SOUTH SUBURBAN COLLEGE
Department of
ALLIED HEALTH & CAREER PROGRAMS

MEDICAL ASSISTANT APPLICATION

Please print or type when completing this form and return it to:

Department of Allied Health Room 4453 or 4457
South Suburban College, 15800 S. State Street, South Holland, IL 60473
Do not return this application until all steps are complete.

APPLYING FOR TERM   20 ____

Last Name: _____**Maiden:** _____ **First:**_____ **MI:**____

Colleague ID Number:_____ **Daytime Phone: (** ____ **)**_____ **-** _____

Address: _____

City: _____**State:** __ **Zip:**_____

Email Address: _____

Academic Background

High School Attended: _____ **City:** _____ **State:** __

Date of graduation: _____ **(or) Date of GED:**_____

School/College/University	Dates Attended	Diploma/Degree Earned
_____	_____	_____
_____	_____	_____
_____	_____	_____

Prerequisites	College	Semester/Year	Grade
MIS 101-Computer Literacy and Application			
MAS 104-Medical Office Foundations			
HIT 103-Medical Terminology			
BIO 115-Human Body Structure, BIO 185 & BIO 186			

PLEASE NOTE: All transcripts must be on file in the Admissions & Records area. All information must be on file or your application will not be processed.

Prior to enrolling in the program, students are advised to review the applicable licensure procedures and requirements and state laws of the profession to ensure that they are eligible to receive a license following completion of the program at South Suburban College. You will be subject to a criminal background check and/or drug testing. Eligibility for clinical/licensure may be limited by the results of a criminal background investigation and drug test results.

A photocopy of the student's current health care insurance must be submitted to each respective program coordinator in order to participate at any clinical education site. Failure to maintain comprehensive health care insurance will result in the student being immediately withdrawn from the clinical site and there by receiving a failing grade in the clinical education class. Furthermore, the student will be financially responsible to pay all medical bills and co-payments as a result of injuries or health issues that arise from participation of clinical education programs.

I understand the requirements for admission to the program in regards to course work and residency.

I have completely COMPLETED all Prerequisites and General Education Requirements.

Signature: _____ Date: _____