Medical Assisting Application Incomplete Applications will <u>not</u> be processed

March 1 – May 1

Name:		
Last	First	Middle Initial
PCC Lancer ID#:		
Address:		
City:	Zip:	
Cell Phone #:	Home Phone #:	
Email:		
Students will only	be notified of their status by email. Plea	ase type carefully.
submitted with this application. So U.S. High School transcript/GED/F the Office of Admissions upon accommod	script GED Foreign Equival	or higher <u>do not</u> need to submit a official transcript must be sent to
College degree(s) received:		
List <u>all</u> colleges attended:		
(1)		
(2)		
(3)		
(4)		
Are you a U.S. Veteran or spouse o	of a U.S. Veteran?	
Yes (please provide a copy o certificate).	of your DD214. <i>Spouses must also submi</i>	it a copy of the marriage
No, I am not a U.S. Veteran	or spouse of a U.S. Veteran.	

*Priority admission is given to students seeking the full-time Medical Assisting Certificate of Achievement and have completed Medical Terminology, Anatomy 25 or Physiology 100 (thru 2019), and Computer Keyboarding or equivalent. *

Please select one program only. Indicate part-time or full-time for Administrative or Billing options

Medical Assisting Certificate of Achievement (clinical/administrative) (full-time option only Medical Office Administrative Certificate of Achievement (part-time or full-time option)

Medical Office Insurance Biller Certificate of Achievement (part-time or full-time option)

Course	College	Course Title and Number	Units	Grade	Term/Year
Medical Terminology (MA 115) – 3 units		10 10 10 10 10 10 10 10 10 10 10 10 10 1			
Anatomy 25 or					
Physiology 100 (accepted until 2019)					
BUSN 2601A Computer Keyboarding A or equivalent					

Upon selection, applicants are required to complete a **health clearance**, **CPR Provider Level BLS** (**basic life support**) course through (**American Heart Association**), first aid course, and **background check** to attend clinical practicum, which is required for program completion (**clinical students only**). A social security number could be required by the practicum site, if employment opportunities are made available upon completion of the practicum. **Details regarding these clearances will be provided to selected candidates during orientation**. Students who have questions or concerns about the background check are encouraged to contact the Medical Assisting Program Director.

Note: Submission of a completed application packet does not guarantee acceptance.

My signature below indicates that I have provided true and accurate information on this				
application and that I understand final acceptance to the program will be based on program				
criteria and space availability.				
Signature	Date			

Additional Selection Criteria

Check off any <u>additional items</u> you are submitting with your application. Remember to include documentation for any item checked off.

Documentation Included	Documentation Required		
High School Diploma/GED	Must be posted to official U.S. transcripts		
BS/BA Degree	Must be posted to official U.S. transcripts		
AA/AS Degree	Must be posted to official U.S. transcripts		
Foreign Equivalency Report	Must be posted to official U.S. report		
Veteran Status	Copy of DD214 Honorable Discharge Required *Marriage Certificate (if spouse)		

Applications with *all* required official transcripts and supporting documentation may be submitted to the:

Community Education Center School of Allied Health Sciences - **Attn: Medical Assisting Program** 3035 East Foothill Blvd. - **B6** Pasadena, CA 91107