Whatcom
COMMUNITY COLLEGE

Medical Assisting Application Fee Form

You must pay two non-refundable fees in order to apply to the Medical Assisting Program, $25.00 application fee and $10.00 Washington State Patrol Background check fee. Your application will not be processed until these fees are received. You may pay these fees in one of two ways:

1) In person at the WCC Cashier's office, located in Laidlaw Building, 237 W. Kellogg Road, Bellingham, WA 98226

2) By mailing a check **with the completed form below** to WCC Business Office, ATTN: Medical Assisting Application Fees, Laidlaw Building, 237 W. Kellogg Road, Bellingham, WA 98226. **Do not mail your fees with your Medical Assisting program application.** Applications should be sent or delivered directly to the WCC Registration Office.

Note: These fees are non-refundable. If you are not admitted to this program with your initial application, there will be no refund of the fees.

Student Name:

_____
Last First MI

Student SID:

_____
(9 digit number received after WCC general application)

Whatcom Community College Medical Assisting Program
APPLICATION FOR SELECTIVE ENTRY ADMISSION

APPLICANT CHECKLIST

Below is a checklist to help you ensure that all your Medical Assisting Program Application materials have been submitted and prerequisites met. Please submit this completed checklist with the rest of your application and materials. **Submit your materials in one complete packet**, by the stated deadline, to provide best consideration of your application. It is your responsibility to ensure that the Selective Entry Coordinator has received all Medical Assisting Program Application materials.

The following has been submitted (if any of the below is missing, please explain why next to the item):

- ☐ **WCC Application for Admission** (If you are a current student at WCC you have already done this. If you attended previously, but are not currently a student at WCC, contact registration to reactivate your account.)
- ☐ **Medical Assisting Program Application Fee & Washington background check fee** (paid separately to WCC Business Office – see attached form)
- ☐ **Applicant Checklist –MA program** (this form)
- ☐ **Application for Selective Entry Admission – MA Program** (2 pages)
- ☐ **Official Transcripts from all previously attended colleges where you earned credits that may apply to the MA degree*** (WCC transcripts are not required.)
- ☐ **Immunization Policy and Acknowledgement Form**
- ☐ **Personal Statement**

*Please contact Jackie Landsem or Dave Knapp at 360.383.3080 for assistance in determining how courses taken from previous colleges will transfer. If you are requesting course substitutions, you must have approval for substitutions prior to the application deadline date for your prerequisite/Gen Ed requirements to be considered fulfilled.

Please have all transcripts and application materials sent to:
Whatcom Community College
MA Program Entry, LDC 102
237 West Kellogg Road
Bellingham WA 98226

Whatcom Community College Medical Assisting Program Application Program
APPLICATION FOR SELECTIVE ENTRY ADMISSION – Page 1 of 2

Thank you for applying to Whatcom Community College's Medical Assisting Program Application. Please fill out the following application completely and legibly. Return with the required materials to:

Whatcom Community College
MA Program Entry, LDC 102
237 W Kellogg Road
Bellingham WA 98226

☐ **I am applying to the Medical Assisting program Fall Quarter 2014.**
Deadline for best consideration: **June 26, 2014** for **complete** application **and** all related materials. Late applications may be considered on a space available basis.

☐ I am applying to the Medical Assisting Program as an I-Best student

Please complete:

Name		
First	MI	Last
Address		
City	State	ZIP
Phone ( )	( )	
Day Time	Evening	
Email		
WCC Student ID Number ___ - ___ - ____ - ____ - ____ - ____ - ____ - ____- ____		

Applicant's acceptance into the MA Program will be scored on the basis of:

- Submission of a **complete** application and checklist by the deadline (first come/first served priority).
- All prerequisites completed by the deadline
- Grades for all prerequisites. A minimum grade of C (2.0) is required. Applicants with higher grades will have a higher position on the acceptance list.
- The personal statement will not be scored, but may be used as a tie breaker to determine acceptance.

Applicants who have completed **all** prerequisites will have priority. Applicants who are still completing prerequisites at the time of the application deadline **may** be considered for the program if there are available slots & **if** they will have completed all prerequisites by the time the program begins.

This application has been completed to the best of my knowledge and **I hereby authorize WCC to perform a Washington State Patrol criminal background check**, maintain the record until I graduate or withdraw from the program and share the information as requested by clinical sites. I understand that at such time as I choose to go to a PeaceHealth facility for my practicum I will be billed for a Kroll (national) background check as well. For more information, please refer to the Legal Aspects of Enrollment and Employment section in the General Information of the current catalog.

Signature: _____ Date: _____

Whatcom Community College Medical Assistant Program
APPLICATION FOR SELECTIVE ENTRY ADMISSION – Page 2 of 2

Name _____

WCC will evaluate ***only the courses you list below*** to see if they satisfy pre-requisites for the MA program**.** If you have questions about filling out this portion of the application, **please contact either David Knapp or Jackie Landsem in Entry & Advising Center (360-383-3030).** If accepted into the program, your entire transfer transcripts will be evaluated for transferrable courses.

☐ **I have met, or will meet,** the following MA program prerequisites **before the program starts.**

☐ I have the required Grade Point Average (minimum grade C (2.0) required in each prerequisite course).

MA Prerequisites

Check appropriate box							OFFICE USE ONLY	
Completed quarter/year	**Not** Completed - **Plan** to complete in quarter/year	Prerequisite Course	Course Taken	Grade	Credits	Taken At College	**Credential Evaluator:** Evaluated As Course	**Program Coordinator**: **Satisfies** Prerequisite
☐	☐	**MA 101** Medical Terminology						
☐	☐	**MA 113** Introduction to Medical Computing **OR** **BIS 101** Introduction to Business Computing						
☐	☐	**ENGL& 101** or higher						
☐	☐	**MATH 096 (or higher) or assessment into MATH 98 (attach scores)**						
☐	☐	**CMST& 210** Interpersonal Communication **OR** **CMST 145** Introduction to Organizational Communication						

Have Associate (AA) Transfer Degree (Wash) ☐	Degree GPA	College	State
			Washington
Have Bachelors Degree (US) ☐ BA ☐ BS	Degree GPA	College	State

Please have all transcripts sent to:
Whatcom Community College, Office of Admissions, ATTN: MA Program Entry, 237 W. Kellogg Road, Bellingham, WA 98226

Office Use Only:
Prelim Pre-Req Eval Date/By:_____ AG'd Date/By: _____

Whatcom Community College Medical Assisting Program Application
IMMUNIZATION POLICY AND ACKNOWLEDGEMENT FORM

Students who are accepted into the Medical Assisting Program (including Practicum) have an increased risk of contracting vaccine preventable diseases. As such, Whatcom Community College has enacted a policy whereby we require that, by the date of **Friday, October 17, 2014,** accepted students either provide proof of certification, vaccinations & TB test results, or titers for the following items.

MANDATORY ITEMS CHECKLIST

Immunization	**Documentation**
Hepatitis B	Series of 3 injections, followed by a titer demonstrating immunity
Measles, Mumps & Rubella (MMR)	Vaccination record (2 doses) or titer that demonstrates immunity to each disease
Diphtheria, Tetanus, Pertussis (DTaP)	Vaccination record (5 childhood immunizations) & Td booster required within previous 10 years **or** DTaP booster within previous 2 years.
Varicella (Chickenpox)	Vaccination record (2 doses) or titer that demonstrates immunity.
Influenza	Vaccination record, must comply with requirement each year.
Tuberculin Skin Test (PPD)	Must provide documentation of test results each year. If a student has a positive PPD, student must obtain a chest x-ray and provide WCC with a written statement regarding the x-ray results.

Failure to obtain immunizations and TB test results for any reason may result in denied access to labs, competency evaluations and inability to obtain practicum placement and employment in the field of health care.

Contact your family physician or the Department of Public Health for an advisability and availability of vaccines.

By signing this form, I am stating that I have read, understand and agree to the Immunization Policy above. If I am accepted into the Medical Assisting Program, I understand that I am responsible for providing this documentation to the Medical Assisting Program Assistant, Luanne Peel, by the required date.

_____ _____
Printed Name Date

_____
Signature

Whatcom Community College Medical Assisting Program Application

PERSONAL STATEMENT

A personal statement is required of each applicant. It must be typed, no longer than two double-spaced pages, and no smaller than size 12 font. The personal statement is not part of the scoring process for program admission, but may be used as a tie breaker for otherwise equally qualified applicants.

1. Why did you choose the Medical Assisting profession?
2. What are your perceptions of the Medical Assisting profession?
3. What are your strengths and weaknesses?
4. What added value do you offer to the profession in relationship to cultural diversity (bilingual, etc.)?
5. Where would you like to work after completing the Medical Assisting Program? Are there any specialties that interest you?

The following overall criteria will also be evaluated in the personal statement:

1. Ability to follow directions.
2. Ability to organize thoughts.
3. Ability to express oneself in writing, using correct grammar and punctuation.

Whatcom Community College Medical Assisting Program Admission Selection Criteria

WCC's Medical Assisting Program Selection Committee will review and select applicants for acceptance into the Medical Assisting Program based upon a first com/first served priority, the number of seats available in the program and the following criteria:

- Submission of a **complete** application and checklist by the application deadline.
- Grades for all prerequisites. **A minimum grade of C (2.0) is required.** Applicants with higher grades will have a higher consideration for acceptance.
- The personal statement which may be used as a tie breaker to determine acceptance.

Applicants who have completed **all** prerequisites will have priority. Applicants who are still completing prerequisites at the time of the application **may** be considered for the program if there are available slots and if they will have completed prerequisites by the time the program begins. Work experience consideration may be granted to applicants who are currently employed in an ambulatory care setting and whose job description includes routine duties of a Medical Assistant.

Please note: Entry or acceptance into the Medical Assisting program does not guarantee students job placement, nor does it guarantee a practicum placement in Whatcom County. Practicum placement often requires successful interviews and background checks. **Due to increased competition for practicum placements with other schools in Washington State, Whatcom Community College cannot guarantee that the practicum will be in the last quarter of classes.**