

**Clayton State University**  
**Continuing and Professional Education**  
**Healthcare Certificate Program Application**

**Student Information**

Name: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
  LAST  FIRST  MI

Male     Female

Mailing Address: \_\_\_\_\_  
  Street/PO Box  City  State                            Zip Code

Phone Number    (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_    Alternate Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Education**

Highest Level of Education attained:

- High School Diploma/GED     Bachelor's Degree  
 Master's Degree or above     Some College

\_\_\_\_\_    \_\_\_\_\_  
  Name of School    Dates Attended

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
  Address - Street    City    State    Zip Code

**Programs**

Please select the Certificate Program you are interested in.

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Clinical Medical Assistant</b> | <input type="checkbox"/> <b>Medical Billing Specialist</b> |
| <input type="checkbox"/> <b>Medical Coding Specialist</b>  | <input type="checkbox"/> <b>Patient Care Technician</b>    |
| <input type="checkbox"/> <b>Pharmacy Technician</b>        | <input type="checkbox"/> <b>Phlebotomy Technician</b>      |

**Submission Checklist**

**All items must accompany this application at least 10 business days prior to class start date.**

- Application Form
- Copy of Criminal Background Check (may be obtained at local Police Dept., Dept. of Justice or other state agencies)
- 2 (Two) Letters of Reference (Professional, Community, and/or Educational only)

\_\_\_\_\_

**Applicant Signature**

\_\_\_\_\_

**Date**