



Application for Cohort 11 Medical Assistant Training Program

Priority Applications due by 5pm on September 30, 2021

Closing Application Date October 15, 2021

Program to be held virtually and in Oceanside with Internship/Externship at various North County Clinics
Program Fee \$3,000

APPLICANT INFORMATION*

Please fill out this application in its entirety. All applications received must be complete and legible or will be rejected.

Applicants should review the program schedule prior to applying, as all students are expected to be present for the entirety of the program.

DATE: _____ NAME: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP CODE _____

PHONE: _____ EMAIL: _____

ARE YOU AT LEAST 18 YEARS OF AGE OR OLDER? Yes No

DO YOU HAVE RELIABLE TRANSPORTATION TO GET TO/FROM THE PROGRAM? Yes No

DO YOU CURRENTLY HAVE HEALTH INSURANCE? Yes No

ARE YOU FULLY VACCINATED AGAINST COVID-19? Yes No

IF SELECTED, WOULD YOU BE ABLE TO SUBMIT PAYMENT IN FULL BY 11/30/21? Yes No

If no, please explain. (If needed, use separate sheet of paper and attach to application.)(See Tuition Assistance section)

DO YOU HAVE ACCESS TO A COMPUTER? Yes No

(This will not this determine acceptance into the program.)

**Describe your interest in the Medical Assistant Training program. (If needed, use separate sheet of paper and attach to application.)

****Response required.**

EMPLOYMENT HISTORY*

Have you ever worked in the medical field? Yes No

Current Employer		
Company Name		
Company Address		
Job Title		
Job Duties		
Dates Employed	From (MM/DD/YY)	To (MM/DD/YY)
Supervisor Name		Supervisor Phone Number
Reason for Leaving		

May we contact this employer? Yes No

Previous Employer		
Company Name		
Company Address		
Job Title		
Job Duties		
Dates Employed	From (MM/DD/YY)	To (MM/DD/YY)
Supervisor Name		Supervisor Phone Number
Reason for Leaving		

May we contact this employer? Yes No

PROFESSIONAL REFERENCES*

Name		Address (City, State only)	
Phone Number		How long have you known this person?	

May we contact this reference? Yes No

Name		Address (City, State)	
Phone Number		How long have you known this person?	

May we contact this reference? Yes No

EDUCATION*

Name of High School		City, State	
HS Diploma, GED or Equivalent Received? If so, month and year earned?			
Undergraduate/ Graduate/ Professional/ Medical Education (Name and Location; <i>current and/or past</i>)	Dates Attended		Diploma or Degree
	From:	To:	

Tuition Assistance*

(This section is **only** for applicants requesting Tuition Assistance)

In an effort to determine eligibility for Tuition Assistance for the Medical Assistant Training Program, please attach **copies** of at least one of the following documentation forms to your application:

- Most recent monthly household income- **Two full months** of paystubs from each employed household member, letter of employment (*if you do not receive paystubs*), Social Security award letter, child support or proof of unemployment
- First four pages of most recent income taxes for entire household
- Most recent bank statements for entire household
- Expenses: Rent receipt or contract, mortgage, SDG&E, water and telephone bill
- Child Care Expenses and paid child support

- Household size:** _____

Please circle the bracket your Household Income best fits into from below

		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>
Annual income ranges→		Less than or equal to:	Greater than <u>A</u> & less than or equal to:	Greater than <u>B</u> & less than or equal to:	Greater than <u>C</u> & less than or equal to:	Greater than <u>D</u>
HH Size	1	\$ 12,760	\$ 17,775	\$25,520	\$31,900	\$31,900+
	2	\$ 17,240	\$ 24,040	\$34,480	\$43,100	\$43,100+
	3	\$ 21,720	\$ 30,305	\$43,440	\$54,300	\$54,300+
	4	\$ 26,200	\$ 36,570	\$52,400	\$65,500	\$65,500+
	5	\$ 30,683	\$ 42,836	\$61,360	\$76,700	\$76,700+
	6	\$ 35,160	\$ 49,101	\$70,320	\$87,900	\$87,900+

Should Tuition Assistance be awarded, you will still be required to pay the remainder of the program fee in full by 11/30/21.

By submitting the information requested for Tuition Assistance eligibility, it does **not** guarantee Tuition Assistance eligibility or acceptance into the Medical Assistant Training Program.

If any of the information requested is missing, we will not be able to move forward with processing of the application.

Deadline to submit all required Tuition Assistance eligibility documentation and MA Training Program application is the priority deadline **9/30/21 by 5 pm**. Please scan and send via email to MAProgram@vcc.org or drop off in person with receptionist at:

465 La Tortuga Dr.
Health Promotions Center
Vista, CA 92081

For program details or questions, please email us at MAProgram@vcc.org.

I understand and agree that:

1. The information that I provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application or any other materials, or during any interviews, can be justification of refusal of program acceptance or if accepted into program, termination from the program.
2. Program acceptance is contingent upon my successful completion of the total screening process, including the receipt of satisfactory references and background check, and my satisfactory completion of post-acceptance drug screening. I also agree to submit to a drug screening at any time at the clinic’s request. I hereby consent to having the results disclosed to the clinic.
3. I understand that as a condition of acceptance to the program, I will be required to undergo and successfully pass a screening for drugs. I may be required to submit to an alcohol or drug screening at any time. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo, disclosed to the clinic.
4. In consideration of program acceptance, I agree to comply with the policies, rules, regulations and procedures of the program and understand that my program enrollment can be terminated with or without cause or notice at any time, at the option of either the instructor or clinic or myself.
5. I understand that upon acceptance into the program, clearance of screening and payment of tuition, the program tuition is non-refundable.
6. I understand that upon acceptance into the Medical Assistant Training Program, there is no promise of employment at Vista Community Clinic.
7. Vista Community Clinic provides equal opportunities (EEO) to all applicants for educational programs without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, Vista Community Clinic complies with applicable state and local laws governing nondiscrimination in educational programs in every location in which the company has facilities.
8. Vista Community Clinic expressly prohibits any form of harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status.

Applicant Signature

Date

Print Name

**Priority applications for the next course are due by 5pm on 9/30/21.
Deadline to apply for the next course is by 5pm on 10/15/21**

FORWARD COMPLETED APPLICATION AND ANY OTHER APPLICABLE DOCUMENTATION TO:

MaProgram@vcc.org

CLASS INFORMATION

Class Start Date: Monday, January 24, 2022

Class End Date: Saturday, July 2, 2022

160 hours of internship/externship to be completed by September 2022

Class Schedule:

Virtually Monday & Wednesday 5:30pm - 9:30pm

Hybrid Saturday 8:00am - 5:00pm

***Due to the COVID-19 outbreak program delivery method is subject to change**

Class Location:

VCC: North River

4700 North River Road

Oceanside, CA 92054