Medical Assisting Program Application
The Center for Excellence in Healthcare Education, 3144 N. 7th Ave., Phoenix, AZ 85013

Admission to the Phoenix College Medical Assisting Program is by application only. Applications are available via:
- Online: www.phoenixcollege.edu/programs/medical-assisting
- Monthly Program Information sessions

Attend an application “help” session prior to submission due date. For “help” session dates, check Medical Assisting Program webpage. This will be scheduled at the end of the monthly info sessions – scheduled strategically in October and November for December application due date and March and April for May application due date.

Only complete and signed applications will be considered. Applications must include all required documents.

Submit completed application materials to:
Phoenix College Medical Assisting Program Director or Clinical Coordinator
3144 North 7th Avenue
Center of Excellence in Healthcare Education
3rd floor reception area by 4:00 p.m. Due dates below.

Program Options:
- Evening: Spring 2019 (M-TH, 5:30 to 9:30 p.m.), application deadline-11/30/18
- Day: Fall 2019 (M-TH, 8:00 a.m. to 4:00 p.m.), application deadline–5/10/19

Please print clearly.

Name:
(First) (Middle Initial) (Last)

Maricopa Student ID#: ___________________________ Phone Number: ________________________________

Mailing Address:
(street) (city) (state) (zip)

Maricopa E-mail Address: __________________________________________________________

(optional) personal E-mail Address: ________________________________________________

1/9/2019
<table>
<thead>
<tr>
<th>Required Documents</th>
<th>Copies provided (circle Yes or No)</th>
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</thead>
<tbody>
<tr>
<td>Proof of High School graduate or GED</td>
<td>Yes or No</td>
</tr>
<tr>
<td>Copy of college education transcripts</td>
<td>Yes or No</td>
</tr>
<tr>
<td><strong>Current</strong> CPR BLS Provider Card (copy)</td>
<td>Yes or No Expires:</td>
</tr>
<tr>
<td>DPS Level 1 Fingerprint Card (copy of both sides)</td>
<td>Yes or No Expires:</td>
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<tr>
<td>Student Health and Safety Checklist Allied Health (see separate form)</td>
<td>Yes or No</td>
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<tr>
<td><em>Please provide copies of original provider or clinic documentation</em></td>
<td>Yes or No</td>
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Once you are notified of acceptance into the Medical Assisting Program, instructions for submission of the background check will be provided. Background checks must be performed by the MCCCD approved vendor, CastleBranch. This is in addition to your required Level 1 Fingerprint Clearance Card.

**Background Check (BG) Process:**

- Student will submit MA program application for review.
- After submission of your complete application, it will be reviewed. If approved, you will be notified (by your Maricopa school email) of your acceptance to the program.
- This email will contain the information on how to submit to a background check performed by CastleBranch.
- Please read and sign the Summary of Criminal Background Requirements form.
- The background check costs yearly $67.00 annually and is your expense.
- The MA Program Director & Clinic Coordinator are able to view Proof of “Pass” only.
- The BG check must be completed the prior to start of classes.
- Only you (the student) sees the complete BG check report.

*In the case of “failing” the Background Check:* CastleBranch will report a failing result on the background check. You will be contacted directly by Castlebranch and our Department of Healthcare Education at the MCCCD Office. You are given a limited time to review and respond to dispute the findings (perhaps you have additional documentation or evidence that may clear up the initial "failure" to meet standard. If not cleared, you will not be able to continue in the program and will be withdrawn from any Medical Assisting Program classes.
Please complete the information.

1. Attach unofficial transcripts or attach documentation related completion of courses below:

<table>
<thead>
<tr>
<th>Pre-Requisite Courses (grade of “C” or better)</th>
<th>In Progress</th>
<th>Date Completed &amp; Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCC 130- Fundamentals In Health Care Delivery <em>(OR HCC 130 AA through 130 AF; all modules)</em></td>
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<tr>
<td>HCC 145- Medical Terminology</td>
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<tr>
<td>ENG 101 or ENG 107</td>
<td></td>
<td></td>
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<tr>
<td>ENG 102 or ENG 108</td>
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<tr>
<td>CRE 101- Critical Reading or test exempt</td>
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<tr>
<td>MAT 090, 091, 092 or 093 OR eligible for MAT112 or higher</td>
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<tr>
<td>BIO 160- Human Anatomy and Physiology – with lab</td>
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</table>

CCL Co-requisite Program (classes that may be completed prior to application acceptance or taken within CCL core program)

| MAS 125– Professionalism in Healthcare                                                                       |             |                        |
| SPA 117- Healthcare Spanish                                                                                  |             |                        |
I attest to understanding and complying with the following:

1. I will use my Maricopa student email for all school correspondence and will check my.maricopa.edu student account frequently to access important information.

2. If my address, email or phone number changes, I will submit this information to Phoenix College Admissions and records and the Medical Assisting Program.

3. I must be able to consistently attend all required program classes, arrive on time to class and remain the entire length of each class period. Absences from program classes may place me at risk for withdrawal of classes and the program.

4. Admission into the MA Program is conditional until all requirements have been satisfactorily completed. I understand that I must participate fully in program activities.

5. If I have a chronic illness, I understand I must maintain current treatment and be able to participate in direct patient care.

6. It is my responsibility to promptly register and arrange payment of tuition and fees for required program courses to prevent being withdrawn.

7. I agree to purchase required textbooks PRIOR to the first day of class.

8. Prior to clinical instruction, I understand I am required to:
   Have completed health and safety documentation (as outlined in Student Health and Safety Checklist for Allied Health) including:
   • Immunizations/titers, TB screening, Medical clearance
   • Acquisition of a DPS Level One Fingerprint Clearance card
   • CPR BLS provider certification
   • Any other requirements as prescribed by MCCCD, Phoenix College or the Program.
   • After acceptance of application: I will complete a drug screen and background clearance.
   • Be financially responsible for obtaining and maintaining all these requirements.

9. I understand that to remain in the Medical Assisting Program, I must successfully complete all required program classes, successfully demonstrate all program competencies and pass Practical and Final Exams in each class with a letter grade of “C” or better.

10. I understand that many procedures performed in my training and as a medical assistant would expose me to physically demanding work and bloodborne pathogens, requiring an adherence to safety and infection control protocols, which I will be taught in my pre-clinical instruction.

11. Appropriate attire for ALL medical assisting classes is solid dark blue scrubs and closed-toed clinical-type shoes. The student is responsible for purchase and maintenance. Additionally, a student must purchase an analog watch with second hand movement and stethoscope.

12. I understand that if I have any physical disability or special need, I will consult Disability Resource Services PRIOR to applying for admission. Go to: https://www.phoenixcollege.edu/students/disability-resources for more information.

13. The information provided in this application is true and complete to the best of my knowledge.

Applicant Signature ______________________________________________________________________

Applicant printed name ___________________________________________________________________

Date _____________________________________