

Dear Prospective Student,

Thank you for your interest in the Allan Hancock College Medical Assisting Program. We are pleased that you are exploring Medical Assisting as a profession. Medical Assisting is a demanding discipline and the course of study is challenging as well as rewarding. We urge you to recognize the commitment that is essential if one is to be successful in this program.

Please review the contents of this application packet thoroughly prior to submitting your application and supporting documents. Make and keep a copy of all documents you turn into the office for your reference.

If you have questions regarding the program please take a look at the Medical Assisting website <https://www.hancockcollege.edu/health/medical/medical.php> or if you have a specific question about the application process contact the Health Sciences Department at healthsciences@hancockcollege.edu.

Sincerely,

Tawnya Karstrom

Program Technician

In order to be considered for the Medical Assisting program, you must use the attached application and turn in the required documents no later than May 31, 2024 end of day. This application is application period specific. Please read through the entire packet and be sure to turn in a completed packet. A randomized lottery will seat the first 24 students who applied, all other applicants with a lottery number will be placed on a program waitlist.

PROGRAM

The Medical Assisting certificate program is a two-semester program beginning in August and ending in May held during the day. This program will provide essential skills that are needed for employment in a medical office. A grade of “C” or better in the medical assisting fall classes are required to progress in the program for spring. A five week externship is required at the end of the spring semester.

If you have completed the Medical Billing and Coding program within the last two years or are currently in the Medical Billing program, you may apply and have priority seating. You will need to apply now for a seat in the program starting in Fall. Please indicate this on your application by checking the appropriate box.

COMPLETED APPLICATION PACKET AND ELIGIBILITY:

- All applicants must have an AHC student ID number and complete the program application form attached.
- You must be 18 years of age or older and provide proof with this application.
 - Acceptable forms of proof of age: birth certificate, passport (page containing name and date of birth) or a driver’s license/identification card, only one document is required.
- All applicants must show completion of English 101 with a grade of “C” or better
 - A printout of your AHC unofficial transcripts must be provided with this application.
 - Official transcripts from any other colleges must have already been evaluated by AHC Admissions and Records transcriber and in your AHC portal to print for proof of completion.

Applications will be accepted in one of the following ways:

- Hand deliver your complete packet to the Health Sciences office (M132) on the Santa Maria campus. (Mailbox across from the M132 office door)
- Mail: Attn: Allan Hancock College \ Health Sciences Department (M132) \ 800 S College Drive \ Santa Maria, CA 93454. (Post marked on or before the application due date)
- It is recommended to place all documents in one envelope before turning in.

If you would like to apply to more than one program within the Health Sciences department, you are welcome to do so, however, if your lottery number places you in more than one program at the same time, the office will decide which program you will be placed in. You will only be permitted to register for one program at a time. To be considered for the other programs the following year, you must apply to that program during the next application period and attach the acceptance email.

UPON ACCEPTANCE INTO THE MEDICAL ASSISTING PROGRAM

All applicants will be notified via email (provided by you on this application) regarding admissions status, by the end of the day **June 21, 2024**. Please write or type your application clearly so there is not any confusion on the information you are giving. Be sure to check your spam/junk email, AHC email sometimes does not go to your inbox.

- All students in the program are expected to have English 101 completed with a grade of “C” or better and maintain a 2.0 Grade Point Average (GPA) or above each term prior to moving on to the next term. Core curriculum is intended to be completed in one academic year.
- Students must provide their own transportation to off-campus clinical sites.
- A selected uniform and adherence to the dress code is required.
- If accepted you must complete a physical by a physician of your choice. You will be required to turn in a complete immunization record with the physical form, CPR certification (specific to program), complete and pass a drug screening and background check, order kit and purchase program approved uniforms by the acceptance packet due dates to be in compliance with our facilities (Packet will have all information along with deadline dates and will be sent via email with your seating status).
- It is the responsibility of the student to register and pay for all Medical Assisting classes held in each semester by the deadline dates and follow the college payment policy.

ABSENT AND TARDY POLICY

Class grade points are deducted for absences in excess of two (2) per semester. Three (3) tardies are considered a full day’s absence. If you are not present when role is called, you are tardy. Missing 30 minutes of class or more during ANY part of class is considered a full day’s absence. Do not make appointments during class time.

DRESS CODE

Your appearance reflects the clinical site and college standards, it indicates to patients and co-workers your pride and interest in your profession. These standards are maintained by personal neatness and cleanliness, by wearing only the authorized uniform and by avoiding the use of elaborate jewelry and cosmetics. More information regarding uniforms will be in the emailed acceptance packet.

FINANCIAL AID

Please contact the Financial Aid office for all questions and/or eligibility, or go to <https://www.hancockcollege.edu/finaid/index.php> for up-to-date information.

EMPLOYMENT OPPORTUNITIES

The median hourly wage is \$20.00 per hour. A medical assistant may work in private practice such as a medical office. Other areas of employment include community clinics and government agencies.

CERTIFICATION OF ACHIEVEMENT – Total of 26.5 units

Allan Hancock College will offer a Certificate of Achievement, once the student has completed the mandatory classes.

1st semester – 14 units

MA 305	Body Systems and Disease	5
MA 350	MA Fundamentals	2
MA 351	MA Clinical Procedures 1	3
MA 352	MA Administrative Procedures	4

* If you have previously taken the Medical Billing and Coding program at AHC, you may apply to the Medical Assisting program. You will not have to take the MA 305 and 352 classes.

2nd semester – 12.5 units

MA 353	MA Clinical Procedures 2	5
MA 355	MA Pharmacology	4
MA 356	MA Job Success Externship	3.5

IMPORTANT:

It is the responsibility of the facilities (Externship sites) to hold students to the same standards as an employee who has patient contact. The facilities have the final say as to whether a student may participate in patient care. It is not the decision of Allan Hancock College.

Infractions, probations or pending court cases with a disposition date within 2 years showing up on backgrounds may result in non-admittance to or dismissal from the program. Felony convictions will result in non-admittance to the program.

*It may take several weeks to complete the background check. You will be dropped if the background check is not started by the date on your acceptance packet.

****BACKGROUND CHECKS:** The Joint Commission of Hospital Accreditation and policies of our externship sites have required that any person having patient contact be screened for criminal convictions, and the results must be available to the care facility or medical clinic.

MEDICAL ASSISTING PROGRAM ESTIMATED STUDENT FEES

Pre-Enrollment Expenses	
PHYSICAL EXAM – Private physician	Variable Cost
IMMUNIZATIONS – Hepatitis B Series, DPT, MMR, Varicella, TB, Flu and COVID Series	Variable Cost
BACKGROUND CHECK – Corporate Screening	\$49.92 (Specific)
DRUG SCREENING – Med Plus Central Coast on Depot Street (AKA Dignity Health Urgent Care)	\$55.00 (Specific)
CPR FOR HEALTHCARE PROVIDERS EMS 306 (\$23 ½ unit) (\$11.50 material fee) (\$25.50 textbook)	\$55.75 (AHC)
Total is estimated excluding variable costs	\$160.67
Fall Semester	
TUITION (14 units @ \$46/unit)	\$644.00
PARKING (\$2.00 PER DAY OR \$20.00 FOR SEMESTER)	\$20.00
HEALTH FEE (\$23), STUDENT CENTER FEES (\$1 PER UNIT/\$10 MAX), STUDENT REP FEE (\$2 OPTIONAL)	\$35.00
REQUIRED FALL TEXTBOOKS—ENTIRE PROGRAM	\$500.00 (AHC)
IDENTIFICATION NAME PIN	\$5.00
UNIFORMS (4 tops, 4 bottoms, 1 pair of shoes)	\$200.00 (The Shack)
FALL SKILLS KIT	\$100.00 (estimate)
MISCELLANEOUS SUPPLIES – flash drive, notebooks, pens, paper, etc.	Various Cost
Total is estimated	\$1504.00
Spring Semester	
TUITION (12.5 units @ \$46/unit)	\$575.00
PARKING (\$2.00 PER DAY OR \$20.00 FOR SEMESTER)	\$20.00
HEALTH FEE (\$23), STUDENT CENTER FEES (\$1 PER UNIT/\$10 MAX), STUDENT REP FEE (\$2 OPTIONAL)	\$35.00
EXTERNSHIP COSTS (estimated transportation / gas costs)	Various Cost
MISCELLANEOUS SUPPLIES – flash drive, notebooks, pens, paper, etc.	Various Cost
Total is estimated	\$630.00

TOTAL ESTIMATED COSTS TO ACHIEVE MEDICAL ASSISTING CERTIFICATE
\$2,300.00 (excluding variable costs)

If you have taken the Medical Billing and coding program previously, you will not need to pay for two of the Fall courses
Prices are subject to change

Personal Information

Full Name: (First, MI, Last)		
Address:		
Street Address	Apartment/Unit#	
City	State	ZIP Code
Primary Phone:	Secondary Phone:	
Social Security or Tax ID Number:	Birth Date (MM/DD/YYYY):	
AHC Student # H:	Email Address:	
(Mandatory)		

Education

List any other Health Sciences programs you are applying to during Spring -
Have you completed the Medical Billing and Coding program at Allan Hancock College previously ? If yes, Semester/Year:

Confidential Applicant Survey

Federal and state mandates require that we compile summary data on the gender and ethnicity of applicants. To assist us in complying with this requirement we are requesting that you complete the below.

Supplying the following information is optional and will not affect the status of your application.

I identify my ethnicity and gender as:

- | | |
|---|---|
| <input type="checkbox"/> African American / Black | <input type="checkbox"/> Mixed race |
| <input type="checkbox"/> American Indian / Alaska Native | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Male |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Female |
| <input type="checkbox"/> South Asian / Indian, Pakistani etc. | <input type="checkbox"/> Other |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Hispanic / Latino | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Native Hawaiian | |
| <input type="checkbox"/> Other Pacific Islander | Preferred language at home _____ |
| <input type="checkbox"/> Caucasian / White | _____ |

It should be emphasized that it is the policy of Allan Hancock Joint Community College District that no person shall be discriminated against on the basis of race, color, ancestry, religion, gender, national origin, age, physical/mental disability, medical condition, marital status, or sexual orientation, information regarding the gender and ethnicity as applicants is not supplied to any other agency and is kept in a confidential file.

You may hand deliver this application packet to the mailbox across from the M132 office door or mail it into the college using the address on page 4 by the last day of the application period. No phone calls or emails regarding status.

Please read and acknowledge your understanding by checking the box

<input type="checkbox"/>	I have read this application packet carefully and agree to comply with the standards and rules detailed within; application process, completion of certificate guidelines and any other detailed information provided on this application. I will complete mandated items and turn in copies of forms as detailed in this application.
<input type="checkbox"/>	I agree that I must submit proof, with this application, that I am 18 years of age or older to participate in the Medical Assisting Program.
<input type="checkbox"/>	I understand that I must show proof of English 101 complete with a grade “C” or better. If I am currently taking English in the spring semester, my spot is contingent on passing. I understand that my official transcripts from ALL other colleges will be transcribed through Admissions and Records before I turn in my unofficial AHC transcripts showing completion of the prerequisite.
<input type="checkbox"/>	I understand that once I am accepted, a physical, proof of immunizations, background check and drug screening are required by the clinical facilities and not by Allan Hancock College. Infractions, probations or pending court cases showing up on the background check and/or a positive drug screen test may result in non-admittance to or dismissal from the program.
<input type="checkbox"/>	I understand that I will be notified via email no later than June 21, 2024 by the end of the day. It is my responsibility to print my email clearly on the application, and check my spam/junk mail. If given a seat, the information packet will be emailed to the email address I have provided.
<input type="checkbox"/>	If I am on the waitlist (maintained until the last day to add), I understand that I will be contacted via EMAIL/PHONE CALL as seats become available and I may not have very much time to respond. It is my responsibility to complete the packet within the timeframe specified upon notification.
<input type="checkbox"/>	I understand that requirements for the program can change and will require flexibility.

I certify that the statements made in this application are true and complete to the best of my knowledge and that any false or misleading information I may give, may be cause for denial of admittance.

Signature

Date

Submitting an application does not guarantee that applicants have satisfied minimum criteria

If you would like to apply to more than one program within the Health Sciences department, you are welcome to do so, however, if your lottery number places you in more than one program at the same time, the office will decide which program you will be placed in. You will only be permitted to register for one program at a time. To be considered for the other programs the following year, you must apply to that program during the next application period and attach the acceptance email.

For office use only:

Application Complete: ___Yes ___No (Application, Proof of Age, AHC unofficial Xscript)

English 101 Complete: ___Yes ___No ___IP Semester/YR_____ Grade: _____

Any other program applications turned in? ___Yes ___No Program _____

Previous MA or MB student (AHC only)? ___Yes ___No When _____

Notes:

Please remember to make a copy of your entire application packet prior to turning it in. Copies will not be made in the Health Sciences Office. Copy machines can be found in the library, student services or campus graphics.