**TCL Division of Health Sciences Program**  
**Application Checklist & Instructions**  
**Medical Assisting Program**  
**Fall 2016 program entry**

Applicant Name: ____________________________

**Instructions**
Initial and date each item below prior to submission. Schedule an appointment with a Health Sciences advisor to review and submit your completed checklist. You will receive a Health Sciences medical assisting program application if checklist is complete and all required documents are in your Health Sciences folder. Completed applications must be accompanied by a receipt from the TCL cashier’s office for the $50 nonrefundable application fee.

**Student initial & date**

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<td>1.</td>
<td>Official TCL admissions application on file. It is necessary to re-apply if you have not attended classes at TCL for &gt;1 year.</td>
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| 2. | Verify official transcripts, from *high school* (or GED) and *all colleges* previously attended, have been received by TCL.  
**NOTE:** It is the student’s responsibility to follow up with Student Records for transfer of credits. |
| 3. | List **ALL** colleges attended  
________________________________________________________  
________________________________________________________  
________________________________________________________ |
| 4. | Biophysical science course credits must be earned within five years of admission. |
| 5. | Eligible to take BIO 112 prior to entry into the program. |
| 6. | Have you been accepted into the TCL Medical Assisting program in the past? Circle **Yes** or **No** |
| 7. | I have not been unsuccessful in two (2) or more Medical Assisting courses at TCL or any other Medical Assisting program. |
| 8. | Have you met face-to-face with a Health Sciences advisor within the past six months? Circle **Yes** or **No** |
9. Score at least a 60 (adjusted individual total score) on the TEAS V and:
   a. Minimum TCL GPA of 2.5, GPA of 2.5 from most recent college attended if no TCL GPA, or
   b. Minimum high school GPA of 2.50 for students graduating within 12 months of application date

   The TEAS test may only be taken twice within a 12 month period from date of first test. Only the highest score will be considered. Copies of ALL TEAS Test Results must be included (not just those taken within the past 12 months).

   Date(s) Taken: ________  _________          Individual Score: ________   _________

10. Applicants with two or more failures (D, F, WF) in required non-Medical Assisting courses (AHS 102, BIO 112, CPT 101 or CPT 170, & ENG 101) within the last five years must:
   a. Score at least a 60 (adjusted individual total score) on the TEAS V
   b. Complete the following courses: AHS 102, BIO 112, CPT 170, & ENG 101 with a total TCL GPA ≥ 2.75. Math and Biology courses must have been completed within the last 5 years.
   OR
   Applicants with two or more failures (D, F, WF) in Medical Assisting courses have one opportunity for admission. Applicant must:
   a. Score greater than 64 adjusted individual total score) on the TEAS V.
   b. Complete all non-Medical Assisting courses in the program of study (BIO 112, ENG 101 AHS 102, and CPT 170) with a TCL GPA ≤2.75. Math courses must be completed within the last five years. Biology courses must be completed within 18 months from the date of application.
   c. Wait a minimum of three academic years from time of second failure to apply.

11. I understand that if accepted into the program:
   a. I must attend a mandatory orientation on the date stated in my acceptance letter.
   b. I must have a GPA of at least 2.5 to enter the program.
   c. I must have access to a computer and internet as some MA courses have an online component.
   d. I must be able to attend clinical rotations at sites within a 60 mile radius of the Beaufort or New River campus which may include weekend and evening rotations.
   e. I must be eligible and able to attend all clinical sites utilized by the MA program.
   f. I will be required to complete a drug screen and background check. If I have concerns about findings that may be present on my background check, I must schedule a meeting with the Dean upon receiving my acceptance letter.

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**Applicant signature**

**Date**

**Given an application** YES NO

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**Advisor signature**

**Date**

Students are encouraged to meet with the program director for advisement regarding program requirements and general education courses.