



CONTINUING EDUCATION  
People Changing

# LaGuardia

Community College / C U N Y

## Certified Clinical Medical Assistant

31-10 Thomson Ave. L.I.C. NY 11101 Room C-339, Tel: 718-482-5768

### Medical Terminology

March 5<sup>th</sup>, 2018 – March 23<sup>rd</sup>, 2018  
Mon., Wed. & Fri.  
10:00am – 2:30pm or 6:00pm – 10:00pm  
\$305

### BCLS & First Aid

March 27<sup>th</sup>, 2018 – March 30<sup>th</sup>, 2018  
Tues., Wed., Fri. or Sunday & Wed.  
10:00am – 2:30pm or 6:00pm – 10:00pm  
\$160

### EKG Technician

April 2<sup>nd</sup>, 2018 – May 6<sup>th</sup>, 2018  
Mon., Wed. & Fri. + 3 Sundays 10:00am – 2:30pm or  
Mon., Wed. & Fri. + 3 Saturdays 6:00pm – 10:00pm  
\$785

### Phlebotomy

May 7<sup>th</sup>, 2018 – July 11<sup>th</sup>, 2018  
Mon., Wed. & Fri. + 3 Sundays 10:00am – 2:30pm or  
Mon., Wed. & Fri. + 3 Saturdays 6:00pm – 10:00pm  
\$963

### CCMA Procedures

January 29<sup>th</sup>, 2018 – February 28<sup>th</sup>, 2018  
Mon., Wed. & Fri. + 1 Sunday 10:00am – 2:30pm or  
Mon., Wed. & Fri. + 1 Saturday 6:00pm – 10:00pm  
\$554

July 16<sup>th</sup>, 2018 – August 10<sup>th</sup>, 2018  
Mon., Wed. & Fri. + 1 Sunday 10:00am – 2:30pm or  
Mon., Wed. & Fri. + 1 Saturday 6:00pm – 10:00pm  
\$554

Please attach the payment along with the application and copy of your diploma or HSE (or passing an English and reading comprehension pre-test) to reserve your seat.

You may pay by cash, check, money order (Please make check or money order payable to LaGuardia Community College), or call (718) 482-7244 if you want to pay by credit card.

Return registration form to: **LaGuardia Community College**  
Attn.: Adult and Continuing Education  
31-10 Thomson Avenue, Room M -143  
Long Island City, New York 11101



Further Information: Please call (718) 482-5768



### Certified Clinical Medical Assistant Registration Form

Choice of Class:  Medical Terminology  BCLS & First Aid  EKG  Phlebotomy  CCMA Procedures

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

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Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_

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

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Evening phone: \_\_\_\_\_ Day phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ M  / F  E-mail address: \_\_\_\_\_



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