

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 ACT/SAT 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 _____ City and State _____ Graduation Month/Year _____
<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 1st to be eligible.

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

- | | |
|---|--|
| <input type="checkbox"/> BIO 137 | <input type="checkbox"/> ENG 101 |
| <input type="checkbox"/> BIO 139 or BIO 135 | <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: June 5th June 21st

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 July 6th.****

Name of College	City, State
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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, dopplers, 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 28th at 2:00 p.m. Central Time zone for August admissions:

Nichole Butler, 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