Thank you for applying to the Portland Community College Medical Assisting Program. In order to be eligible to apply, applicants need to complete all program prerequisites (WR 121, MTH 60 or MTH 58, MP 111, and BI 120 or equivalent coursework) by the end of Fall Term 2019.

Applications for the Spring 2020 Cohort will be accepted October 21 – December 12, 2019. Applications received before October 21 will not be processed until the end of the day on October 21. All materials must be submitted by 5pm on December 12th for your application to be considered for admission – no exceptions. Applications will not be considered complete (and date and time stamped) until all materials are received.

A complete application includes three parts:

1. **This online application form**
2. **Submission of any transcripts from other colleges where you took prerequisites (unless already evaluated)**
   - If you took any prerequisite coursework at a college other than PCC, and it has not yet been evaluated by PCC, you must submit transcripts to the Allied Health Admissions office showing this coursework has been completed by December 12th. They can be attached to this application, emailed to healthca@pcc.edu, delivered to Cascade Campus TEB 103, or mailed to PCC Allied Health Admission 705 N Killingsworth St. Portland, OR 97217. If any of your prerequisites are in progress at another college Fall Term, final grades must be submitted to the Allied Health Admissions office within one week of the close of the admissions period.
3. **Recommendation forms**
   - This recommendation form link needs to be sent to two different people (such as instructors, other college personnel, work supervisors, or volunteer supervisors) to complete and submit.

Admission is competitive and based on a point system. Generally, the 24 students with the most points are selected to begin the program Spring Term 2020. Competitive applicants have good grades, strong
essays and recommendations and work or volunteer experience in the areas listed.

In the event that we have more than one applicant with the same number of points and only one slot left, the complete application that was submitted first will be selected.

Applicants will be notified regarding their conditional admission status via their PCC email within one month of the admission deadline. Official admission will occur after participation in a mandatory Program Orientation.

It is your responsibility to make sure all contact information is current and correct. Please contact Allied Health Admissions with any questions or updates at healthca@pcc.edu or 971.722.5667.

**Applicant information**

Name *

PCC ID number (G#) *

PCC email address *

Alternate email address *

Phone *

Address *

City *

State *

Postal code *

How did you hear about this program?

Have you applied to the Medical Assisting Program before? *

- Yes
- No
Which year did you apply?

[ ]

Are you a part of a grant funded program such as HCNW or NW Promise?

[ ] Yes
[ ] No

If yes, who is your coach?

[ ]

Please list any previous colleges attended

College #1

College #2

College #3

Statements of Understanding

Please check the box next to each statement to indicate you have read and agree with the statement: *

☐ I understand that the experiences listed in the Supplemental Experience Questions below must be verifiable. Applicants may have the experiences listed verified prior to acceptance into the Medical Assisting Program. Any misinformation may result in disqualification of the application.

☐ I understand that the Medical Assisting program is a full time, day program that may include coursework at multiple campuses and practicum locations.

☐ I understand that I am required to have reliable transportation to my clinical practicum sites, and that placement at clinical sites will be determined by the Medical Assisting faculty.

☐ I understand that I must earn at least a “C” in all program related courses. I understand that if I earn less than a “C” in any program related course, I will be dismissed from the program.

☐ I understand that after admission to the program I will be required to complete some or all of the following: criminal background check, proof of immunizations, and a ten-panel drug screening. I also
understand that laws and clinical site requirements are subject to change, and that PCC may have very little to no influence on this process. If I am unable to pass the background check and drug screen required by the sites at the time I am scheduled for directed practice, or provide proof of immunizations from a licensed healthcare professional, I may need to find my own practicum site. This may limit my ability to complete my clinical rotations, graduate from the program and be employable.

I understand that there will be additional costs, including, but not limited to, uniforms and supplies, criminal background checks, random drug screening, immunizations, and the national certification exam application fee.

Supplemental Experience Questions

Provide as much information as possible below. Up to two experiences can be listed – if you have more than two please choose the two that are most relevant. If there is additional information or supporting documents you feel are relevant to include you can email them to healthca@pcc.edu. Worth up to 4 points for each of the five types of experience.

Do you have any experience working or volunteering in the health field? *

☐ Yes
☐ No

What experiences do you have working or volunteering in the health field?

Organization or business *

Supervisor’s name *

Supervisor’s phone or email *

Dates of experience *

Total hours *

Briefly describe the experience *
Do you have any additional experience working or volunteering in the health field? *

- Yes
- No

What additional experiences do you have working or volunteering in the health field?

Organization or business *
Supervisor's name *
Supervisor’s phone or email *
Dates of experience *
Total hours *

Briefly describe the additional experience *

Do you have experience using a computer, including using programs such as Microsoft Office Suite, Google Applications and other software? This could include coursework. *

- Yes
- No

What experience do you have using a computer, including using programs such as Microsoft Office Suite, Google Applications and other software? This could include coursework.

Organization, business or class *
Supervisor or instructor's name *
Supervisor or instructor’s phone or email *
Dates of experience or term *
Briefly describe the experience *

Do you have additional experience using a computer, including using programs such as Microsoft Office Suite, Google Applications and other software? This could include coursework. *

- Yes
- No

What additional experience do you have using a computer, including using programs such as Microsoft Office Suite, Google Applications and other software? This could include coursework.

- Organization, business or class *
  - Supervisor or instructor's name *
  - Supervisor or instructor's phone or email *
  - Dates of experience or term *

Briefly describe the additional experience *

Do you have any experience with customer or public service? *

- Yes
- No
What experience have you had with customer or public service?

Organization or business *
Supervisor's name *
Supervisor's phone or email *
Dates of experience *

Briefly describe the experience *

Do you have any additional experience with customer or public service? *

○ Yes
○ No

What additional experience have you had with customer or public service?

Organization or business *
Supervisor's name *
Supervisor's phone or email *
Dates of experience *

Briefly describe the additional experience *
Do you have any experience volunteering in the community that differs from those listed in the health related experience section? This can be anything that shows you have given back to your community. *

- Yes
- No

What experience do you have volunteering in the community that differs from those listed in the health related experience section? This can be anything that shows you have given back to your community.

Organization or business *
Supervisor's name *
Supervisor's phone or email *
Dates of experience *
Total hours *

Briefly describe the experience *

Do you have any additional experience volunteering in the community that differs from those listed in the health related experience section? This can be anything that shows you have given back to your community. *

- Yes
- No

What additional experience do you have volunteering in the community that differs from those listed in the health related experience section? This can be anything that shows you have given back to your community.

Organization or business *
Briefly describe the experience *

Supplemental essay questions

Essays should be 200-400 words each, and are worth up to 5 points each.

Why are you interested in Medical Assisting? *

What role do you imagine diversity plays in the field of Medical Assisting? What experience do you have treating people equally and including all people? *
If you have completed prerequisites at a college other than PCC, that have not already been evaluated by Portland Community College Student Records, please upload them here.

Thank you for applying to the Medical Assisting Program. Don't forget to request your two recommendation forms. If you were not able to upload transcripts from any colleges other than PCC where you have completed prerequisites that have not already been officially evaluated by PCC you can email them to healthca@pcc.edu, deliver them to Cascade Campus TEB 103, or mail them to PCC Allied Health Admission 705 N Killingsworth St. Portland, OR 97217. We will email your PCC email to notify you about the status of your application, and you will be notified about admission within one month of the close of the application period.