Medical Assisting

Program Application

For More information please call 535-5446

January 11, 2016

EITC

Eastern Idaho Technical College

ADMISSION INFORMATION AND CRITERIA FOR MA PROGRAM

Thank you for your interest in the EITC MA Program. Medical Assisting is a demanding discipline. We urge you to recognize the commitment that is essential if one is to be successful in this program. **Prior to making application to the program, individuals should give careful consideration to the mental and physical demands of the program and the pressures involved in undertaking the responsibilities of being a health provider student.**

Professional Program Entrance Application Deadlines & Requirements

Begin your application process as early as possible so that you have ample time to complete all of the requirements. Be sure to meet with your advisor each semester, where questions can be answered and individual assistance can be provided. Meeting the minimum criteria for admission does not guarantee admission into the programs.

- Packets will only be accepted during the first full week of every March. **This is a new change – All Health Care packets will only be accepted during this 1 week period.**
- Program coordinators will no longer be meeting with students to review packets before packet submissions. Part of the packet process is to identify if applicants can thoroughly follow directions and meet deadlines.
- Turn packets in to the Health Professions Division office, Room #6105.
- Candidates for admission are selected based on available space and seniority date assigned by the Healthcare Admissions Counselor.
- Those that have met entrance requirements, submit application, and are not admitted, will be placed on an alternate list, which may require applicants to resubmit their packet.
- Please notify Student Services **and** the Health Professions division office of any contact information changes.

Health Professions Program Packet checklist for applicants

Late & Incomplete packets will NOT be accepted for review.

ALL Immunizations MUST BE finished, as specified below, before turning in your packet.

Student Name			**Office Use Only:**	
			Entry Date:	**Packet #**
Immunization or Titer	**Date Given**	**Take during - to be current through the end of the program**	**Colleague ID #**	
			Eligible:	
Application		Include in packet		
Color Photo of self		Include in packet		
Letter of Intent		Include in packet		
MMR #1		Before packet submission	Yes	No
MMR #2		Before packet submission	**Packet Review Date & Comments:**	
Hep A #1		Before packet submission		
Hep A #2		Before packet submission		
Hep B #1		Before packet submission		
Hep B #2		Before packet submission		
Hep B #3		Before packet submission		
Varicella #1		Before packet submission		
Varicella #2		Before packet submission		
Tdap		Within 10 yrs. prior to packet submission		
Background check official and complete		Before packet submission		
Typing test	35 wpm /w 90% accuracy. You will need to schedule an appointment with the program director to take the test			
The following will only be required if you are accepted into the program for 2016-2017				
TB	These will be done in class the first week.			
HCP – CPR				
1st Aid				
Physical Exam	Must be current within the last year.			
Drug screen	This will be a random test to be given during 1st week of school			

Prerequisites:	**Semester**	**Grade**	**Equivalency**	
BIO 227				**If you have any transfer credits, you must provide in your packet, a transfer equivalency print out from the EITC registrar to show we have your information entered along with your Program Evaluation from WebAdvisor.**
BIO 227L				
BIO 228				
BIO 228L				
BIO 250				
BIO 250L				
CIS 101				
COM 101				
ENG 101				
HCT 100				
HCT 101				
HCT 121				
MAT 123				
PSY 101 OR SOC 101				

Application for Admission

Name _____
First Middle Last Former Name (if applicable)

Home Address _____
Street City State Zip Code

Permanent Address *(if different from above)* _____

EITC Student ID # _____ Home Phone _____

Business Phone _____ Male _____ Female _____

EDUCATION

Official transcript(s) must be received by the office of admissions and records.

Name of School	Location of School	From Month/Year	To Month/Year	Diploma or degree rec'd?	Major/Minor
High School					
College					

Professional Licenses or Certification

Type	Issued by Which State or Agency	License Number	Date

Follow Up Information

It is important that we follow up our students after graduation to be sure they obtain appropriate employment. Please provide information about two people who will always know where to locate you.

Name	Mailing Address	Telephone

Health Related Work/Volunteer Experience

Employer _____ Phone _____ Ext _____
Address _____
Supervisor's Name _____ Title _____
Dates Employed: From _____ To _____ Job Duties _____
Reason for Leaving _____

Employer _____ Phone _____ Ext _____
Address _____
Supervisor's Name _____ Title _____
Dates Employed: From _____ To _____ Job Duties _____
Reason for Leaving _____

Please Read and Sign the Following

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misinterpretation or falsification of information is cause for denial of admission or expulsion from the college. I understand that illegal use, possession, and/or misuse of drugs are reasons for immediate dismissal from the nursing program. I understand that a felony conviction may prevent me from obtaining a nursing license.

_____ _____
Signature of Applicant Date

In Case of Emergency, Notify:

Name _____ Phone _____

Street Address _____ City _____ State _____

BACKGROUND CHECK

Criminal background checks are a requirement of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Criminal background checks are necessary to meet clinical practicum site requirements during Eastern Idaho Technological Colleges' (EITC) Health Professions programs.

Individuals who have been charged and/or convicted of a felony or misdemeanor for battery, assault, substance abuse and theft will not be accepted in EITC's Health Professions programs.

Backgroundchecks.com is the only approved company that meets HCA requirements.

To register for the background check, print off the instructions from the EITC website along with this packet.
These instructions are available on the EITC website – click Programs of Study, then Health Professions – look on the right side of screen for *HCA Background Check Instructions*.

**** You will need to print out your official completed results and provide a copy with your completed application packet.**

IMMUNIZATION RECORDS

Read and print the following enrollment form. You will need to provide the records that you currently have to Eastern Idaho Public Health Department. If you are not obtaining immunizations at EIPHD, you will be charged a **$10.00 fee** to complete your IRIS. Your records will be uploaded to the database. Once the records are complete you may request a print out of your records.
**** A copy of your IRIS record must be included in your packet.**

You may mail your records along with the enrollment form and a check for $10.00 to:

EIPHD
Attn: Immunizations Program
1250 Hollipark Drive
Idaho Falls, Idaho 83401
533-3235

You may also go directly to the facility. If you chose to go to the facility in person please identify yourself as an EITC student.

Do not wait until the last minute to do this. The Eastern Idaho Public Health Department is not obligated to provide you with this information at your convenience.

Note: Titers are now able to be filed on the IRIS form. You need to have them drawn at Express lab and submit a copy of the results demonstrating immunity. Tell them it is for EITC program entrance.

Express Lab
Washington Pkwy
Idaho Falls, ID 83404
(208) 529-8330

IRIS
Idaho Immunization Reminder Information System

Signing the statement below will allow the health care provider who immunizes me or my child, or appropriate personnel at my child's school or child care, to submit information regarding immunizations and me or my child to the voluntary Idaho Immunization Reminder Information System (IRIS). This information will be limited to identifying information (such as name and date of birth), immunization information (such as dates and types of immunizations), and location information (such as my correct address). To make sure that correct immunizations are provided, or to verify that I or my child have received immunizations, the information entered into IRIS relating to me or my child may be made available and redisclosed to health care providers, child care providers, or schools.

My consent permits my child's or my own **enrollment** in the statewide immunization registry and disclosure of the information relating to me or my child to my or my child's health care providers, my child's child care provider, or my child's school without further consent. I may be asked for information that will help ensure records are accurate and will not be confused with another person's.

My consent also will allow for the **transfer** and entry of my or my child's previous immunization records into the statewide electronic registry.

I give permission to **enroll** me or my child and to **transfer** my or my child's immunization records into the **Idaho Immunization Reminder Information System (IRIS)** to ensure that this vaccination record is available to me, my or my child's health care providers, child care providers, and schools. I understand I may be asked for information that will help ensure my or my child's records are accurate and will not be confused with another person's records, such as: mother's maiden name, gender, and child's eligibility for free vaccine. I authorize inclusion of all information into IRIS and redisclosure of this information from IRIS to authorized users.

Child's Name or My Name _____ Gender F / M _____ Race _____

Date of Birth _____ Telephone Number _____

Address _____ Mothers Maiden Name/Guardian First Name _____

City State Zip _____

Signature Relationship to Child Date (if applicable) _____ Date _____

IIP 8/08