



Application for Medical Assisting Program-Please print.

Date: _____

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

Date of Birth: _____ Last Four of Social: _____

Mailing Address: _____

Email(s): _____

Phone Number(s): _____

Phone Number for Receiving Texts (if different): _____

Highest level of education completed: _____

Please list any past work, school or volunteer experiences you have had in healthcare and for how long:

How do you feel about the sight of blood and/or needles? _____

How would you describe your computer skills? _____

Please check all that apply for your availability for classes:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Days (8:30-12)							
Evenings (5:30p-9p)							

I, (print full name) _____, understand that 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 the 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 class. (Exceptions: Current Hancock Health Associates and students who have been approved to have tuition 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 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.)

All medical assisting students will receive a handbook that explains how tuition refunds are handled if I do not complete the program. (There will be no tuition refunds given after the third week of classes.)

 (signature) Date _____

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? _____