GAVILAN COLLEGE
Community Education

5055 Santa Teresa Blvd Gilroy, CA 95020
Phone: (408) 848-4732

Dear Student:

Welcome and thank you for your interest in our upcoming Certified Medical Assistant Training Program.

Program dates and information are as follows:

Hollister Campus

1/25/27-5/28/27

Thursdays & Fridays

9:00am-4:00pm

You will complete a total of 187.50 classroom hours with a 120-hour extern-ship to follow. All students must attend an information session to register for this program. These classes will be held on the Hollister campus

Included in this informational packet are the following documents:

Included in this informational packet are the following documents:

- Program Summary
- Course Calendar with payment due dates
- Class Fee Payment Plan Form
- Registration Form with Cancellation Policy

Gavilan College provides educational services and access for eligible students with verified disabilities who intend to pursue coursework at Gavilan College
Student support program website link
hhttps://www.gavilan.edu/student/aec/index.php

Required Textbooks for the Certified Medical Assistant Training Program:

- Kinns The Clinical Medical Assistant 15th Edition, ISBN-13-978-0323873765
- Study Guide and Procedure Checklist Manual Kinns Clinical Medical 15th Edition, ISBN-13-978-0323874229
- Language of Medicine 13th Edition, ISBN-13-978-0443107795-0443107795

For updates and information, please:

- Website: www.community.gavilan.edu
- Email us: commed@gavilan.edu
- Call our offices: (408) 848-4732

Thank you,

Gavilan College, Community Education

Gavilan College Certified Medical Assistant Training Program

Program Summary: A medical assistant is a multi-skilled allied health care professional that specializes in procedures commonly performed in the ambulatory health care setting. Medical assistants perform both clinical and administrative duties and assist a variety of providers including physicians, nurse practitioners and physician assistants. They typically work in medical offices, clinics, urgent care centers and may work in general medicine or specialty practices. This program will prepare you for the CCMA exam.

Program Expectations:

- 100% attendance mandatory
- No refunds for drop or course fails.
- Fully Covid-19 Vaccinated
- Fast-paste accelerated program

Course Fee: $4000

Financial Assistance: Regular College Financial Aid is not applicable to this program, but you may be eligible for other funding!

Payment Plan Fee & Info.: In order to register with a register with a payment plan, you are required to make a 1st payment of $760 + $100 (pmt plan fee) for a total of $860.00 due at the time of registration. Four additional payment of $810 will be due on specified dates. (see course calendar)

Certification: This program will prepare you for the CCMA State Exam.

No absences allowed

Extern-ship placement will follow the successful completion of the classroom portion of the course.

Requirements for students:
Must be 18 years of age or older; have proof of H.S. graduation or GED; be proficient in keyboarding; understand computing and word processing; have command of the English Language and Math; have Internet access, printing capabilities and an email address. All eligible students must be able to pass drug and background checks.

Physical Requirements: Students must be able to easily lift 30lbs., stand up to 3hrs, and have the ability to ambulate and move their bodies at a medium pace.

Additional Costs

Books: $250.00-$300.00

Scrubs: $30-$50. Navy blue (A watch is needed for this class as well as closed toed shoes, no mesh or canvas)
Liability Insur.: $37.00 (Information given in class to purchase)
Drug & Background Check: $71.00
CPR Cert.: $65.00
Required Immunizations: (will depend upon student's need)

(Covid Vaccine will be required)

All applicants must be fully vaccinated prior to submitting applications.

State Exam: $190.00 (subject to change)

Cancellation Policy

No refunds for this program. Please choose carefully!
Students on a payment plan who cancel or drop after the first-class session are still responsible to pay the entire course fee of $4000 to Gavilan College.



Certified Medical Assistant

Training Program Dates

1/25/2027-5/28/2027

187.50 classroom hours

120-hour externship to follow

Program Meets

Hollister Campus
505 Fairview Road
Hollister, CA 95023

For Additional Program Information
Online Info: www.community.gavilan.edu
Call for Info: (408) 848-4732
Walk-in Info.: *Gavilan College Community Ed Dept*

To register in this program: Students must submit either a *completed and signed* registration form or a registration/payment plan form. These are at the end of this packet and no fields should be left blank.

(1st pmt w/fee due at time of registration)

Submit Your Application

By Mail: Gavilan College, 5055 Santa Teresa Blvd, Gilroy, CA 95020
In-person: Business Building Office BU 111

By E-mail: mgalvez@gavilan.edu

REGISTRATION FORM

Certified Medical Assistant Training Program

Gavilan College Community Education
(408) 848–4732

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: (_____,_____ _____ Evening Phone (_____,_____ _____

Email Address: _____

Birth Date: _____ May we send you e-mail announcements? Yes ☐ No ☐

Where did you hear about us? ☐ Mail at home ☐ Word of mouth ☐ Brochure at library ☐ Newspaper ☐ Flyer ☐ Brochure at work

☐ Other: _____

Start Date/Time	Title of Course	Fee
Thursdays & Fridays 1/25/2027-5/28/2027	Certified Medical Assistant Program	$4,000
	Total	$4,000

Payment Options

☐ Cash (exact change) ☐ Check ☐ Money Order ☐ Credit Card ☐ paying in full

☐ **Payment Option Plan through Gavilan College Community Education** A payment option plan may be available to you through Gavilan College Community Education. The Class Fee Payment Plan option will be broken into an initial non-refundable deposit of $640.00 plus a $100.00 Payment Plan Fee. These payments are due to the Gavilan C.E. office upon registration. 4 equal payments of $640.00 will then be due throughout the duration of the program on specified dates; for specific details, see the Class Fee Payment Plan Form in this packet.

Make checks or money orders payable to: Gavilan College ($20 charge for all returned checks)

MO # _____ Check# _____ Name on Check _____

Credit Card Info Visa ☐ ☐ MasterCard Expires _____ / _____ Security Code _____

Card # _____

Cardholder Name _____

Authorized Signature _____

Cancellation Policy

There are **NO REFUNDS** for this program, so please choose carefully. **All cancellations require a 7-day advance notice.** Students taking part in the Class Fee Payment Plan will forfeit their deposit of $640.00 plus the $100.00 Payment Plan Fee. Students taking part in the Class Fee Payment Plan who cancel, drop, or are dropped after the first day of class are responsible for the entire course fee of $3300. **All unpaid balances will be forwarded to collections.**

Initial _____

No exceptions to cancellation policy!

STUDENT ACTION REQUIRED

To complete registration, students must print, sign & date this form as confirmation that they have read and understood the above program cancellation policy. Please note that students are not registered in this program until they receive direct confirmation via email from the Gavilan College Community Education Office. This is an intensive program and we make no guarantee of completion or passage.

_____ _____ _____

Student Name *Student Signature* Date

Send forms signed and completely filled out to: Gavilan College Community Education, 5055 Santa Teresa, Blvd. Gilroy, CA 95020

GAVILAN COLLEGE

Community Education

Certified Medical Assistant Training Program Payment Plan

Instructor Name	Semester	Total Cost	Start Date	End Date
Janice Skow	Spring 2027	$4000.00	1/25/2027	5/28/2027

Payment Deadlines	Amount	Office Use
1st pmt - At time of registration	$760.00 + $100 =$860	
2nd pmt - Wednesday, 9/9/2026	$810.00	
3rd pmt - Wednesday, 10/7/2026	$810.00	
4th pmt - Wednesday, 11/11/2026	$810.00	
5th pmt - Wednesday, 12/2/2026	$810.00	

Terms and Conditions

The Gavilan College Community Education Department has implemented a payment plan option for students enrolling in our fee-based, not for college credit Veterinary Assistant Training Program. This plan requires that full payment of the program fees be paid in 5 installments. A deposit of $760.00 + $100.00 payment plan fee = $860 is due upon registration (see schedule above).

Initial_____The balance is then paid over 4 more installments.

Initial. _____ AutoPay. Payment will be automatically processed every month by due date.

Students who have not completed each installment by each due date will not be allowed to continue in the class and will be ineligible to receive their certificate. Students will not receive any refund of previous payments if they are not allowed to complete the training program for non-payment. ***A $25 NSF Fee will be charged to the student every time the C.C. # is not valid, not working or NSF.*** **Payment will be deducted automatically on specified dates.**

Initial_____

Payments may only be made through the Community Education office.

There is no penalty for early payment.

This course is not eligible for Federal or State student aid programs because these are not college credit-bearing courses.

I have read, understand and agree to the conditions of this Class Fee Payment Plan. I further understand that it is my responsibility to make each payment on or before the due date and I promise to do so. Failure to do so may result in my being ineligible to complete the training program. I have received a copy of this Payment Plan form. Failure to successfully complete

Initial_____this training program does not release me from this obligation. **All unpaid balances will be forwarded to collections.**

Student Signature	Date	Community Education Signature	Date

Not Valid Unless All Information is Provided

Student Name:	Student Full Address:
Student Social Security Number:	Student Cell Phone/Home Phone:
Student Email:	Student Date of Birth:

Reference Information

Reference Person Name:	Reference Person Daytime Phone:
Reference Person Address:	Reference Person Email:
City: State: Zip:	