



July 2014

Dear Student:

Thank you for your interest in the Davis Applied Technology College (DATC) Medical Assistant program. By entering this career field, you can expect to be presented with many challenges, rewards, and opportunities for personal growth which will enhance your potential for a successful career as a competent Medical Assistant.

Attached is the DATC Medical Assistant Program application. You should review the application guidelines and requirements carefully, and ensure you meet the admission requirements, that your application is fully completed, and that you have enclosed the required supporting documentation. Sign and date your application and return it to Student Services before the last Friday of the month. Failure to complete the form correctly or return it with the required documentation within the designated timeframe will result in your application being denied.

The Medical Assistant program receives many applications, and placement in the program is limited. If your application is approved, but the number of applicants exceeds the number of places available, you will be placed at the top of a waiting list for the next application period.

Applications will be accepted during the following application dates: December 1-5, January 5-9, and February 2-6 during the hours of 7:30 a.m. to 6:00 p.m., Monday through Thursday and 7:30 a.m. to 3:00 p.m. on Fridays.

You will be notified of your **acceptance status** approximately **two weeks** after receipt of your application.

If you have any questions concerning your application or the program, please contact me.

Sincerely,

Dee Weaver, M.A.
DATC Medical Assistant Instructor
Tel: (801) 593-2369
E-mail: dee.weaver@datc.edu



MEDICAL ASSISTANT PROGRAM APPLICATION REQUIREMENTS

It is your responsibility to meet the following requirements, complete the application correctly, and submit the necessary documentation. Failure to do so will result in your application being disqualified.

Admissions and Job Requirements

Verify you meet the Medical Assistant program admissions and job requirements which are available for review on the DATC Website (www.datc.edu/medical).

Completed Application Form

Submit the completed application including supporting documentation during the application period stated in the cover letter.

References

Provide two completed reference forms from teachers, health professionals, employers, etc. that address your preparedness and strengths pertinent to employment as a Medical Assistant. These should be fully completed and placed in a sealed envelope by the referees and included with your completed application. **Reference forms completed by a family member will NOT be accepted.**

Letter of intent

Clear communication skills are an important characteristic for those working in the health care profession. Prepare a typed, grammatically correct letter of intent describing:

- Your reasons for selecting medical assisting as a career
- Accomplishments that have given you the greatest satisfaction
- Your plans and aspirations for the future

Disclaimer

Carefully review, check off, and sign the disclaimer form.

Mandatory Documentation

The following are mandatory requirements for health care professionals working in a clinical setting. **You are required to submit to and provide this information after you have been accepted into the Medical Assistant program. Failure to meet these requirements will disqualify your acceptance.**

Current Immunization Records

Provide a copy of your immunization record showing vaccinations for MMR, Hepatitis B, and a current TB test. If you do not have an immunization record, you can request verification from your doctor's office. The verification must include the type of vaccine, the date given, an office stamp, or a legible signature and title for each vaccine. **YOU MUST RECEIVE THE VACCINE(S) FOR WHICH YOU CANNOT PROVIDE PROPER DOCUMENTATION.** This information can be documented on the physical examination form.

A Physical Examination

You are required to undergo a physical examination to determine there are no physical or emotional limitations that would affect your ability to perform the duties required of a Medical Assistant. A physical examination form will be provided to you and must be completed by the doctor performing the exam.

A Urine Drug Screen

You are required to submit to a urine drug test. This test will be scheduled by your instructor. Refer to the attached Urine Test information sheet for instructions.

A Federal Criminal Background Check

The DATC offers a convenient, fast, and easy way for applicants to obtain an online criminal background report. The cost is \$40 and results are sent directly to the DATC program instructor within approximately three working days. To complete the online application, go to www.datc.collegescreen.com

Note: Any misdemeanor or felony conviction on record may negatively impact your chances of being accepted into the program, being placed on an externship site, obtaining the CMA certification, and obtaining employment in a healthcare setting. If you have any questions or concerns, you can discuss these with the program instructor.



MEDICAL ASSISTANT PROGRAM APPLICATION

Student Name: _____
Last First Middle Initial

Address: _____
Number and Street

City State Zip

Personal information: _____
Social Security Number Date of birth DATC ID Number

Phone Number: _____
Home Work Cell

Email Address: _____

Emergency contact: _____
Name Relationship Phone

1. Education

Please provide information concerning high school, college, technical school, or other schools attended. Include any schools you have or are currently attending for health care training. College transcripts may be included in your application for consideration.

<i>Name of School</i>	<i>City and State</i>	<i>Date of Entry</i>	<i>Date of Exit</i>	<i>Type of Diploma</i>

2. Employment

<i>Name of Employer</i>	<i>Dates</i>	<i>Type of work</i>	<i>Position Held</i>

I HEREBY certify the statements in this application are true and complete to the best of my knowledge. I understand that falsifying information on this application may be grounds for dismissal from the program.

Signature: _____ **Date:** _____

Completed applications should be returned to:
Student Services
Davis Applied Technology College
550 East 300 South,
Kaysville, UT 84037
Tel: (801) 593-2369



SCHOOL OF HEALTH PROFESSIONS MEDICAL ASSISTANT PROGRAM REFERENCE FORM

Part 1: Applicant:

Complete Part 1 of this form and forward it to two identified references to complete the remainder of the form.

Name of Applicant: _____

Telephone: _____ E-mail: _____

Part 2: Reference:

The above-named applicant has selected you as a reference in support of his/her application to the Medical Assistant program at the Davis Applied Technology College. Your thorough and candid evaluation is appreciated. If admitted and enrolled in the program, this form will become part of the student's file and will be available to him/her should a request be made as guaranteed by the Family Educational Rights and Privacy Act of 1974 and its amendments.

Name: _____ Title: _____

Address: _____

Telephone: _____ E-mail: _____

Length of time you have known the applicant: Years: _____ Months: _____

Relationship to the applicant:

Teacher Supervisor Employer Coworker Other (specify) _____

Part 3: Evaluation: Rate the applicant in each of the following categories as it relates to their potential as a health care professional. Comments in each area are helpful.

Caring: demonstrates compassion, empathy, and a caring attitude towards others	Always <input type="checkbox"/>	Frequently <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>	N/A <input type="checkbox"/>
Comments:						
Anxiety Level: calm and in control during stressful, anxiety-provoking situations	Always <input type="checkbox"/>	Frequently <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>	N/A <input type="checkbox"/>
Comments:						
Communication: communicates appropriately and professionally	Always <input type="checkbox"/>	Frequently <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>	N/A <input type="checkbox"/>
Comments:						

Maturity: shows responsibility, self-awareness, discipline and is responsive to criticism	Always <input type="checkbox"/>	Frequently <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>	N/A <input type="checkbox"/>
Comments:						
Character: demonstrates personal integrity, accountability, and responsibility	Always <input type="checkbox"/>	Frequently <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>	N/A <input type="checkbox"/>
Comments:						
Knowledge of Profession: is aware of opportunities, challenges, and responsibilities	Always <input type="checkbox"/>	Frequently <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>	N/A <input type="checkbox"/>
Comments:						
Appearance: demonstrates a professional image, is clean, neat, and appropriate	Always <input type="checkbox"/>	Frequently <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>	N/A <input type="checkbox"/>
Comments:						
Initiative: exhibits creativity and problem-solving skills	Always <input type="checkbox"/>	Frequently <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>	N/A <input type="checkbox"/>
Comments:						
<u>Additional Comments:</u>						
<u>Health Care Experience:</u> Has the applicant worked in a healthcare facility or environment in either a paid, voluntary, or observational capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide details)						
Job Title: _____ Dates: _____						
Name of Employer/Organization: _____						
Summary of responsibilities: _____						
<hr/>						
<u>Recommendation:</u> Indicate your overall recommendation of this candidate as a future Medical Assistant student.						
<input type="checkbox"/> Highly Recommend <input type="checkbox"/> Recommend <input type="checkbox"/> Don't Recommend						
Signed _____ Date _____						

Thank you for your assistance. Please seal the completed form in an envelope, sign on the sealed area, and return it to the applicant in a timely manner. Your recommendation is part of a packet the applicant must submit to the College to be considered for a place in the Medical Assistant program. If you have any questions, please contact the DATC Medical Assistant program instructor at: 801-593-2369.



SCHOOL OF HEALTH PROFESSIONS MEDICAL ASSISTANT PROGRAM REFERENCE FORM

Part 1: Applicant:

Complete Part 1 of this form and forward it to two identified references to complete the remainder of the form.

Name of Applicant: _____

Telephone: _____ E-mail: _____

Part 2: Reference:

The above-named applicant has selected you as a reference in support of his/her application to the Medical Assistant program at the Davis Applied Technology College. Your thorough and candid evaluation is appreciated. If admitted and enrolled in the program, this form will become part of the student's file and will be available to him/her should a request be made as guaranteed by the Family Educational Rights and Privacy Act of 1974 and its amendments.

Name: _____ Title: _____

Address: _____

Telephone: _____ E-mail: _____

Length of time you have known the applicant: Years: _____ Months: _____

Relationship to the applicant:

Teacher Supervisor Employer Coworker Other (specify) _____

Part 3: Evaluation: Rate the applicant in each of the following categories as it relates to their potential as a health care professional. Comments in each area are helpful.

Caring: demonstrates compassion, empathy, and a caring attitude towards others	Always <input type="checkbox"/>	Frequently <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>	N/A <input type="checkbox"/>
Comments:						
Anxiety Level: calm and in control during stressful, anxiety-provoking situations	Always <input type="checkbox"/>	Frequently <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>	N/A <input type="checkbox"/>
Comments:						
Communication: communicates appropriately and professionally	Always <input type="checkbox"/>	Frequently <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>	N/A <input type="checkbox"/>
Comments:						

<p>Maturity: shows responsibility, self-awareness, discipline and is responsive to criticism</p> <p>Comments:</p>	Always <input type="checkbox"/>	Frequently <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>	N/A <input type="checkbox"/>
<p>Character: demonstrates personal integrity, accountability, and responsibility</p> <p>Comments:</p>	Always <input type="checkbox"/>	Frequently <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>	N/A <input type="checkbox"/>
<p>Knowledge of Profession: is aware of opportunities, challenges, and responsibilities</p> <p>Comments:</p>	Always <input type="checkbox"/>	Frequently <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>	N/A <input type="checkbox"/>
<p>Appearance: demonstrates a professional image, is clean, neat, and appropriate</p> <p>Comments:</p>	Always <input type="checkbox"/>	Frequently <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>	N/A <input type="checkbox"/>
<p>Initiative: exhibits creativity and problem-solving skills</p> <p>Comments:</p>	Always <input type="checkbox"/>	Frequently <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>	N/A <input type="checkbox"/>
<p><u>Additional Comments:</u></p>						
<p><u>Health Care Experience:</u> Has the applicant worked in a healthcare facility or environment in either a paid, voluntary, or observational capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide details)</p> <p>Job Title: _____ Dates: _____</p> <p>Name of Employer/Organization: _____</p> <p>Summary of responsibilities: _____</p>						
<p><u>Recommendation:</u> Indicate your overall recommendation of this candidate as a future Medical Assistant student.</p> <p><input type="checkbox"/> Highly Recommend <input type="checkbox"/> Recommend <input type="checkbox"/> Don't Recommend</p> <p>Signed _____ Date _____</p>						

Thank you for your assistance. Please seal the completed form in an envelope, sign on the sealed area, and return it to the applicant in a timely manner. Your recommendation is part of a packet the applicant must submit to the College to be considered for a place in the Medical Assistant program. If you have any questions, please contact the DATC Medical Assistant program instructor at: 801-593-2369.



URINE DRUG TEST PROCEDURE MEDICAL ASSISTANT PROGRAM

You are required to obtain a drug test at the following location after your acceptance into the DATC Medical Assistant program.

Intermountain Healthcare WorkMed Clinic
2075 North University Park Blvd., 2nd Floor (the entrance is on the southwest side of the building)
Layton, UT 84041
Tel: (801) 776-4444
Hours: Monday to Friday: 8:00 a.m. – 3:00 p.m. (no appointment necessary)
For after-hours screening, call (801) 543-4089

Your instructor will contact you to schedule the date of your test. On the day of your test, bring the following three items with you:

- This document:** Hand this notice to the clerk.
- \$30.00 Drug Screening fee:** Cash or cashier's check/money order only. No credit cards or personal checks will be accepted.
- Valid photo I.D:** (i.e. driver's license or passport).

Test results will be sent directly to the Davis Applied Technology College.

If your drug test reveals the presence of a non-prescribed controlled substance, it may affect your eligibility to be accepted into the program.



MEDICAL ASSISTANT PROGRAM DISCLAIMER

Name: _____

Application Date: _____ Student Number: _____

After you have reviewed the Medical Assistant Program Admission Requirements and Application, please read the following statements carefully and check each box to state you have read, understood, and acknowledge these requirements in order to apply for a place in the program.

- I confirm I meet the admission requirements and job requirements as detailed under the “Admissions and Job Requirements” on the Medical Assistant web page on the DATC website (www.datc.edu/medical).

Program Attendance

Satisfactory progress during Medical Assistant training requires regular attendance. The following program policies apply:

- Part-time and/or flexible scheduling is available, but adult students must be enrolled in the program for a minimum of **18 hours** per week during the first half of the program. High school students are required to enroll for a minimum of 12 hours per week.
 - During the skills lab portion of the program, you will be required to attend assigned lab days which are 8:00 a.m. to 3:00 p.m. or 4:00 p.m. to 7:00 p.m., Monday through Thursday.
 - The externship part of the program will require full-day scheduling.
 - Clinical externships are expected to be a minimum of 8-hour shifts, at least 4 days per week (usually 9:00 a.m. to 6:00 p.m. with some variations).
- I have read and understand the program attendance requirements as stated above and confirm I will be able to commit to the prescribed hours for training, skills labs, and clinical externships.
- I understand my application may be denied based upon the results of a urine drug screening, criminal background check, and physical examination.

Date: _____ Signature: _____



MEDICAL ASSISTANT PROGRAM APPLICATION CHECKLIST

Student Name: _____ **Student Number:** _____

The application **must** include the following documentation. Your application will be disqualified if you fail to provide the required documentation during the designated application period.

- Completed Application form
- Copy of High School Diploma (or equivalent)
- Two reference forms (in sealed envelope)
- Letter of Intent
- Signed Disclaimer
- Completed Physical Examination form, incl. immunization record (To be completed after acceptance into the program.)
- Online Criminal Background Check (To be completed after acceptance into the program.)
- Urine Drug Screening (To be completed after acceptance into the program.)

Applications will be accepted during the following application dates: September 9-13, October 7-11, November 4-8, December 2-6 during the hours of 7:30 a.m. to 6:00 p.m., Monday through Thursday, and 7:30 a.m. to 3:00 p.m. on Fridays.

Completed applications should be returned to:

Student Services
Davis Applied Technology College
550 East 300 South,
Kaysville, UT 84037
Tel: (801) 593-2369

DATC USE ONLY:

Date Received: _____ Received by: _____ Initials: _____

