQUIRED (or exemption):

Course	Date Completed	Exemption
Medical Terminology: A Word Association Approach		
Anatomy & Physiology		

_____ Date

_____ Signature

NOTE: Students interested in the Clinical Medical Assistant program are required to attend an orientation session. Please use this link to register for an orientation session.

<https://www.chesapeake.edu/health-careers-orientation>

Mail this application to: Non-credit Healthcare Programs
Chesapeake College
P.O. Box 8 1000 College Circle Wye Mills, MD 21679
or Fax it to (410) 827-5817.

For questions, please contact CEHealthcare@chesapeake.edu