

# Medical Assisting

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# Program Application

**Selection process has changed, please see page 1 of the packet.  
Please turn this packet in to Rebecca Killion  
Building 6 Rm 201 or place in drop box.  
Starting at 8 a.m. on March 2<sup>th</sup> and ending at 5 p.m. on March 6<sup>th</sup>, 2020**



## ADMISSION INFORMATION AND CRITERIA FOR MA PROGRAM

Thank you for your interest in the CEI MA Program. Medical Assisting is a demanding discipline. We urge you to recognize the commitment that is essential if one is to be successful in this program. **Prior to making application to the program, individuals should give careful consideration to the mental and physical demands of the program and the pressures involved in undertaking the responsibilities of being a health provider student.**

### Professional Program Entrance Application Deadlines & Requirements

Begin your application process as early as possible so that you have ample time to complete all of the requirements. Be sure to meet with your advisor each semester, where questions can be answered and individual assistance can be provided. Meeting the minimum criteria for admission does not guarantee admission into the programs.

- Packets will only be accepted during the first full week of every March.
- Program coordinators will no longer be meeting with students to review packets before packet submissions. There will be packet workshops in February to answer any questions you may have with the process. Please watch your email for the workshop days and times once the spring semester has begun.
- Turn packets in to Rebecca Killion in building 6 room 201 or drop box.
- Candidates for admission are selected based on available space, completion of packet, and day and time your packet was received in Student Services.
- Those that have met entrance requirements, submit application, and are not admitted, will be placed on an alternate list, which may require applicants to resubmit their packet.
- Please notify Student Services **and** the Health Professions division office of any contact information changes.

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Health Professions Program Packet checklist for applicants				
Late & Incomplete packets will NOT be accepted for review. ALL Immunizations MUST BE finished, as specified below, before turning in your packet.				
Student Name			Office Use Only:	
			Entry Date:	Packet #
Immunization or Titer	Date Given		Colleague ID #	
			Eligible:	
Application		Include in packet		
MMR #1		Include in packet		
MMR #2		Include in packet	Yes	No
Hep A #1		Include in packet		
Hep A #2		Include in packet		
Hep B #1		Include in packet		
Hep B #2		Include in packet		
Hep B #3		Include in packet		
Varicella #1		Include in packet		
Varicella #2		Include in packet		
Tdap		Include in packet		
TB test results		Include in packet		
Background check official and complete		Include in packet. Because this report expires yearly, run the report on or after Jan. 1 <sup>st</sup> .		
The following will only be required if you are accepted into the program for 2020-2021				
Healthcare provider CPR	& First Aid			
Flu Shot		These are due in October		
Drug Screen	Drug screen	This will be done in the 1 <sup>st</sup> semester.		
Physical Exam		This report will be due the first day of class in august. Must be current within the year.		
<b>Prerequisites:</b>				
BIO 227				
BIO 227L				
BIO 228			<b>Equivalency</b>	
BIO 228L				
BIO 250				
BIO 250L				
COM 101				
ENG 101				
HCT 100				
HCT 101				
MAT 123				
PSY 101 OR				
SOC 101				
If you have any transfer credits, you must provide in your packet, a transfer equivalency print out from the CEI registrar to show we have your information entered <u>along with</u> your Program Evaluation from WebAdvisor.				

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## Application for Admission

Name \_\_\_\_\_  
First Middle Last Former Name (if applicable)

Home Address \_\_\_\_\_  
Street City State Zip Code

Permanent Address (if different from above) \_\_\_\_\_

CEI Student ID # \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Current e-mail address \_\_\_\_\_

### EDUCATION

Official transcript(s) must be received by the office of admissions and records.

Name of School	Location of School	From Month/Year	To Month/Year	Diploma or degree rec'd?	Major/Minor
High School					
College					

### Professional Licenses or Certification

Type	Issued by Which State or Agency	License Number	Date

### Follow Up Information

It is important that we follow up our students after graduation to be sure they obtain appropriate employment. Please provide information about two people who will always know where to locate you.

Name	Mailing Address	Telephone

### Health Related Work/Volunteer Experience

Employer \_\_\_\_\_ Phone \_\_\_\_\_ Ext \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Job Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Phone \_\_\_\_\_ Ext \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Job Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

## Please Read and Sign the Following

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misinterpretation or falsification of information is cause for denial of admission or expulsion from the college. I understand that illegal use, possession, and/or misuse of drugs are reasons for immediate dismissal from the Medical Assisting program. I understand that a felony conviction may prevent me from obtaining a nursing license.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## In Case of Emergency, Notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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## BACKGROUND CHECK

**Criminal background checks** are a requirement of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Criminal background checks are necessary to meet clinical practicum site requirements during Eastern Idaho Technological Colleges' (CEI) Health Professions programs. Because the report expires every year, run the report on or after Jan 1<sup>st</sup>.

Individuals who have been charged and/or convicted of a felony or misdemeanor for battery, assault, substance abuse and theft will not be accepted in CEI's Health Professions programs.

PreCheck is the only approved company that meets HCA requirements.

To register for the background check, see the instructions on the CEI website. These instructions are available on the CEI website – click Programs of Study, then Health Professions, choose MA program – look on the right side of screen for LPN, SRT, DTL, MA Student Background Check Instructions.

**\*\* You will need to print out your official completed results and provide a copy with your completed application packet.**

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## IMMUNIZATION RECORDS

Read and print the following enrollment form. You will need to provide the records that you currently have to Eastern Idaho Public Health Department. If you are not obtaining immunizations at EIPHD, you will be charged a **\$10.00 fee** to complete your IRIS. Your records will be uploaded to the database. Once the records are complete you may request a print out of your records.

**\*\* A copy of your IRIS record must be included in your packet.**

You may mail your records along with the enrollment form and a check for \$10.00 to:

**EIPHD  
Attn: Immunizations Program  
1250 Hollipark Drive  
Idaho Falls, Idaho 83401  
(208) 533-3235**

You may also go directly to the facility. If you chose to go to the facility in person please identify yourself as a CEI student. **Do not wait until the last minute to do this. The Eastern Idaho Public Health Department is not obligated to provide you with this information at your convenience.**

**Note: Titers are now able to be filed on the IRIS form. You need to have them drawn at Express lab and submit a copy of the results demonstrating immunity. Tell them it is for CEI program entrance.**

Express Lab  
Washington Pkwy  
Idaho Falls, ID 83404  
(208) 529-8330