



Highland Community College
 Nursing/Allied Health Department
 2998 W. Pearl City Road
 Freeport, IL 61032

**REQUEST FOR ADMITTANCE INTO
 MEDICAL ASSISTANT PROGRAM
 *ALL APPLICATIONS ARE DUE
 APRIL 1***

Fall 2010 Application

**IN ORDER TO BE CONSIDERED FOR THE PROGRAM, THE FIRST THING THAT NEEDS TO BE
 TURNED IN IS THE APPLICATION. THE COMPLETED APPLICATION WILL START YOUR FILE
 FOR REVIEW. INCOMPLETE FILES WILL NOT BE ACCEPTED.**

Things to Attach:

- Typed, Personal Statement
- Service to others form
- Copy of an official transcript(s) from all colleges attended, except HCC
- 3 letters of recommendation
- Nelson Denny Results

Please Print.

Last Name	First Name	Middle	Former Last Name(s)
Address	City	State	Zip Code
Home Phone	Cell Phone	Date of Birth	

Home e-mail address: _____

IF CURRENT ADDRESS IS LESS THEN 1 YEAR, PLEASE SUPPLY FORMER ADDRESS

Applying for fall of _____

**HAVE YOU BEEN A MEDICAL ASSISTANT STUDENT
 PREVIOUSLY?**

____ Yes ____ No

IF YES, LIST ALL MEDICAL ASSISTANT PROGRAMS PREVIOUSLY ATTENDED		Dates attended

HIGH SCHOOL STATUS (HIGH SCHOOL TRANSCRIPT OR G.E.D. MUST BE ON FILE IN THE ADDMISIONS OFFICE)

_____ H.S. or G.E.D. not completed

 _____ High School Graduate Year graduated: _____ High School: _____
 _____ Completed G.E.D. Year G.E.D. completed: _____ Where completed: _____

EDUCATION HISTORY

_____ CERTIFICATE (TYPE/YEAR) _____
 _____ ASSOCIATES DEGREE (TYPE/YEAR) _____
 _____ BACHELORS' DEGREE (TYPE/YEAR) _____
 _____ MASTERS' DEGREE (TYPE/YEAR) _____
 _____ OTHER (TYPE/YEAR) _____

If you have any condition that might interfere with your ability to meet the demands of medical assisting school, please describe them:

LIST ALL COLLEGES ATTENDED OTHER THEN HIGHLAND COMMUNITY COLLEGE

Please include two sets of official transcripts for each college attended.
(One for Admissions and one for the Nursing/Allied Health Department)

Dates of Attendance

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

WORK EXPERIENCE FOR THE PAST 10 YEARS (LIST MOST RECENT FIRST)

Dates of Employment	Position	Employer	Address

Please check here if you either live or work in Highland's district:

References:

1 Service to Others Supervisor, and any 2 of the following: Instructors or teachers, immediate supervisors, and community leaders

***Note: References from relatives and close friends are not recommended; at most one would be accepted for review.**

PLEASE PRINT the contact information for each of the three references writing letters of recommendation and include which letter they are referencing for you. (Example: John Smith, Volunteer Letter) Please also make sure they include this on the letter they send in.

1.	_____	_____	_____
	Name and Title	Business or Organization	Address
	_____	_____	_____
	City	State	Zip Code
			Phone
2.	_____	_____	_____
	Name and Title	Business or Organization	Address
	_____	_____	_____
	City	State	Zip Code
			Phone
3.	_____	_____	_____
	Name and Title	Business or Organization	Address
	_____	_____	_____
	City	State	Zip Code
			Phone

I understand that I am responsible for contacting my three references and providing them with the addressed envelopes for sending the letters of recommendation to the Nursing/Allied Health Office by the deadline of April 1.

I understand that if I withhold or give false information on this form it may make me ineligible for admission to the Medical Assisting Program or subject me to dismissal. I further certify that all statements are complete and correct to the best of my knowledge.

I hereby authorize Highland Community College Nursing/Allied Health Program to personally contact all references I have listed for the purpose of gaining information which may affect my admission into the Medical Assisting Program.

I understand that the completed forms are for use by the Medical Assisting Admission Committee and Highland Community College only. I voluntarily waive my right of access to this recommendation under Public Law 93-380 and the Regulations promulgated there under so that it may be kept confidential. I understand that all of my information will be kept on file with the Highland Community College Medical Assisting Program for 5 years or until admitted. I am aware that I can only resubmit this current file for one additional year by turning in a letter of intent by January 1, and thereafter have to submit a new application. I understand that if I do not meet HCC residency requirements my file will only be reviewed for admittance after all qualified in district students have been accepted, and additional spots remain open.

Signature

Date

***Note: It is the student's responsibility to notify the Nursing/Allied Health Office of changes in any of this information.**

Service to Others Form

Please fill out based on your continuing experience with service to others.
(All area must be completely filled out to count as service)

1.) Organization	Supervisor's Signature & Phone #	Dates	Hours
_____	_____	_____	_____

Briefly explain what you did during your time of service and what kind of people you interacted with during this experience:

2.) Organization	Supervisor's Signature & Phone #	Dates	Hours
_____	_____	_____	_____

Briefly explain what you did during your time of service and what kind of people you interacted with during this experience:

3.) Organization	Supervisor's Signature & Phone #	Dates	Hours
_____	_____	_____	_____

Briefly explain what you did during your time of service and what kind of people you interacted with during this experience:
