

MEDICAL ASSISTING APPLICATION

Print Name _____ Social Security # _____

Address _____ City _____

Zip Code _____ Phone _____

U.S. high school diploma or GED and date: _____

College degree(s) and date: _____

List all colleges attended in chronological order: (1) _____

(2) _____ (3) _____

(4) _____ (5) _____

NOTE: One official transcript of all colleges and high school/GED attended must be submitted with this application. A second official transcript must be sent to the Office of Admissions.

Program Options (choose one):

Full Time _____

Part Time _____

Program Certificates Offered:

Medical Assistant (Admin./Clinical) _____

Medical Receptionist _____

Medical Office Insurance Biller _____

Medical Office Transcription _____

Administrative Medical Assisting only _____

Keyboarding Requirement:

High School Typing Course _____

College Typing/keyboarding Course _____

Words Per Minute

Typing/Keyboarding Speed _____

Typing/Keyboarding Speed _____

Ethnic Background

_____ Asian/Pacific Islander

_____ Hispanic

_____ Decline to state

_____ Black/African American

_____ Native American

_____ Caucasian, non-Hispanic

_____ Other

Previous/Maiden Name (if applicable)

Signature

Date

Note: Acceptance into the program may be based on the outcome of a criminal background check.