

Application for Admission to the Medical Assistant Certificate Training Program

Application Purpose and Guidelines:

The purpose of this application is to document the skill set of the Medical Assistant Certificate Training candidate. This enables the Selection Committee to properly assess each candidate's skills, abilities, background and motivation to succeed. Our goal is to select candidates who will be successful in the program and become competitive for employment.

Submit the Completed application and supporting documents* to:

Kim Hashem-Dugal Great Bay Community College Business & Training Center 320 Corporate Drive Portsmouth, NH 03801

Required documentation: ONLY THE FIRST 4 DOCUMENTS MUST BE SUBMITTED FOR AN INTERVIEW

- 1. Application
- 2. Resume
- 3. High School Diploma, GED, HiSet or College transcripts (highest degree achieved)
- 4. Results of WorkReadyNH Pre-Assessment*
- 5. WorkReadyNH Certificate of Completion*
- 6. Physical Examination/ Health screening AND Immunization Record after you begin class
- 7. NH Criminal Background Check after you begin class
- 8. Drug testing results after you begin class
- 9. CPR/First Aid (American Heart Association Professional Rescuer) **not required**; show proof if already have

* To enroll in WorkReadyNH or schedule an assessment, call 603-427-7636

The Selection Committee will review the completed application and supporting documentation and interview the candidates. Interviews will be conducted when all required documentation has been received.

The selection process will consider:

- Candidates who are 18 years or older.
- · Candidates who have a desire to work in the medical field
- Candidates who have completed WorkReadyNH are given preference
- Candidates who will commit to an intense twelve-week/480-hour program of instruction & practicum

MA Application Information Please check the class for which you are applying: JANUARY 6, 2020_____ APRIL 6, 2020_____ SEPTEMBER 28, 2020_____ JULY 6, 2020_____ Name:_____ First Middle Last Address:____ Street Town State Zip Code Telephone: Home ☐ Work _ Cell **Primary:** Cell Home Secondary: Preferred Email: @ In a medical emergency please contact: Name: First Middle Last Address: Street State Zip Code **Educational History** High School Last Attended: _____ School Address______State___Zip____ Year of High School Graduation ______or Year G.E.D/HiSet Awarded ______ Post-Secondary Education: School Name ______State ______

Year of Graduation ______or Dates of Attendance _____

Last Name While in High School (or GED/HiSet)_____

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1. Employe	r Dates of employment Summary of Responsibilities:		
2. Employe	r Dates of employment Summary of Responsibilities:		
3. Employe	r Dates of employment Summary of Responsibilities:		
Reference			
Name:			
Organization	First	Last Relationship:	
Address:			
Telephone	Street	State Email	Zip Code
Signature of Applicant:			
			_ Date

Notice of Non-Discrimination

Employment History

Great Bay Community College does not discriminate in the administration of it admissions and educational programs, activities, or employment practices on the basis of race, color, religion, national origin, age, sex, disability, genetic information veteran status, sexual orientation, political affiliation or marital status. This statement is a reflection of the mission of the Community College System and Great Bay Community College and refers to, but is not limited to, the provisions of the following laws: Title VI and Title VII of the Civil Rights Act of 1964, as amended, the ~ The Age Discrimination Act of 1967 (ADEA) ~ Title IX of the Education Amendment of 1972 ~ Section 504 of the Rehabilitation Act of 1073 ~ The Americans with Disabilities Act of 1990 (ADA) ~ Section 402 of the Vietnam Era Veterans' Readjustment Assistance Act of 1074 ~ Genetic Information Nondiscrimination Act of 2008.