Application for Fall 20 _____

COLLEGE OF THE REDWOODS

Department of Health Occupations
Medical Assisting Application

Name _____
First Middle Last

Social Security Number ☐☐☐-☐☐-☐☐☐☐

Student ID# _____
(obtained when you apply to College of the Redwoods)

Phone (☐☐☐) ☐☐☐-☐☐☐☐

Address _____
No. and Street City State ZIP

Choice of Schedule Pattern: (check one)

☐ Full-time

☐ Part-time

Assessment Test Scores: (Attach copies of English and math assessment test scores)

Check ☐ Scores attached

Education Completed

High School graduation or equivalent is required.

Date of Graduation _____ or date of GED completion _____

School/City/State _____

Attach verification of graduation or copy of GED scores.

Health

A physical exam and CPR certification (BLS-C level or equivalent) are required prior to beginning the spring semester Medical Assisting externship (MA165). Physical exam forms will be distributed to students during fall semester.

Complete and return this application to the Health Occupations Department with items indicated above attached.

I have received and understand this application procedure and eligibility requirements information sheet.

Signature _____ Date _____