

**MEDICAL ASSISTING PROGRAM ADMISSION APPLICATION INSTRUCTIONS**

- \_\_\_ 1. Complete applicant information.
- \_\_\_ 2. Submit this application sheet to the School of Health Science office (B 106) by the deadline date listed below.

<b>Start of MEAS Program:</b>	<b>Application Deadline:</b>
* Fall	April 1
** Spring	September 1

*\* For the **Fall** application deadline **only**: Spring grades will be used to determine eligibility. The application must be turned in by April 1, but the final grades from the preceding Spring for courses that apply will be utilized.*

*\*\* For Spring application: The courses must be complete and listed on the application that is due on September 1.*

If the application date falls on a Saturday or Sunday, the application will be due the Monday immediately following the application date listed.

It is your responsibility to ensure that the entire application sheet is completed and submitted by the deadline. Pieces of information will **NOT** be accepted. The Admissions Committee for the Medical Assisting Program will review this application only after the application sheet is found to be complete.

This application is **NOT** required for students only pursuing the following career options: Insurance Coding and Billing or Office Administrative Specialty Technical Certificates. Phlebotomy options are now under the Health Care Support Program and do not require this application.

**Do not contact the Medical Assisting Faculty or School of Health Sciences Administrative Assistant to inquire about the status of your application after the deadline. You will receive written notification through the mail of your status.**

**Registration into the Medical Assisting Program will be allowed on a “highest” points basis and there is no “cut-off” that is pre-set for each incoming class. The number of students that can be registered into the program is based on the number of externship sites anticipated to be available in the coming year.**

**Each application deadline requires a new application sheet to be submitted.**

**MEDICAL ASSISTING GENERALIST TC PROGRAM ADMISSION APPLICATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Former Name: \_\_\_\_\_ Student ID (C0#): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ Ivy Tech Email: \_\_\_\_\_

Semester Applying For: \_\_\_\_\_ Spring \_\_\_\_\_ Fall

Legal Signature: \_\_\_\_\_ Date Application Submitted: \_\_\_\_\_

**– FOR HEALTH SCIENCES OFFICE USE ONLY –  
REQUIRED PRE-REQUISITE COURSES**

POINT SCALE	
A	6
B	4
C	2
D/F	0
CLEP	3

COURSE NAME	WHEN TAKEN	WHERE TAKEN	GRADE	POINTS
<b>APHY 101:</b> Anatomy & Physiology I				
<b>HLHS 101:</b> Medical Terminology				
Social Science/Humanities Elective				
<b>ENGL 111:</b> English Composition				

Total Pre-Requisite Points: \_\_\_\_\_

Current GPA: \_\_\_\_\_

Date Received: \_\_\_\_\_

Verified By: \_\_\_\_\_

Applicant Response Accepted: \_\_\_\_\_ Declined: \_\_\_\_\_