



California Rural Indian Health Board, Inc.
 1020 Sundown Way · Roseville, CA 95661
 Telephone: (916) 929-9761
 Fax: (916) 771-9470
 www.crihb.org

Application Deadline: July 6, 2021

Notification of Decision: July 13, 2021

CLINICAL MEDICAL ASSISTANT (CMA) TRAINING PROGRAM APPLICATION

Four Month Training Series
Instructor-Guided Online Training: Aug 16—Dec 11, 2021
Monthly Online Clinical Skills Labs: Sep 18, Oct 16, Nov 13, Dec 11
 For more information, visit:
<https://cel.sfsu.edu/cma>

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? <div style="text-align: right;">YES _____ No _____</div>		
Have you completed an online, self-paced course in the past? <div style="text-align: right;">YES _____ No _____</div>		

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
<i>Please list any additional certifications, licenses, or specialty training.</i>

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

CURRENT EMPLOYMENT STATUS		
<input type="checkbox"/> Employed	<input type="checkbox"/> Underemployed (Not having enough paid work OR not doing work that makes full use of your skills and abilities.)	<input type="checkbox"/> Unemployed



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SHORT ESSAY
<p>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:</p> <p>What are your educational and/or career goals for the next five (5) years?</p>

HOW DID YOU HEAR ABOUT THIS TRAINING OPPORTUNITY?		
<input type="checkbox"/> Social media	<input type="checkbox"/> California Rural Indian Health Board, Inc. (CRIHB)	<input type="checkbox"/> Tribe/Tribal Health Program
<input type="checkbox"/> Family member/ Friend	<input type="checkbox"/> California Indian Manpower Consortium (CIMC)	<input type="checkbox"/> Northern California Indian Development Council (NCIDC)
<input type="checkbox"/> Other (Please list):		

SIGNATURES	
<i>Carefully read and initial each item below.</i>	
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
<i>My signature below certifies that I have read and understood every line item in this document and agree to the terms and conditions.</i>	
Applicant Signature	X Date
<i>If currently employed by a Tribe/Tribal Health Program, please have your Supervisor and Executive Director sign below.</i>	
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



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TO SUBMIT YOUR APPLICATION, CHOOSE ONE OF THE FOLLOWING:

Online	https://www.surveymonkey.com/r/DRBJ5Z9
Mail	Attn: Jan Carver, Education Coordinator California Rural Indian Health Board, Inc. 1020 Sundown Way Roseville, CA 95661
Email	jcarver@crihb.org
Fax	916-771-9470

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