



# Application Medical Assistant Training Program External Application

**Applications due by 5pm on 05/31/19**

Program to be held in Oceanside with Internship and Externship at various clinics in North County area  
**Program Fee \$3000**

## APPLICANT INFORMATION

**Please fill out 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

IF SELECTED, WOULD YOU BE ABLE TO SUBMIT PAYMENT IN FULL BY 09/06/19?  Yes  No

If you answered no to any of the questions, please explain below. (If needed, use separate sheet of paper and attach to application.) See pg. 3 for more details on Tuition Assistance.

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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.)**

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**\*\*Response required.**

## EMPLOYMENT HISTORY

Have you ever worked for VCC?  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?			
Undergraduate/ Graduate/ Professional/ Medical Education (Name and Location; <i>current and/or past</i> )	Dates Attended		Diploma or Degree
	From:	To:	

## CLASS DETAILS

**Class Start Date:** Monday, October 14, 2019

**Class End Date:** Wednesday, April 1, 2020

**160 hours** of internship/externship to be completed by **Saturday, May 2, 2020**

**Class Schedule:**

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

Saturday 8:00am - 4:00pm

**Class Location:**

VCC North River

4700 North River Road

Oceanside, CA 92054

## 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 the following documentation to your application:

- Household size: \_\_\_\_\_
- Most recent monthly household income- a full month 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
- 2018 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 (if applicable)

Should Tuition Assistance be awarded, you will still be required to pay the remainder of the program fee in full by 09/06/19.

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 05/31/19 at 5 pm.** Please scan and send via email to [MAProgram@vcc.org](mailto:MAProgram@vcc.org) or drop off in person with receptionist at:

La Tortuga Administrative and Program Offices (2<sup>nd</sup> floor-Suite 230)

Attn: MA Training Program

465 La Tortuga Drive

Vista, CA 92081

For program details or questions, please email us at [MAProgram@vcc.org](mailto: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 CSUSM, VCC 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.

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Applicant Signature

Date

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Print Name

**Deadline for applications for the next course are due by 5pm on 05/24/19.**

**FORWARD COMPLETED APPLICATION AND ANY OTHER APPLICABLE DOCUMENTATION TO  
VCC IN PERSON TO THE RECEPTIONIST AT:**

**La Tortuga Administrative and Program Offices (2<sup>nd</sup> floor – Suite 230)  
ATTN: MA TRAINING PROGRAM  
465 LA TORTUGA DR.  
VISTA, CA 92081**

**OR BY EMAIL AT  
[MAProgram@vcc.org](mailto:MAProgram@vcc.org)**