



# ACTIVITY LEADER EDUCATIONAL TRAINING

## PROGRAM APPLICATION

*Affordable ~ Accelerated ~ Accessible*

Class Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Home Cell Date of Birth: \_\_\_\_\_

### Employer Information

Name of Employer \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is your employer paying for this class? Yes No

- If yes, please provide the following:

Name of Supervisor \_\_\_\_\_

Phone Number \_\_\_\_\_

- If no, you may pay the cost online at [www.cmaschool.org](http://www.cmaschool.org), click Make a Payment – or you may send the payment by regular mail to the address below.
- Payment must be received in advance. Checks/Money Orders payable to College of Medical Arts
- Return this application by mail, e-mail to [admissions@cmaschool.org](mailto:admissions@cmaschool.org), or fax to (916) 919-8516

### How did you hear about this program?

- Internet
- Flyer/Postcard
- Referral (please name) \_\_\_\_\_
- Other \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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