



## Medical Assisting Program Application

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

- Program (select one):
- A.A.S. in Medical Assisting
  - Short Certificate in Medical Assisting
  - Short Certificate in Medical Assisting- Medical Administrative Assistant
  - Short Certificate in Medical Assisting- Electronic Health Records Specialist
  - Short Certificate in Medical Assisting- Phlebotomy
  - CET Certification (EKG Technician Certification)

*Please note the following list of items must be submitted in order for the application to be considered complete. Incomplete applications will not be reviewed for program admission.*

**All applications must be delivered in person or by mail.**

Initial	Application Checklist ✓
	<p>1. Complete Admissions file. The following items must be submitted to the <b>Admissions Office</b>:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> CVCC application</li> <li><input type="checkbox"/> Official transcripts from all colleges previously attended</li> <li><input type="checkbox"/> Official high school or GED transcripts</li> <li><input type="checkbox"/> Documentation of ACT scores or ACCUPLACER placement test</li> <li><input type="checkbox"/> Photo ID</li> <li><input type="checkbox"/> Residency information</li> </ul> <p><i>It is the responsibility of the applicant to ensure that admissions file is complete, prior to medical assisting application deadline. A COMPLETE admissions file includes all items listed above.</i></p>
	<p>2. Completed Medical Assisting Program application must be submitted to <b>Health Sciences</b>.</p> <p><i>It is the responsibility of each student to ensure the Health Sciences office has received the completed application. All applications must be completed in person or by mail. Mailed applications can be delivered to :</i></p> <p style="text-align: center;"><b>2602 College Drive Attn: Health Sciences Coordinator Phenix City, AL 36869</b></p>
	<p>3. Meet minimum requirements for admission to the CVCC medical assisting program (Page 2).</p>

**Read and sign:** I have fully read and understand the information provided in the Medical Assisting program application. All of the items listed above have been included, for submission of a complete application. I understand that, in the event that I am notified of missing items, those items must be submitted before the published deadline or my application will not be considered. I further understand that documentation included in this application packet will not be released for future application submissions; therefore, I have retained a copy of this application for personal records. **“Any omission or falsification of records will result in immediate dismissal from the program.”**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_ Student # or SSN: \_\_\_\_\_

## **MINIMUM REQUIREMENTS**

Minimum admission standards for the medical assisting program include:

1. Unconditional admission to the College.
2. Completed application for the Associate of Applied Science Medical Assisting (*applications must be submitted to (1) Admissions Office, requesting acceptance to CVCC, and (2) Health Sciences Department, requesting acceptance to the MAT program*).
3. Minimum cumulative college GPA of 2.0 OR a minimum 2.0 cumulative high school GPA if no prior college coursework exists OR a GED certificate.
4. Completion of all developmental course work prior to enrollment in any medical assisting courses.
5. Eligibility for enrollment in English 101 and Math 100 as determined by the College.
6. Good standing with the College.
7. Meeting essential functions required for medical assisting.
8. Ability to comply with any additional requirements as outlined by the clinical agencies such as dress code or confidentiality training.

## **REQUIRED HEALTH DOCUMENTATION**

Individuals accepted into the Medical Assisting program- A.A.S. or short certificate- will be required to submit specific health documentation. All required health documents must be submitted electronically and in person to the Health Sciences Secretary/Coordinator by the last day of class in the first semester in which the student is enrolled in Medical Assisting coursework. All accepted individuals will be required to submit items detailed on the current Required Health Documentation Checklist for Health Sciences Programs.

## **REQUIRED PROGRAM TOOLS**

Individuals admitted to the Medical Assisting program- A.A.S. or short certificate- will be required to purchase tools necessary for successful completion of the program. Tools required for the Medical Assisting program include, but are not limited to, the following:

1. Uniforms
2. Textbooks and/or educational software
3. Online health documentation management system- Information will be provided to accepted students by the Health Sciences Secretary/Coordinator.
4. Background check and drug screening- Information will be provided to accepted students by the Health Sciences Secretary/Coordinator.

**Note:** Students who do not register for Medical Assisting coursework for two consecutive semesters or whose time in the Medical Assisting program exceeds two years may be required to pay for an updated background check and drug screening out-of-pocket.

## **NON-DISCRIMINATION POLICY**

It is the official policy of the Alabama State Board of Education and Chattahoochee Valley Community College that no person shall, on the grounds of race, color, disability, gender, religion, creed, national origin, marital status, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment. Persons requiring reasonable accommodations under the Americans with Disabilities Act (ADA) should contact the Chattahoochee Valley Community College ADA Coordinator at 334-214-4803.

**PERSONAL DATA**

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

SSN: \_\_\_\_\_ Student ID (if known): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

*Please provide an e-mail address that you use and check regularly*

**EMERGENCY CONTACT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**EDUCATION**

High School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

GED (if applicable): \_\_\_\_\_ Date completed: \_\_\_\_\_

Have you attended CVCC? **Yes: \_\_\_\_\_ No: \_\_\_\_\_**

Have you attended any colleges other than CVCC? **Yes: \_\_\_\_\_ No: \_\_\_\_\_**

***Please list all colleges attended with degrees/credentials earned as applicable (including CVCC).***

<b>Name of College</b>	<b>City, State</b>	<b>Dates Attended</b>	<b>Degree</b>

**Application Deadlines for the Medical Assisting Program are as follows:**

- **June 1**- Applicants seeking admission for FALL semester.
- **November 1**- Applicants seeking admission for SPRING semester.
- **May 1**- Applicants seeking admission for SUMMER semester.

**FAXED OR E-MAILED APPLICATIONS WILL NOT BE ACCEPTED.**