

TCL Division of Health Sciences Program Application Checklist & Instructions Medical Assisting Program

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.

	1. Official TCL admissions application on file. It is necessary to re-apply if you have not attended classes at TCL for > 1 year.
	2. List ALL colleges attended: _____
	3. Verify <u>official</u> transcripts from <u>high school</u> (or GED) and <u>all colleges</u> previously attended have been received by TCL and a copy has been placed in my folder located in the Health Sciences office. NOTE: It is the student's responsibility to follow up with Student Records for transfer of credits.
	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. Have you been unsuccessful in two (2) or more Medical Assisting courses at TCL or any other Medical Assisting Program? Circle Yes or No
	8. Have you met face-to-face with a Health Sciences advisor within six months of application submission? Circle Yes or No
	9. Applicants must meet the following criteria: <ul style="list-style-type: none"> a. GPA 2.25 or higher from last college attended. If last college attended was not TCL, student's TCL GPA must be at least 2.0 (if applicable) in addition to the GPA of 2.25 or higher at the last college attended. b. Minimum high school GPA of 2.25 if no college attended.
	10. Applicants with two or more failures (D, F, or WF) in all required general education courses (ENG 101, AHS 102, CPT 101 and BIO 112) within the last three years must have a total GPA \geq 2.50.

	<p>11. I understand that if accepted into the program:</p> <ul style="list-style-type: none"> a. I must attend the entire mandatory orientation and required activities on the date stated in my acceptance letter. b. I must maintain a TCL GPA of at least 2.00 to remain in program. c. I must have access to a computer, webcam, microphone and internet as some Medical Assisting courses have an online component. d. I must be able to attend clinical rotations at sites within a 60-mile radius of the New River campus and Hampton campus, which may include weekend and evening rotations. e. I must be eligible and able to attend all clinical sites utilized by the Medical Assisting 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. g. I will be required to provide documentation of valid health insurance for the duration of the program. h. I will be required to provide updated health documents and complete clinical information for various agencies at admission and throughout the program. i. I must maintain valid AHA BLS certification for the duration of the program. j. I will be responsible for paying the \$25 application fee.
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Applicant signature

Date

Given an application YES NO

Advisor signature

Date