CMA Clinical Update Verification
Hagerstown Community College

Course candidate's full name: _____

Candidate's phone number: _____

Course date requesting: _____

I verify that the above named CMA Clinical Update course candidate has:

1. Practiced as a CNA for 16 hours in the two (2) years immediately preceding admission to e CMA clinical update course.
2. Practiced as a GNA for eight (8) hours in a licensed nursing home in the two (2) years immediately preceding admission to the clinical update course.
3. Practiced as a CMA for (100) hours in the two (2) years immediately preceding admission to the CMA clinical update course.

_____   _____
Signature of Employer Representative   Date

_____   _____
Printed Name and Title   Phone Number

_____
Name of Facility

This signature verifies that the CMA clinical update candidate listed above meets the program requirements outlined on this verification form.

For HCC Official Use Only
Candidate's Student ID #:

_____

Return by
Faxing this completed form to:
HCC Allied Health Program Manager
301-393-3685 (fax)

Please note: Submission of the CMA update verification form to HCC by the candidate's employer is required for enrollment in the CMA clinical update course.

When this form is returned and the candidate is approved to enroll registration may be made via phone by calling 240-500-2236.