

Champlain Valley Physicians Hospital

APPLICATION FOR ADMISSION INTO CLINICAL ASSISTANT PROGRAM

GENERAL INFORMATION

Name:

Last First MI

Home Address:

Number and Street Apt. City State Zip

Home Phone Cell Phone

Mailing Address (if different from above):

Street Apt. City State Zip

E-Mail Address: _____

Have you ever applied to this program before? _____ If so, when? _____

BACKGROUND

Have you ever been convicted of a felony? _____

If so, please explain: _____

EDUCATION

Diploma-Granting High School

Name of School _____

Address _____

Dates Attended _____ to _____ Graduation Date ____/____/____

GED Date Received ____/____/____

List other secondary schools attended

NAMES OF POST-SECONDARY SCHOOLS

Please give information concerning college, university or other schools attended.

1. _____
Name of School _____ Location _____

Dates Attended _____ # of Credits Earned _____ Degree/Diploma _____

2. _____
Name of School _____ Location _____

Dates Attended _____ # of Credits Earned _____ Degree/Diploma _____

ACADEMIC HONORS: briefly list any academic awards and/or honors you have received

MILITARY EXPERIENCE

Date of Entry _____ Months of Active Service _____ Branch of Service _____

Type of Discharge _____

REFERENCES

(Individuals cannot be related to you)

Name _____

Relationship _____

Phone # _____

Name _____

Relationship _____

Phone # _____

Name _____

Relationship _____

Phone # _____

MANDATORY ESSAY

Please type an essay of at least 300 words in the section below on this application form. Please include an account of:

1. Your experiences and activities since you last attended school if more than six months.
2. Things you have accomplished that have given you the greatest satisfaction.
3. What you most enjoy in your leisure time.
4. Your reason for choosing a career as a clinical assistant.
5. Any reason for choosing CVPH over any other clinical assistant program.
6. Your plans and aspirations for the future.

I certify to the best of my knowledge that the information provided in this application for admission is true and complete and I understand that any misrepresentation or emission of facts called for herein may be cause for terminating my attendance in the program at any time. I hereby release from all liability or damage, those persons, agencies, or organizations who may furnish informational connection with my application for admission. I understand that I must satisfactorily pass a physical examination relative to my ability to complete the program and periodical physical examinations may be required. I understand that I will be bound by all student rules, regulations, and other requirements if I am accepted for enrollment. In the event that I leave, I agree to return all School and Hospital property issued to me.

Applicant's Full Signature

Date

Once completed and saved, [click here to email this application to the CVPH team.](#)

MANDATORY ESSAY (cont.)