

APPLICATION FOR MEDICAL ASSISTING PROGRAM

GASTON COLLEGE, 201 HIGHWAY 321 SOUTH, BOX 55/O, DALLAS, NC 28034

(YEAR APPLYING FOR) _____

Disclaimer: Completing this application does not guarantee entry into the Medical Assisting program. Specific program requirements must be met prior to acceptance.

PERSONAL INFORMATION

Name (Last) _____ (First) _____ (Middle Initial) _____			Student ID# _____		
Mailing Address _____			City _____	State _____	Zip _____ County _____
Birthdate MM/DD/YY _____	Home Phone _____	Cell Phone _____	Work _____	E-Mail Address _____	
Sex* <input type="checkbox"/> Male <input type="checkbox"/> Female		Race* <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other			

*This information is used for reporting statistical information to our accrediting bodies.

EDUCATION/CERTIFICATION/LICENSE

HIGH SCHOOL AND COLLEGE TRANSCRIPTS MUST BE SUBMITTED TO THE GASTON COLLEGE ADMISSIONS OFFICE

 Education Level High School Diploma GED Associate Degree Bachelor's Degree Master's Degree or Higher

List other colleges attended: _____

List Degrees/Diploma/Certificates earned: _____

 Have you attended Gaston College previously? Yes No If yes, what was your area of study? _____

 Have you Completed the Admissions Requirements for Gaston College? (This is in addition to this application) Yes No

 Have you ever held an occupational license to practice any other professions? Yes No If yes, what license? _____

(Please include all relevant information(i.e. date, state where licensed, name as it appears on license))

CRIMINAL BACKGROUND, URINE DRUG SCREEN, IMMUNIZATIONS AND DISABILITIES STATEMENT

Clinical agencies that have contracts with Gaston College require criminal background checks, urine drug screen, and proof of certain immunizations prior to entering their facilities. Failure to meet these requirements will subject the student to dismissal from the program. The program will comply with all clinical affiliation agreements. You will be given detailed information and instructions upon program acceptance.

DO YOU HAVE ANY PHYSICAL OR LEARNING DISABILITIES IN WHICH YOU REQUIRE REASONABLE ACCOMMODATIONS?

 YES NO IF YES, YOU NEED TO MAKE AN APPOINTMENT WITH THE ADA COORDINATOR IN COUNSELING PRIOR TO TAKING CLASSES

 PLEASE REFER TO THE 2ND PAGE FOR PHYSICAL AND EMOTIONAL STANDARDS FOR ADMISSION AND PROGRESSION OF THE MEDICAL ASSISTING STUDENT.

 REFER TO THE ADMISSION REQUIRMENTS ON OUR WEBSITE FOR SPECIFIC DETAILS REGARDING ENTRANCE REQUIREMENTS.
PLEASE REMEMBER THAT IT IS THE STUDENT'S RESPONSIBILITY TO MEET THE ADMISSION REQUIREMENTS.

I certify that I have read and understand the enclosed application information. I also certify that the above information is correct and complete to the best of my knowledge and belief. I understand and agree that misrepresentation or falsification of information on this application may be cause for rejection of my application or for termination after acceptance into the Medical Assisting program.

 Applicant Signature **X** _____ Date of Application _____

FOR OFFICE USE ONLY	GPA: _____	ACT _____	Date _____	Date Received _____	Card Sent _____
	Accuplacer: _____	SAT _____	Date _____	File Complete <input type="checkbox"/> Yes <input type="checkbox"/> No	Notes _____
	Date _____	V _____	M _____	Interviewed <input type="checkbox"/> Date: _____	
	Reading _____	TEAS _____	Date _____	Full Acceptance: <input type="checkbox"/> Conditional Acceptance <input type="checkbox"/> Parallel: <input type="checkbox"/>	
	Writing _____	Math (P) _____		Letter Mailed _____	Accepted <input type="checkbox"/> Enrolled <input type="checkbox"/> Declined <input type="checkbox"/>
Math (A) _____					

EVALUATION OF PHYSICAL AND EMOTIONAL HEALTH

A. PHYSICAL HEALTH

PHYSICAL HEALTH IS DEFINED AS BEING FREE OF DISABLING OR CONTAGIOUS DISEASE, BEING ABLE TO PERFORM FINE AND GROSS MOTOR SKILLS AND BEING ABLE TO PERFORM NORMAL WEIGHT-BEARING ACTIVITIES.

ASSESSMENT OF THE STUDENT'S PHYSICAL HEALTH IS MADE, WITH THE USE OF INFORMATION FROM THE PHYSICAL EXAMINATION, PERFORMED BY THE APPLICANT'S PHYSICIAN/NURSE PRACTITIONER/PHYSICIAN ASSISTANT, AND LABORATORY TESTS. CONTINUED ASSESSMENT OF THE STUDENT'S PHYSICAL HEALTH IS MADE BY TIMELY DOCUMENTED UPDATED TESTS AND REPORTS AND BY FACULTY OBSERVATIONS OF THE STUDENT THROUGHOUT THE MEDICAL ASSISTING PROGRAM. THE FOLLOWING IMMUNIZATIONS ARE REQUIRED: TWO-STEP TB SKIN TEST OR CHEST X-RAY FOR TB SENSITIVE OR POSITIVE INDIVIDUALS; RUBELLA/RUBEOLA OR RUBELLA VACCINE OR A TITER FOR THOSE INDIVIDUALS WITH BIRTH DATES PRIOR TO 1957; AND TETANUS VACCINE OR BOOSTER (Td OR Tdap) WITHIN THE LAST TEN (10) YEARS. HEPATITIS VACCINE IS REQUIRED. VARICELLA (CHICKEN POX) VACCINE OR POSITIVE IMMUNITY IS REQUIRED. VALIDATION OF IMMUNIZATIONS IS REQUIRED AND SHOULD BE DOCUMENTED ON THE ADMISSION PHYSICAL EXAMINATION FORM.

IF A PHYSICAL CONDITION THREATENS TO PREVENT OR PREVENTS SATISFACTORY CLASSROOM OR CLINICAL PERFORMANCE, THE INDIVIDUAL IN QUESTION IS COUNSELED AND REFERRED TO AN APPROPRIATE PROFESSIONAL. THE RECOMMENDATION OF THE PROFESSIONAL IS UTILIZED IN ADVISING THE STUDENT WITH REGARD TO CONTINUED ENROLLMENT IN THE PROGRAM. A PERSON MAY BE DENIED ADMISSION OR CONTINUED ENROLLMENT IN THE PROGRAM UNTIL THE IDENTIFIED CONDITION IS SATISFACTORILY CORRECTED.

IN THE CASE OF A QUALIFIED INDIVIDUAL WITH A DISABILITY, ATTEMPTS WILL BE MADE TO PROVIDE REASONABLE ACCOMMODATIONS.

B. EMOTIONAL HEALTH

EMOTIONAL HEALTH IS DEFINED AS REACTING APPROPRIATELY TO STRESSFUL SITUATIONS, WITHSTANDING EVERYDAY ENVIRONMENTAL STRESSES WITH LITTLE DIFFICULTY, USING HEALTHY COPING MECHANISMS, AND UNDERSTANDING ONE'S OWN ABILITY TO COPE WITH STRESSFUL SITUATIONS.

ASSESSMENT OF EMOTIONAL HEALTH OF APPLICANTS IS MADE THROUGH THE USE OF PHYSICAL EXAMINATIONS, REFERENCES, LETTERS FROM PSYCHIATRISTS OR THERAPISTS IF INTENSIVE THERAPY IS IN PROGRESS OR HAS OCCURRED, AND PHYSIOLOGICAL EVALUATIONS, IF NECESSARY.

THROUGHOUT THE PROGRAM, ASSESSMENTS OF THE EMOTIONAL HEALTH OF STUDENTS ARE MADE BY THE USE OF OBSERVATIONS OF STUDENT BEHAVIOR AND BY INSTRUCTOR-STUDENT CONFERENCES. WHEN EMOTIONAL CONDITIONS PREVENT SATISFACTORY CLASSROOM OR CLINICAL PERFORMANCE, RECOMMENDATIONS ARE MADE ON AN INDIVIDUAL BASIS, FOR CONSULTATION WITH THE APPROPRIATE PROFESSIONAL(S). THE RECOMMENDATIONS OF THE PROFESSIONAL(S) ARE UTILIZED IN ADVISING STUDENTS WITH REGARD TO CONTINUED ENROLLMENT IN THE MEDICAL ASSISTING PROGRAM. A PERSON MAY BE DENIED ADMISSION OR CONTINUED ENROLLMENT IN THE PROGRAM UNTIL THE IDENTIFIED CONDITION IS SATISFACTORILY CORRECTED.

C. PHYSICAL AND EMOTIONAL STANDARDS FOR ADMISSION AND PROGRESSION OF THE MEDICAL ASSISTING STUDENT

- CRITICAL THINKING:** THE MEDICAL ASSISTING STUDENT SHOULD POSSESS CRITICAL THINKING ABILITY SUFFICIENT FOR CLINICAL JUDGMENT AND DECISION MAKING. FOR EXAMPLE: STUDENT MUST BE ABLE TO IDENTIFY CAUSE-EFFECT RELATIONSHIPS IN CLINICAL SITUATIONS; CARRY OUT CARE OF PATIENT CORRECTLY.
- INTERPERSONAL SKILLS:** THE MEDICAL ASSISTING STUDENT SHALL POSSESS INTERPERSONAL ABILITIES SUFFICIENT TO INTERACT WITH INDIVIDUALS, FAMILIES, GROUPS, ETC. FROM A VARIETY OF SOCIAL, EMOTIONAL, CULTURAL AND INTELLECTUAL BACKGROUNDS. FOR EXAMPLE: STUDENT SHALL ESTABLISH RAPPORT WITH PATIENTS, CAREGIVERS AND HEALTH CARE TEAM MEMBERS.
- COMMUNICATION SKILLS:** THE MEDICAL ASSISTING STUDENT SHALL POSSESS COMMUNICATION ABILITIES SUFFICIENT FOR INTERACTION WITH OTHERS IN VERBAL AND WRITTEN FORM. FOR EXAMPLE: EXPLAIN TREATMENT PROCEDURES, INITIATE HEALTH TEACHING AS DIRECTED, DOCUMENT CARE, INTERPRET RESULTS AND COMMUNICATE WITH OTHER CAREGIVERS WITH OR WITHOUT REASONABLE ACCOMMODATIONS.
- MOBILITY:** THE MEDICAL ASSISTING STUDENT SHALL POSSESS PHYSICAL ABILITIES TO MOVE FROM ROOM TO ROOM AND MANEUVER IN SMALL SPACES, STAND AND WALK FOR EXTENSIVE PERIODS OF TIME, TRANSPORT PATIENTS AS NEEDED FOR CARE. FOR EXAMPLE: MOVE AROUND IN EXAM ROOMS, WORKSPACES AND TREATMENT AREAS, ADMINISTER CARDIOPULMONARY RESUSCITATION, FIRST AID PROCEDURES WITH OR WITHOUT REASONABLE ACCOMMODATIONS.
- MOTOR SKILLS:** THE MEDICAL ASSISTING STUDENT SHALL POSSESS GROSS AND FINE MOTOR ABILITIES SUFFICIENT TO PROVIDE SAFE AND EFFECTIVE CARE. FOR EXAMPLE: CALIBRATE AND USE EQUIPMENT, POSITION PATIENTS, PERFORM EKG PROCEDURES AND OPERATE VARIOUS LABORATORY EQUIPMENT WITH OR WITHOUT REASONABLE ACCOMMODATIONS.
- HEARING:** THE MEDICAL ASSISTING STUDENT SHALL POSSESS AUDITORY ABILITY SUFFICIENT TO MONITOR AND ASSESS HEALTH NEEDS OF PATIENT. FOR EXAMPLE: HEAR MONITOR ALARMS, EMERGENCY SIGNALS, AUSCULTATORY SOUNDS, CRIES FOR HELP, BLOOD PRESSURE SOUNDS THROUGH THE STETHOSCOPE AND MEDICAL DICTATION THROUGH HEAD PHONE SET, WITH OR WITHOUT REASONABLE ACCOMMODATIONS.
- VISUAL:** THE MEDICAL ASSISTING STUDENT SHALL POSSESS VISUAL ABILITY SUFFICIENT FOR OBSERVATION AND ASSESSMENT NECESSARY IN PATIENT CARE. FOR EXAMPLE: OBSERVE PATIENT RESPONSES TO CARE WITH OR WITHOUT REASONABLE ACCOMMODATIONS.
- TACTILE:** THE MEDICAL ASSISTING STUDENT SHALL POSSESS TACTILE ABILITY SUFFICIENT FOR ASSISTING WITH PHYSICAL ASSESSMENT. FOR EXAMPLE: PERFORM PALPATION, ASSIST WITH PHYSICAL EXAMS, INSERT CATHETERS, DRAW VENOUS BLOOD WITH OR WITHOUT REASONABLE ACCOMMODATIONS.
- WEIGHT-BEARING:** THE MEDICAL ASSISTING STUDENT SHALL POSSESS ABILITY TO LIFT AND MANIPULATE/MOVE 45-50 POUNDS WEEKLY AND SOMETIMES DAILY. FOR EXAMPLE: POSITION PATIENTS, MOVE EQUIPMENT.
- COGNITIVE ABILITIES:** THE MEDICAL ASSISTING STUDENT SHALL POSSESS ABILITY TO BE ORIENTED TO TIME, PLACE AND PERSON, MUST POSSESS ORGANIZATION SKILLS AND ABILITY TO MAKE DECISIONS. FOR EXAMPLE: STUDENT SHALL ASSESS PATIENT COMPLAINTS AND RECORD ACCURATE OBSERVATIONS.
- OCCUPATIONAL EXPOSURES:** THE MEDICAL ASSISTING STUDENT MAY BE EXPOSED TO COMMUNICABLE DISEASE AND/OR BODY FLUIDS, TOXIC SUBSTANCES, MEDICINAL PREPARATIONS AND SHALL USE APPROPRIATE PRECAUTIONS AT ALL TIMES. FOR EXAMPLE: STUDENT MAY WORK WITH AIDS PATIENTS AND SHALL PROVIDE APPROPRIATE CARE USING UNIVERSAL PRECAUTIONS.
- TEMPERAMENT & EMOTIONAL CONTROL:** THE MEDICAL ASSISTING STUDENT SHALL POSSESS THE ABILITY TO REMAIN CALM, PATIENT AND REACT PROFESSIONALLY TO CERTAIN SITUATIONS. FOR EXAMPLE: REMAIN CALM WHEN WORKING IN HIGH STRESS CLINICAL AREAS, WHEN WORKING WITH OTHERS IN HEALTHCARE.

I HAVE READ AND UNDERSTAND THAT I MUST MEET THE PHYSICAL AND EMOTIONAL STANDARDS FOR ADMISSION TO THE MEDICAL ASSISTING PROGRAM.

SIGNATURE _____ DATE: _____