



Certificate Program Medical Assistant Application 2022

Open date: March 1, 2022

Close Date: April 29, 2022 at 5:00 p.m.

*All required documentation listed on the application checklist must be received in the Office of Instruction no later than 5:00 p.m. on the Close Date. No postmark date allowed. **No exceptions. Incomplete or late applications will not be considered.**

Please note: This application is for a restricted entry program, must be hand signed, and submitted along with supporting documents. People requiring accommodations due to disability, should contact Student Services, (503) 842-8222.

Submit by mail: Tillamook Bay Community College
 Office of Instruction – Medical Assistant Program
 4301 Third Street
 Tillamook, OR 97141

Submit in Person: Assigned Advisor

APPLICATION PACKET CHECKLIST

Every item on this checklist needs to be submitted by the application deadline. Only completed applications containing all the required documents will be considered for review. Incomplete or late applications will not be considered for admission. You will not be given notification if items are missing. It is the full responsibility of the applicant to make sure everything is received by the deadline.

The following items must be submitted as part of a completed application:

1. General Admission Application. All applicants must apply for admission with TBCC even if you already have a TBCC ID number. Applications can be completed and submitted online at <http://tillamookbaycc.edu/> Select Associate of General Studies as your major. The Medical Assistant designation will be added if/when you are admitted into the program.
2. Acknowledgement form – **Page 3**
3. Allied Health Program Application – **Page 4**
4. Supplemental Experience Questions – **Page 5**
5. Prerequisite Course Planning Sheet – **Page 6**

In addition to the documents listed above, applicants must also submit the following:

6. Current Resume
7. College Transcripts:
 - Unofficial transcripts will be accepted during the application process. Courses may be in progress at the time of application submission, but an updated transcript showing posted grades for the required coursework must be received by the program start date.
 - Official (in a sealed envelope) transcripts are required after acceptance into the program and must be received by the program start date.

To print unofficial TBCC transcripts go to <https://jics.tbcc.cc.or.us/jics/>, log-in to MyTBCC, click “Students” tab at the top of page, scroll to “My Unofficial Transcript”

ACKNOWLEDGEMENT

By signing below, I acknowledge/agree to the following:

Initial:

- ___ 1. TBCC's Allied Health program faculty and staff will send all application notifications by email. It is my responsibility to set my "spam filter" system to accept email addresses containing @tillamookbaycc.edu. Do this even if you are currently receiving emails from TBCC. **We cannot be responsible for notices not received due to spam or junk mail handling. Make sure to add @tillamookbaycc.edu to your "safe senders list." Applicants should be checking their email on a computer and NOT on a smart phone.**
- ___ 2. I understand that it is my responsibility to ensure all items are received by the application deadline and that *only* complete applications will be evaluated for admission. Furthermore, I have read and understand the admission requirements and procedures for applying. I understand that withholding information or giving untruthful answers to questions on this application could be cause for non-acceptance or dismissal from the program.
- ___ 3. I confirm each item on the checklist is included with my application. I understand it is my sole responsibility to submit the required documents, and I will not be given notice if my application is incomplete until after the deadline, at which time it will be too late to submit missing documents.
- ___ 4. I understand that the Medical Assisting program will include coursework on campus and at practicum locations.
- ___ 5. I understand that I am required to have reliable transportation to my clinical practicum sites, and that placement at clinical sites will be determined by the Allied Health program faculty and staff.
- ___ 6. I understand that I must earn at least a "C" in all program-related courses. I understand that if I earn less than a "C" in any program-related course, I will be dismissed from the program.
- ___ 7. I understand that after admission to the program, I will be required to complete some or all of the following: criminal background check, proof of immunizations, and a drug screen. I also understand that laws and clinical site requirements are subject to change, and that TBCC may have very little to no influence on this process. If I am unable to pass the background check and drug screen required by the sites at the time I am scheduled for directed practice, or provide proof of immunizations from a licensed healthcare professional, I may need to find my own practicum site. This may limit my ability to complete my clinical rotations, graduate from the program, and be employable.
- ___ 8. I understand that there will be additional costs, including, but not limited to, uniforms and supplies, criminal background checks, random drug screening, immunizations, and the national certification exam and application fee.
- Estimated Costs: Scrubs: \$20-50 per set
Stethoscope/BP Cuff combo kit: \$40
CastleBranch (background/drug screen/immunizations): \$210
Watch with a second hand – no screen watches: \$20

Printed Name: _____

TBCC Student ID _____

Signature: _____

Date: ____/____/____

ALLIED HEALTH PROGRAM APPLICATION

Name: _____ TBCC ID: _____

Previous last name(s): _____ Email: _____

Current Mailing address: _____

Phone number and alternate phone: _____

Clinical opportunities vary depending on clinical sites. Please indicate your **first (input a "1")** and **second (input a "2")** choices for clinical location:

Manzanita
 Tillamook
 Pacific City
 Lincoln City

Education record: List ALL colleges attended, including TBCC. Omission of any college transcript may result in non-admittance or dismissal from the program.

College	Did you earn a degree?	Are current transcripts on file or have they been ordered?

Previous Applications: List all medical programs you have previously been accepted to

Program Title	Year	College	Did you attend?*	Did you finish?*

*Applicants admitted to a health professions program within the last five years and **started, but did not finish** the program must obtain a letter from the school/program indicating the year(s) you attended, that you exited the program in good standing, and speaks to your ability to be successful in another health professions program. If a letter from the school/program is not available, transcripts and letter of recommendation from current employer will be accepted. Applicants who were dismissed or withdrew from programs may not be eligible to apply. Documents must be submitted by the application deadline.

Previous/Current Licensure: Have you worked in a medical field and/or held a license? If yes, print license verification from the state board showing details and disciplinary actions and submit with your application.

State	License No.	License Type	Expiration/Lapse/Revoke Date	Explanation/Comments

SUPPLEMENTAL EXPERIENCE QUESTIONS

Why are you interested in Medical Assisting? _____

Do you have experience working or volunteering in the health field? Yes No

**5 points will be awarded for up to two paid work experiences that requires patient interaction and consists of 500 hours or more.*

Provide as much information below as possible. Up to two experiences can be listed – if you have more than two, please choose the two that are most relevant. If there is additional information or supporting documents you feel are relevant to include, please attach to the application.

Organization or business	
Job title & duties	
Dates of experience	
Supervisor's Name	
Supervisor phone/email	

Briefly describe the experience: _____

Organization or business	
Job title & duties	
Dates of experience	
Supervisor's Name	
Supervisor phone/email	

Briefly describe the experience: _____

Prerequisite Course Planning Sheet

Applicant Name: _____ TBCC ID: _____

- For point assessment, only courses completed by the end of Winter term 2022 with a “C” grade or higher will be used. **List courses with the best grade. Cumulative prerequisite GPA must be at least 2.0.**
- List the courses as they appear on your transcript. For transfer courses, DO NOT use the TBCC equivalency or convert to quarter credits. **If more than one course equates to the prerequisite course, list all transfer course information in the boxes provided.**
- If the course is currently in progress, put “IP” in the term/year box. Submit updated transcripts documenting your grade once the course is completed. If courses are in progress and an updated transcript is not received by the program start date, your application will be incomplete and not considered for admission.
- There is no expiration date on science, math, or other required prerequisite courses.

MA Prerequisites	Course	Term/Year	Grade	Credit	Institution
Example (completed course)	AH 100	F/20	A	4	TBCC
Example (incomplete course)	BI 100	IP	N/A	N/A	TBCC
BI 100 or BI 231/232/233					
HE 110					
AH 100 or MP 111					
MTH 105 or MTH 111					
WR 121					
MA Corequisite	Course	Term/Year	Grade	Credit	Institution
PSY 101					