**Online Information Session Attendance Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

**DALLAS COLLEGE – EL CENTRO CAMPUS**

**MEDICAL ASSISTING PROGRAM APPLICATION**

**PLEASE PRINT:**

**DCCCD STUDENT ID NO.**

**NAME**

 **Last First MI Maiden/Other**

**ADDRESS**

 **Number and Street Apartment Number**

 **City State Zip Code**

**PHONE**  **Home Cell/Other**

**EMAIL**

**HIGH SCHOOL GRADUATE?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No GED?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**LIST *ALL* PREVIOUS COLLEGES ATTENDED FOR ACADEMIC CREDIT. (Current official transcripts must be on file in Registrar’s Office. Transcripts from Dallas College campuses are not required.)**

**I am submitting my application materials for admission to the** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_ **semester.**

 **(Fall or Spring)**

**I certify that the information given on this application is complete and accurate.**

 **Applicant’s Signature Date**

***Educational opportunities are offered by Dallas College without regard to race, color,***

***age, national origin, religion, sex, disability or sexual orientation.***

**STATEMENT OF STUDENTS’ RESPONSIBILITY**

**Review and initial each section as verification that you have read and understand this information:**

\_\_\_\_ I acknowledge that this information packet contains policies, regulations, and procedures in existence at the time this publication went to press. I also acknowledge that the Dallas College School of Health Sciences and the El Centro campus reserves the right to make changes at any time to reflect current Board policies, administrative regulations and procedures, and applicable State and Federal regulations. Furthermore, I understand that this packet is for information purposes only and does not constitute a contract, expressed or implied, between any applicant, student, or faculty member and Dallas College.

\_\_\_\_ I have read and understand the admission process for the Medical Assisting program which has a limited number of spaces available. I understand that successful completion of prerequisite courses and/or submission of complete application packet materials does not guarantee acceptance to the Medical Assisting program.

\_\_\_\_ I accept full responsibility for submitting **a complete Medical Assisting application packet** prior to or by the designated application filing deadline and **understand incomplete materials will disqualify my application.** I also accept the responsibility of informing the Health Occupations Admissions Office at the El Centro campus of any change in my status, address, telephone number, or other information that would affect my application status.

\_\_\_\_ I understand that I must submit all of my current official transcripts (other than for Dallas College transcripts) to studenttranscripts@dcccd.edu or at the Registrar’s Office at one of the Dallas College campuses prior to applying to a health occupations program and that failure to do so will void my application to the program.

\_\_\_\_ I understand that if I am accepted to the program for a fall semester entry, I must submit the official physical exam form and documentation of required immunizations, tuberculosis screening, and Healthcare Provider level CPR certification to SurScan and receive notification from them that I am compliant with these requirements no later than January 1st if my clinical is scheduled for the following September. If accepted for the program for a spring entry, I must submit this documentation to SurScan no later than October 1st if my clinical is scheduled for the following January. I further understand that if I am not compliant by that specific deadline, I will not be allowed to attend clinical.

\_\_\_\_ I acknowledge that if admitted to the Medical Assisting program, I may be assigned to clinical rotations at area healthcare facilities which may require additional proof of immunity or additional inoculations/immunizations**. I also acknowledge that I am required to have my own personal health care insurance coverage and submit documented proof to SurScan with my immunization records prior to being allowed to attend clinical.**

\_\_\_\_ I am aware that if I am accepted to the program, I will be required to undergo a criminal background check and mandatory drug screening prior to being allowed to attend a clinical rotation and that the results of these screenings become the property of the School of Health Science and will not be released to me or any other third party. I also understand that the outcome of these screenings may result in my dismissal from the Medical Assisting program.

\_\_\_\_ I understand that clinical opportunities in the Medical Assisting program may be limited for students without Social Security numbers. I also acknowledge that I am instructed to consult the Multi-Cultural Center at the El Centro campus prior to graduation from the program to inquire about obtaining a Social Security number.

 Applicant’s Signature Date