

Application for Medical Assisting Program-Please print.

Tuli Name	(First)	(Middle Initial)	(Last)
Date of Birth: _		Last Four o	of Social:
Mailing Address	5:		
Email(s):			
Phone Number	(s):		
Phone Number	for Receiving Tex	cts (if different):	
Highest level of	education comp	leted:	
Please list any p	oast work, school	or volunteer experiences you have	had in healthcare and for how long:
How do you fee	el about the sight	of blood and/or needles?	
How would you	describe your co	omputer skills?	

Please check all that apply for your availability for classes:

Tuesday

Monday

Days (8:30-12 and/or 1-4:30) Evenings (6-9:30) I, (print full name), understand t applying for the Hancock Health Medical Assisting Program does not mean that I will be selected as a student. I will be contacted by email by to let me know whether or not I have been selected to be in t program. I may be asked to participate in a face-to-face interview and provide three professional references before a final decision has been made. If I am selected to be a medical assisting student, I understand that I am responsible for supplying my own scrubs of any color. If I am accepted into the program, the full payment of \$3800.00 is due prior to the start of the first cla (Exceptions: Current Hancock Health Associates and students who have been approved to have tuitio paid for by WorkOne) Payment plans may be considered and can be set up with the Program Coordinator. Tuition includes Kinn's The Medical Assistant textbook and study guide, 14th edition, all clinical materials needed for lab classes and the fee for the first attempt of the NHA CCMA certification								
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exam. (A \$50.00 cash deposit is due at the mandatory orientation class and will be refunded if your textbook is returned without torn pages or writing in it.)	Exceptions: Curraid for by Work cordinator. Tuit linical materials xam. (A \$50.00	rent Hancock One) Payme tion includes needed for l cash deposi	Health Associ nt plans may b Kinn's The Me ab classes and t is due at the	ates and studer be considered ar edical Assistant t I the fee for the mandatory orie	its who have be id can be set up extbook and st first attempt of	een approved with the Pro udy guide, 14 f the NHA CCI	to have tuit ogram I th edition, al MA certificat	ion II :ion
All medical assisting students will receive a handbook that explains how tuition refunds are handled if do not complete the program. (There will be no tuition refunds given after the third week of classes.)		_						
Date	 (signature)					Date _		

Wednesday

Thursday

Friday

Saturday

Sunday

FOR CURRENT HANCOCK HEALTH ASSOCIATES ONLY:

What department/practice do you currently work in?		
What is your current job title?		
How long have you worked at Hancock Health?		
Are you currently an associate in good standing at Hancock Health?		
Who is your direct supervisor?		