Medical Assisting Program Application

801 S. Chevy Chase Dr. Ste. 25 Glendale, CA 91205

Phone: (818) 844-4271

Please complete the following application. There will be 3 steps in the application process:
Step 1: Complete the application below
Step 2: A link will be sent to your email, where you will complete a more in depth application and upload required documents
Step 3: Complete a pre-assessment, consisting of basic math and reading skills

Please email completed applications to admissions@cchccenters.org

Personal Information

Full name:

Date of Birth: ☐ Male ☐ Female ☐ Other ☐ Prefer not to say

Phone: **Email:**

Street Address:

City: **State:** **Zip Code:**

Will you need language assistance or translation? ☐ Yes ☐ No

Educational Background

School Name:

Date of Graduation: ☐ Currently Enrolled

GPA:

Academic Recognitions:

Volunteer or Extracurricular Activities Related to the Medical Field:

How did you hear about this program?

Essay Questions

Please provide responses to the following questions on a separate page and submit with your application. Responses should be no more than a half a page each.

1. **Why are you interested in becoming a Medical Assistant?**
2. **What are your long-term career goals?**
3. **How have you prepared for this program?**