



# **Application for Cohort 16 Medical Assistant Training Program**

\*Priority Applications due by 5pm on March 29, 2024 Closing Application Date April 12, 2024 Class Details on Page 5 of Application

Program to be held virtually and in Oceanside with Internship/Externship at various North County Clinics

Program Fee \$4,000

## **APPLICANT INFORMATION**

Please fill out this application in its entirety. All applications received must be complete and legible, or will be rejected.

Applicants should review the program schedule prior to applying, as all students are expected to be present for the entirety of the program.

DATE:	NAME:			
ADDRESS:	CITY	STATE	ZIP CODE_	
PHONE:	EMAIL:			
ARE YOU AT LEAST 18 YEARS			☐ Yes	□ No
DO YOU HAVE RELIABLE TRA	NSPORTATION TO GET TO	)/FROM THE PROGRAM	M? □ Yes	□ No
DO YOU CURRENTLY HAVE H	IEALTH INSURANCE?		☐ Yes	□ No
IF SELECTED, WILL YOU BE A	BLE TO SUBMIT PAYMENT	IN FULL BY 5/31/2024	? □ Yes	□ No
If no, please explain. (If needed, Assistance section).	use separate sheet of paper	and attach to applicatio	n).(See Tui	tion
DO YOU HAVE ACCESS TO A (This will not determine acceptar			☐ Yes	□ No
Describe your interest in the Meapaper and attach to application).	0. 0	am. (If needed, use a s	eparate she	eet of
Response required.				

C16 VCC/CSUSM MA Training Program – External Application							Rev_021524
EMPLOYMENT HISTORY							
Have you ever worked in t	the medical field?	□ Yes [	□ No				
	Current I	Employer					
Company Name							
Company Address							
Job Title							
Job Duties							
Dates Employed	From (MM/DD/YY)		To (MM/	/DD/YY)			
Supervisor Name			Supervis	sor Phon	е		
Reason for Leaving		L				-	
May we contact this emp	loyer?				☐ Yes	□ N	0
	•	Employer					
Company Name							
Company Address							
Job Title							
Job Duties							
Dates Employed	From (MM/DD/YY)		To (MM/DD/YY)				
Supervisor Name		Supervisor Phone Number					
Reason for Leaving		<u> </u>					
May we contact this emplo	oyer?					□ Yes	□ No
	PROFESSION	AL REFE	RENC	ES			
Name		Address (	City				
Name		State only)					
Phone		How long have you					
Number		known this person?					
May we contact this refere	ence?					□ Yes	□ No
Name		Address (City, Sta	te)				
Phone		How long		ou			
Number	, , , , , , , , , , , , , , , , , , ,						
			□ No				
EDUCATION							
Name of High School			City,	State			
HS Diploma, GED or Eq	uivalent Received?						
If so, month and year							
			Dates A	Attended		Diplom	a or Degree
Undergraduate/ Graduate/		From	:	To:			
Professional/ Medical Education (Name and							
Location; current and/or past)							
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# Tuition Assistance ONLY INCLUDE ATTACHMENTS if you are applying for tuition assistance

☐ Household size:	
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In an effort to determine eligibility for Tuition Assistance for the Medical Assistant Training Program, please attach <u>copies</u> of <u>at least one</u> <u>of the required documentation forms</u> to your application:

\*\*Note: You may attach any additional documentation forms to your application.\*\*

- □ (Required) Most recent monthly household income- Two full months of paystubs from each employed household member, letter of employment (if you do not receive paystubs), Social Security award letter, child support or proof of unemployment
- ☐ (Required) First four pages of the most recent income taxes for the entire household

Additional documentation forms you may provide:

- ☐ Most recent bank statements for the entire household
- ☐ Expenses: Rent receipt or contract, mortgage, SDG&E, water and telephone bill
- ☐ Child Care Expenses and paid child support

\*\*Please circle the bracket your Household Income best fits into from below\*\*

	Annual income ranges →	A Less than or equal to:	<u>B</u> Greater than <u>A</u> & less than or equal to:	<u>C</u> Greater than <u>B</u> & less than or equal to:	<u>D</u> Greater than <u>C &amp;</u> less than or equal to:	<u>E</u> Greater than <u>D</u>
					•	¢22.075.
ė.	1	\$ 13,590	\$ 18,755	\$27,180	\$33,975	\$33,975+
Size	2	\$ 18,310	\$ 25,268	\$36,620	\$44,775	\$44,775+
Household	3	\$ 23,030	\$ 31,782	\$46,060	\$57,575	\$57,575+
nse	4	\$ 27,750	\$ 38,295	\$55,500	\$69,375	\$69,375+
Ę	5	\$ 32,470	\$ 44,809	\$64,940	\$81,175	\$81,175+
	6	\$ 37,190	\$ 51,323	\$74,380	\$92,975	\$92,975+

Should Tuition Assistance be awarded, you will still be required to pay the remainder of the program fee in full by 5/31/2024.

By submitting the information requested for Tuition Assistance eligibility, it does **not** guarantee Tuition Assistance eligibility or acceptance into the Medical Assistant Training Program.

If any of the information requested is missing, we will not be able to move forward with processing of the application.

**Deadline** to submit required Tuition Assistance eligibility documentation and MA Training Program application is the priority deadline 3/29/2024 by 5 pm.

#### I understand and agree that:

- 1. The information that I provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application or any other materials, or during any interviews, can be justification of refusal of program acceptance or if accepted into program, termination from the program.
- 2. Program acceptance is contingent upon my successful completion of the total screening process, including the receipt of satisfactory references and background check.
- 3. Vaccination against COVID-19 is the most effective means of preventing infection with the COVID-19 virus, and subsequent transmission and outbreaks. VCC will adopt all requirements related to the State Public Health Officer Order for Healthcare worker vaccine requirements for all MA Training Program volunteers. As such, all program participants as defined in the Order will be required to be up-to-date for COVID-19 Vaccinations, meaning received all recommended COVID-19 vaccines including a booster dose when eligible. Proof of vaccination or approved exemption must be provided to VCC. The Public Health Order stipulates that only religious or medical exemptions apply and all medical exemptions must be accompanied by a note from an approved medical provider
- 4. In consideration of program acceptance, I agree to comply with the policies, rules, regulations and procedures of the program and understand that my program enrollment can be terminated with or without cause or notice at any time, at the potion of either the instructor or clinic or myself.
- 5. I understand that upon acceptance into the program, clearance of screening and payment of tuition, the program tuition is non-refundable.
- 6. I understand that upon acceptance into the Medical Assistant Training Program, there is no promise of employment at Vista Community Clinic.
- 7. Vista Community Clinic provides equal opportunities (EEO) to all applicants for educational programs without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, Vista Community Clinic complies with applicable state and local laws governing nondiscrimination in educational programs in every location in which the company has facilities.
- 8. Vista Community Clinic expressly prohibits any form of harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status.

Date
23.13

Priority applications for the next course are due by 5pm on 3/29/2024 Deadline to apply for the next course is by 5pm on 4/12/2024

FORWARD COMPLETED APPLICATION AND ANY OTHER APPLICABLE DOCUMENTATION TO:

MaProgram@vcc.org

## **CLASS DETAILS**

Class Start Date: Monday, July 22, 2024 Class End Date: Saturday, January 4, 2025

#### **Holidays Observed:**

Labor Day: Monday, 9/2/24

Veteran's Day: Monday, 11/11/24

Thanksgiving: Thursday, 11/28/24

Holiday Break: Monday, 12/23/24 to Thursday, 1/2/2025

**80 hours** of internship to be complete <u>once a week</u> as a 4 hour shift during M-F clinic hours **80 hours** of externship to be complete in a 2-4 week span between January 2025 and February 2025

#### **Class Schedule:**

Virtually Monday & Wednesday 5:30pm - 9:30pm (Camera Required)\* Hybrid Saturday 8:00am - 5:00pm

Monday and Wednesday via live Zoom Saturday hybrid online and in-person

#### **Class Location:**

VCC: North River 4700 North River Road Oceanside, CA 92054