

**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

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

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: _____

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.

MEDICAL ASSISTING PROGRAM
ALLIED HEALTH
REQUEST FOR TRANSCRIPTS

PLEASE READ: THIS FORM MUST BE COMPLETED AND SUBMITTED WITH YOUR PROGRAM APPLICATION. THIS IS YOUR REQUEST TO THE MJC RECORDS OFFICE TO SEND A COPY OF ALL YOUR TRANSCRIPTS TO THE ALLIED HEALTH DIVISION FOR THE PURPOSE OF DETERMINING YOUR PROGRAM ELIGIBILITY.

Legal name	Last	First	Initial	Previous/maiden name
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Legal address	Number	Street	City	State	Zip
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Mailing address	Number	Street	City	State	Zip
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Home phone	Work phone	Date of Birth	Social Security Number
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Last high school attended	City	State	Graduation Date
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GED	Where	Date
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Colleges attended (List most recent first.)

Name of school	City	State	Degree Received
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Name of school	City	State	Degree Received
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PLEASE READ: IT THE APPLICANT'S RESPONSIBILITY TO REQUEST OFFICIAL HIGH SCHOOL (OR EQUIVALENT) AND ALL COLLEGE TRANSCRIPTS BE SENT DIRECTLY FROM INSTITUTION TO THE MJC RECORDS OFFICE. THESE TRANSCRIPTS MUST BE RECEIVED IN THE RECORDS OFFICE PRIOR THE PROGRAM APPLICATION DEADLINE.

IT IS IN THE APPLICANT'S RESPONSIBILITY TO VERIFY THAT ALL TRANSCRIPTS HAVE BEEN RECEIVED, BY REQUESTING THE RECORDS OFFICE TO SIGN BELOW, PRIOR TO THE PROGRAM APPLICATION DEADLINE.

Allied Health or Records Office Signature Verifying
Receipt of High School and all College Transcripts

Student's Signature

Date

Date

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

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