

Admission Choice:	Fall    Spring (Circle one)
-------------------	--------------------------------

## Medical Assistant Program Application

Full Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City ST Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ KCKCC Student ID # \_\_\_\_\_

Are you a US citizen? \_\_\_\_\_

<b>Day</b> _____ <b>Evening</b> _____ Please rank 1 <sup>st</sup> or 2 <sup>nd</sup> choice
--

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

### ACADEMIC RECORD

	Name & Address of School	Dates of Attendance	Major	Did you graduate?	Degree Received
High School / GED					
College					
Vocational / Technical					
Other					
Other					

**\*\*\*Please include a copy of ALL college or high school transcripts with this application. Official copies of all transcripts should be sent directly to the Admissions Office of Kansas City Kansas Community College if they have not already been sent. (High school transcript is not necessary if you have received a previous college degree)**

### Health Care-Related Certifications

Type	Current yes/no	Expiration Date	Certification/License #
CPR			

**\*\*Please attach copies of all current health care related certifications.**

## MILITARY EXPERIENCE

Rate and Rank \_\_\_\_\_

Branch \_\_\_\_\_

Dates (from – to) \_\_\_\_\_

Specialty \_\_\_\_\_

**\*\*\* Attach a copy of your discharge status papers. Also attach copies of any medical MOS training certificates that you have completed.**

## EMPLOYMENT EXPERIENCE

Please attach a current resume.

**(Highlight in the space below any health care related experience.)**

---

## CRIMINAL BACKGROUND

Have you ever been convicted of a misdemeanor crime against a person?  
If yes, please provide details on a separate sheet of paper.

Yes / No

Have you ever been convicted of a felony of any type?  
If yes, please provide details on a separate sheet of paper.

Yes / No

Have you ever been convicted of a crime in a military court?  
If yes, please provide details on a separate sheet of paper.

Yes / No

If selected for a position in the program, you will be required to authorize a criminal history clearance. Students are not automatically excluded from consideration if they have been convicted of a crime. Their suitability for program inclusion will be evaluated based on the totality of circumstances such as nature of crime, time since, conviction, etc. Convictions of a felonious nature could impact decisions made by certification agencies for medical assistants.

## Other

Do you have a physical handicap or disability that may require special provisions?  Yes  No

Have you ever been addicted to any chemical substance?  Yes  No

Have you had any disciplinary action brought against you in connection with health care-related positions?  Yes  No

Have you previously attended a medical assistant program?  Yes  No

*If yes, please provide contact information (program name, phone number/ contact person/date)*

**If the answer to any of the above questions is "Yes", please attach documentation of the circumstances.**

---

## REFERENCES

Please find attached two forms for distribution to your designated references. All forms are to be returned **directly** to David Noll M.D. Medical Assistant Program Coordinator, Kansas City Kansas Community College, Dr. Thomas R. Burke Technical Education Center, 6565 State Avenue, Kansas City, KS 66102 in the envelopes provided. References returned with this application WILL NOT be accepted. Please indicate below whom you have asked to provide references for you. **DO NOT** use relatives!

Name / Position	Address	Telephone

Please provide brief responses to the following questions. **Make sure that your answers are written legibly and in complete sentences.**

1. Why do you want to become a Medical Assistant?

2. What are your immediate career goals upon graduation?

3. What are your long-range goals?

4. How did you learn about KCKCC's Medical Assistant Program?

5. Why did you choose to apply to KCKCC's Medical Assistant Program?

Kansas City Kansas Community College is committed **to an appreciation of diversity with respect for the differences among the diverse groups comprising our students, faculty, and staff that is free of bigotry and discrimination.** Kansas City Kansas Community College is committed to providing **a multi-cultural education and environment that reflects and respects diversity and that seeks to increase understanding.**

**Medical Assistant Program  
Affidavit and Authorization to Investigate/Hold Harmless**

I attest that all of the facts, dates, and information that I have provided the Medical Assistant Program by virtue of this application, attachments, and oral statements are true. In submitting an application for admission, I authorize the investigation of all statements contained in it, and, it is understood and agreed that any misrepresentation by me may result in cancellation of my application and/or termination from the program.

If accepted, I will provide, if requested and at my expense, proof of a recent (within the past three years) health evaluation certifying my fitness for the program; I will also provide verification of health insurance coverage, and immunizations.

I authorize KCKCC to make any and all necessary and appropriate investigations to verify information given by me and to examine my fitness for participation in KCKCC's Medical Assistant Program. I understand that these investigations may include my criminal background, references, and any other material applicable. I hereby agree to release, defend, indemnify, and hold harmless, any person, company, or corporation as to any and all claims arising due to their supplying information pertaining to my suitability for application to KCKCC.

I understand that my admission to the Medical Assistant Program is conditional and that I can be terminated for cause. Such cause includes, but is not limited to, my failure to adhere to program rules, guidelines, or policies and procedures; any criminal activity which would render me ineligible to complete clinical or externship requirements; or my failure to maintain the 70% passing grade requirement for each given course during program.

Applicant Name Printed: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn to before me in the County of \_\_\_\_\_ State of \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

My Commission expires \_\_\_\_\_

(Notary Signature) \_\_\_\_\_