

**Hopkinsville Community College**  
**Allied Health Department**  
**Application for Medical Assisting Admission**

**Date:** \_\_\_\_\_ **Student ID (9 digit number)** \_\_\_\_\_

**Name** \_\_\_\_\_  
(Last) (First) (Middle Initial) (Maiden, if applicable)

**SSN** xxx - xx - \_\_\_\_\_ **DOB** \_\_\_\_\_ **Phone** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**KCTCS email:** \_\_\_\_\_@kctcs.edu **Personal email:** \_\_\_\_\_@\_\_\_\_\_

**List all last names** that records could be listed under: \_\_\_\_\_

**Current address** \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip) (COUNTY of Residence)

1. Does HCC Admissions/Records have your <b>ACT/SAT</b> scores? <input type="checkbox"/> ACT <input type="checkbox"/> SAT <input type="checkbox"/> Neither	
2. If you have taken or retaken the ACT this year, please indicate which month _____	
3. Where did you attend high school or complete your GED?	
<input type="checkbox"/> High School Name _____	Graduation Month/Year _____
City and State _____	
<input type="checkbox"/> GED Completion: City and State _____	Completion Month/Year _____

Are you currently certified in CPR through the American Heart Association?

Yes – Expiration Date: \_\_\_\_\_

No – You must be certified before August 1<sup>st</sup> to be eligible.

Have you completed the following courses with a grade of “C” or Higher?

- |  |    |  |
|--|----|--|
| <input type="checkbox"/> BIO 137 and BIO 139 | or | <input type="checkbox"/> BIO 135             |
| <input type="checkbox"/> ENG 101             |    | <input type="checkbox"/> PSY 110             |
| <input type="checkbox"/> MAT 110 or Higher   |    | <input type="checkbox"/> Heritage/Humanities |
| <input type="checkbox"/> AHS 115 or CLA 131  |    | <input type="checkbox"/> CIT 105 or IC3 Exam |

Pre-Admissions Conference Attended:  \_\_\_\_\_

(Check the HCC website for dates. <https://hopkinsville.kctcs.edu/education-training/program-finder/medical-assisting.aspx>)

Please list all colleges you have attended **and** are attending:

\*Please make sure official transcripts for all colleges have been received by HCC Admissions/Records before June 1<sup>st</sup>.\*

<b>Name of College</b>	<b>City, State</b>
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- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Have you attended a college in the KCTCS system prior to Summer 2000?  Yes  No

In order to be considered for admission or to be retained in the program after admission, all applicants should possess:

1. Sufficient visual acuity, i.e. to accurately prepare and administer medication and to participate in the observation necessary for client assessment and nursing care. \_\_\_\_\_ Initial
2. Sufficient auditory perception to receive verbal communication from patients and members of the health care team as well as to assess health needs of people through the use of monitoring devices such as cardiac monitor, stethoscope, Doppler, fire alarms, etc. \_\_\_\_\_ Initial
3. Sufficient gross and fine motor coordination to respond promptly and to implement the skills, including the manipulation of equipment, required in meeting health needs. \_\_\_\_\_ Initial
4. Sufficient communication skills (speech, reading, writing) to interact with individuals and to communicate their needs promptly and effectively, as may be necessary in the individual's interest. \_\_\_\_\_ Initial
5. Sufficient intellectual and emotional functions to plan and implement care for individuals. \_\_\_\_\_ Initial
6. The ability to lift and/or move up to 50 pounds. \_\_\_\_\_ Initial
7. The ability to be up on feet for 8 – 12 hour clinicals. \_\_\_\_\_ Initial

I certify that all of the information provided is correct to the best of my knowledge.

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

\_\_\_\_\_  
Date

**Each applicant will submit a letter of intent addressing why they personally are interested in the Medical Assisting Program. The letter along with this application must be submitted in-person to one of the following before June 30, 2020 at 2:00 p.m. Central Time for August admissions:**

Julie Folz, Program Coordinator for Medical Assisting

Beth Beverly, Director of Allied Health

*Hopkinsville Community College offers Equal Education and Employment Opportunity*

For statistical purposes only, please complete the section below. This information is strictly for reporting purposes and will in no way be used in the application review and decision making process.

Gender       Male       Female

Age Range     18-22     23-25     26-30     31-40  
                  41-50     51-60     Over 60

Ethnicity/Race  African American/Non-Hispanic  Asian or Pacific Islander   
                     Caucasian/Non-Hispanic  Hispanic  
                     Native American     Other \_\_\_\_\_

Military-Affiliation  My family is stationed at Fort Campbell.  
                               I have been previously enlisted in a branch of the military.  
                               Not Applicable