Application Packet

Application Due Dates:

MEDICAL ASSISTING:
- Fall Quarter (August 1st)
- Spring Quarter (March 1st)

MEDICAL BILLING & CODING:
- Winter Quarter (December 1st)

PHARMACY TECH
- Fall Quarter (August 1st)

SURGERY TECH
- Fall Quarter (August 1st)

Enclosed are the materials needed to complete the application packet to the YVCC Allied Health Programs. The gold page is a checklist to aid you in turning in all required documentation. Please read it carefully and mark off items as you gather them.

The yellow form is the application form. Submit this and all required documentation to the program office by the above due date for consideration of acceptance.

The pink form is a sample for your information only. It is the form used by faculty to evaluate applications for acceptance. Please do not fill out and submit the pink form.

Please Note: All required documentation must be submitted as a packet. Late or incomplete application packets will not be considered for acceptance.

Admission to all Programs is tentative until results of the Criminal History Background check and Drug screen are received in the Allied Health Technology Department.

There is a cost to the student to complete this requirement.

If you have questions, please contact:
Allied Health Program Assistant
574-4913
Program Application Completion Checklist

YOUR APPLICATION WILL BE RETURNED IF NOT COMPLETE
provide copies and/or documentation

- High School diploma or Transcripts from High School or GED
- College transcript (unofficial transcript acceptable)
- Current college quarter class schedule (required of all students who are currently enrolled in college)
- TB Skin Test (PPD) if no record of PPD within 12 months, a two-step baseline is required.
  - Positive TB results - provide proof of negative chest x-ray & sign form yearly that have not had symptoms of tuberculosis
- 3 doses (shots) of Hepatitis B or proof of immunity by titer
- 2 doses (shots) MMR (Measles (Rubeola), Mumps, Rubella) or proof of immunity by titer
- Varicella (chicken pox) - with no history: 2 doses (shots) Varicella or physician documentation of disease or proof of immunity by titer
- Tetanus Diphtheria & Pertussis (Tdap) (must have been within the last 8 years)
- Current Year Seasonal Flu immunization
  - for August 1st deadline **ONLY** the current year seasonal flu immunization is required by October 31st
- First Aid/CPR - For The Healthcare Provider Level
- Blood borne pathogens training (HIV) - 7 hours

The following items are not required but recommended and will earn the student additional points

<table>
<thead>
<tr>
<th>Letter of recommendation</th>
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</thead>
<tbody>
<tr>
<td>The letter should be written by someone who can attest to your work ethics and professional characteristics, such as honesty, dependability, attitude, initiative, desire to learn, and/or ability to work as a team member</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Documentation of health care related employment or volunteer work</th>
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<tbody>
<tr>
<td>This documentation could be a signed certificate or statement signed by a supervisor or employer verifying work or volunteer history</td>
</tr>
</tbody>
</table>
APPLICATION FOR ADMISSION TO THE ALLIED HEALTH PROGRAMS

___ Billing and Coding
___ Medical Assisting
___ Combined Medical Assisting/Billing and Coding
___ Pharmacy Technician
___ Surgical Technology

Date of Application: ___________________________  Student ID Number _____/_____/______

Name:_____________________________________________________________________

Last               First               Middle               Maiden Name

Birthdate: _____/_____/_____  Sex: ______

Home Telephone: (_____) __________________

Work Telephone: (_____) __________________

Email Address:______________________________________________

Address:_____________________________________________________________________

Number/Street or P.O. Box   City   State   Zip Code

Person to Contact in Emergency: _______________________________________________

Name               Telephone

Are you bilingual? Yes _____ No _____ If yes, languages in which you are fluent:____________________________

Please complete the following information:

<table>
<thead>
<tr>
<th>High School Last Attended</th>
<th>City/State</th>
<th>Dates From/To</th>
<th>Last Grade Completed</th>
<th>Diploma Year</th>
<th>GPA</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Colleges/Universities Attended</th>
<th>City/State</th>
<th>Dates From/To</th>
<th>Degree/Date</th>
<th>Field</th>
<th>GPA</th>
</tr>
</thead>
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Health Care Related Work/Volunteer History (Last ten years)

<table>
<thead>
<tr>
<th>Employer</th>
<th>Address/Phone Number</th>
<th>Supervisor</th>
<th>Position</th>
<th>Dates From/To</th>
</tr>
</thead>
</table>

__________________________________________
Date Signature of Applicant

An acceptance fee of $30 is required upon acceptance into the program.