



Application for Medical Assisting Program

Date _____

ID# _____

Personal Information

Last First (legal) Middle Maiden Name

Last name/other names on your previous academic transcripts: _____

Permanent Address

Number/Street

City State Zip Code

Country

Current Address (if different)

Number/Street

City State Zip Code

Country

Contact Information

Home Phone _____ - _____ - _____

Work Phone _____ - _____ - _____

Cell Phone _____ - _____ - _____

Email _____

Medical Assisting Program Information (Required)

Please check your anticipated enrollment status:

- Pre MA enrolled in General Education Courses
- Full-time MA

Anticipated Date of Enrollment in the MA Program: (check one)

- Fall 2021
- Fall 2022

For office use only:

CPR Certified _____

Adult/Child Mandatory Reporter Certified _____

ACCUPLACER/ACT Scores: R: _____ W: _____ OR College Prep Writing I (C or higher): _____

It is the policy of the Iowa Valley Community College District not to discriminate in its programs, activities, or employment on the basis of race, color, national origin, sex, disability, age, sexual orientation, gender identity, creed, religion, and actual or potential family, parental or marital status. If you have questions or complaints related to compliance with this policy, please contact the Vice President of Administration, serving as the District Equity Officer, 3702 S. Center Street, Marshalltown, IA 50158, 800-284-4823, Equity@iavalley.edu.