

**MODESTO JUNIOR COLLEGE
ALLIED HEALTH
MEDICAL ASSISTING PROGRAM**

APPLICATION GUIDELINES

IT IS THE APPLICANT'S RESPONSIBILITY TO MAKE SURE THAT STEPS 1-4 BELOW HAVE BEEN PROPERLY COMPLETED.

1. Admission to Modesto Junior College (MJC).
2. Complete the MJC Assessment Test requirements, prior to Program application deadline.
3. Verify with MJC Records Office that high school (or equivalent) and all college transcripts are on file in the Records Office, prior to Program application deadline. Verify that high school transcript (or equivalent) shows the graduation date. Records Office will accept hand-carried transcripts that are in a sealed envelope with a school seal.
4. Application may be mailed to: or Submitted in person to:
Modesto Junior College MJC Allied Health
Medical Assisting Program MJC West Campus
435 College Avenue Corner of Carpenter & Blue Gum
Modesto, CA Glacier Hall, Room 165

February 1 through April 15th

Please note, if the Program is not full, applications will continue to be accepted through August 15th.

ATTENTION MODESTO CITY SCHOOLS (MCS) ROP APPLICANTS ONLY!

If you are a MCS ROP applicant, you need to complete the following two steps in addition to the standard program application procedures:

1. At the top of the Medical Assisting Program application, check "I am a Modesto City Schools ROP applicant."
2. Make sure that you have a Modesto City Schools transcript showing that you completed the Medical Clerical ROP course with a "B" grade or better. Two year recency is required.
3. Accepted Applicants will need to submit a **Certificate of Completion** for the Modesto City Schools ROP Medical Clerical course to the Medical Assisting Program Director.

REVISED: February 2012

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PROGRAM APPLICATION

Please check the appropriate statement(s) below:

- I am interested in the certificate program only.
 I am interested in the certificate program and obtaining my A.S. Degree.
 I am a Modesto City Schools ROP applicant.

Modesto City Schools Course

Downey High School

ROP Program

Medical Office 1-2

Modesto Junior College Course

Medical Assisting Administrative

Procedures

Medical Assisting 322

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Female Male U.S. Citizen U.S. Veteran

PLEASE TYPE OR PRINT

Legal name Last First Initial

Previous/maiden name

Legal address Number Street

City State Zip

Mailing address Number Street

City State Zip

Email address

Student ID Number

Home phone

Date of Birth

Social Security Number

Employer

Work phone

Person to be notified in an emergency:

Name

Relationship

Daytime Phone

Are you currently enrolled at Modesto Junior College? YES NO

Do you plan to apply to another MJC Allied Health Program this year? YES NO

If yes, which program: _____

REVISED: February 2012

PLEASE LIST COURSES THAT ARE CURRENTLY IN PROGRESS:

Course Number and Course Name	Name of College
_____	_____
_____	_____

REQUIRED COURSEWORK THAT MAY BE COMPLETED PRIOR TO ENTERING THE MEDICAL ASSISTING PROGRAM

If you have taken or are currently taking any of the courses listed below (or their equivalents), indicate where and when:

___ ANATOMY/PHYSIOLOGY 50	_____	_____
	College	Semester/Year
___ PSYCHOLOGY 51 <u>or</u> 101	_____	_____
	College	Semester/Year
___ SPEECH COMMUNICATION 100 <u>or</u> 102 <u>or</u> 130	_____	_____
	College	Semester/Year
___ MEDICAL TERMINOLOGY Medical Assisting 321	_____	_____
	College	Semester/Year

INDICATE RESULTS OF THE MJC ASSESSMENT TESTS FOR:

ENGLISH ASSESSMENT TEST Test Date: _____

with Recommendation for English 50 or
Completion of ENGLISH 49 _____
College Course Semester/Year

MATH ASSESSMENT TEST Test Date: _____

with Recommendation for Math 70 or
Completion of MATH 20 _____
College Course Semester/Year

READING ASSESSMENT TEST Test Date: _____

with a minimum score of 85 (Accuplacer) or
College from accredited U.S. college or
Completion of Reading 184 _____
College Course Semester/Year

I hereby certify under penalty of perjury the foregoing statements are true and correct.

Signature of Applicant Date

PLEASE REVIEW AND COMPLETE ALL ITEMS (INCLUDING ASSESSMENTS TESTS) BEFORE RETURNING APPLICATION TO THE ALLIED HEALTH DIVISION. AN INCOMPLETE APPLICATION WILL CAUSE A DELAY IN THE REVIEW PROCESS.

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PROGRAM APPLICATION RECEIPT

This form is your verification that Allied Health has received your application packet. All completed application packets will be processed as quickly as possible after the closing date. All applicants will be notified of their acceptance status by mail. We regret we cannot project the date of notification, but you will be notified as soon as selection has been made. If you move and/ or change your telephone contact information, please do call and update your information. Please note that the US Postal Service does not forward mail from Modesto Junior College.

When you submit your application packet the person accepting your application packet will sign for it in the box below and stamp the receipt date. Please keep this form for your records.

MJC MEDICAL ASSISTING APPLICATION FOR: _____
APPLICANT NAME (PLEASE PRINT OR TYPE)

OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Received by:

Allied Health Signature

Allied Health Date Received