



**MEDICAL OFFICE CLINICAL AND ADMINISTRATIVE PROFESSIONAL PROGRAM
(MEDICAL ASSISTANT)**

Application Packet



MiraCosta College

Medical Office Clinical and Administrative Professional Program (Medical Assistant)

Oceanside Campus
One Barnard Drive., Bldg. T420
Oceanside, CA 92056 (760) 757-2121, ext. 6466
www.miracosta.edu/Instruction/nursing

The Medical Office Clinical and Administrative Professional Program at MiraCosta College will select their first cohort in fall 2019. The program is a full-time, two semester program. A new cohort starts every August. Please see the current class schedule for date and times.

This program will include online, in class, and clinical hours.

Please Note: This schedule is subject to change without notice.

Prerequisites

- **Nursing 151** – Body Systems Survey for Health Professionals or Anatomy or Physiology
- **Nursing 155** – Basic Medical Terminology

Equivalent courses from other schools will be accepted. These prerequisites must be completed with a grade “C” or better **prior** to applying for the program.

Career Opportunities

The annual salary for Medical Office Clinical and Administrative professionals is approximately \$35,000. They may seek employment in hospitals, nursing homes, clinics, physicians’ offices, industry, public health agencies or various governmental agencies.

Application Process

Complete applications are accepted on an on-going basis and students will be added to the established list. Application packets must be submitted in person to the Allied Health Secretary in Bldg. T420.

Eligibility

- Applicants must be 17 years of age or older.
- Applicants must apply to MiraCosta College.
- Submit proof of high school graduation **OR** an official transcript of a Bachelor’s or Associate degree from an accredited college **OR** official score report for GED or High School Proficiency Examination.
- **Foreign Transcripts:** If a foreign degree was earned, foreign transcripts must be *evaluated* by a credential evaluation service for determining U.S. equivalency. Approved agencies can be found in the Admissions & Records office.
- Official transcripts of prerequisite courses.

For applicants who are notified that they have been accepted for enrollment in the program there are additional requirements, which are listed below.

Health Requirements: Applicants selected for enrollment in the program must have a physical examination, laboratory tests, and immunizations just prior to starting the program. The student must be free from communicable diseases, infections, and must be able to perform the essential requirements of the program with or without reasonable accommodations for disability.

Background Check and Drug Screen Requirement:

ALL students in ALL programs will be required to complete the background check and urine drug screen **BEFORE BEGINNING AN ALLIED HEALTH PROGRAM IN SAN DIEGO - THIS IS A HOSPITAL/HEALTH CARE AGENCY REQUIREMENT.** Students will be given the information to obtain these requirements at the orientation and advisement meeting.

Please note: If a MiraCosta College student is denied access to a clinical site by the clinical agency based on information obtained during the background and drug check, the student will be unable to continue in the program.

Expenses

Students should plan on spending approximately \$2000 during the Medical Office Clinical and Administrative Professional Program for tuition, uniforms, books, background check, and the required physical examination and immunizations. Since the clinical portion of the program is taught at local hospitals and clinics, students must have reliable transportation to these sites and should budget for these expenses. Scholarships and loans are available for qualified students. Contact the Financial Aid Office for further details.

MiraCosta College does not discriminate on the basis of race, color, national origin, sex, disability or age.

**MIRACOSTA COLLEGE MEDICAL OFFICE CLINICAL AND ADMINISTRATIVE
PROFESSIONAL PROGRAM (MEDICAL ASSISTANT)**

NAME _____ STUDENT ID NO. _____
 LAST FIRST MIDDLE

ADDRESS _____
 NUMBER AND STREET CITY/STATE ZIP

PHONE _____ EMAIL _____

EMERG. PHONE _____ NAME/RELATIONSHIP _____

U.S. CITIZEN: Yes No If you are NOT a U.S. Citizen: **Country of Citizenship:** _____

PLEASE COMPLETE FOR STATISTICAL PURPOSES ONLY: ___ American Indian or Alaskan Native
 ___ African-American ___ Asian or Pacific Islander ___ Hispanic ___ Filipino ___ White
 ___ Other

GENDER ___ Male ___ Female

Check the language(s) in which you are fluent: American Sign ___ Spanish ___ Tagalog ___ Arabic ___ Chinese ___
 Farsi ___ Russian ___
 Various languages of Indian Subcontinent and Southeast Asia ___ Other ___ please describe _____

Important: If you have a change in address, phone number or email, you must contact the Nursing Office in writing. Your admission will be compromised if we are unable to reach you. You may email changes to mfore@miracosta.edu Please Initial _____
 (indicating you have read this statement)

Application Packet Check Off List:

- Proof of high school graduation by official high school transcript or GED **OR** High School Proficiency Examination results **OR** transcript of Bachelor's or Associate's degree from U.S. school. (Foreign transcripts must be evaluated by an MCC approved evaluation agency to show U.S. equivalency.)
- Official transcripts of Prerequisites with passing grade of "C" or better **OR** documentation of clearance by Director of Nursing.

Prerequisite	Course Number	No. of Units	Year Completed	Name of College	Letter Grade Received
NURS 151 - Body Systems Survey					
NURS 155 - Basic Medical Terminology					

PLEASE NOTE:

The courses used in this application are still subject to evaluation & approval by the college for completion of the certificate. It is strongly recommended that you make an appointment with a college counselor after submitting the application to verify all requirements are fulfilled before entering the program.

FOR OFFICIAL USE ONLY:

I AM CURRENTLY ON THE WAIT LIST TO ATTEND THE FALL 20____ SEMESTER OF THE PROGRAM.

REC'D BY: _____ Date _____

Applicants Signature: _____