

September 1, 2007

Perspective Student:

Thank you for expressing interest in the Apollo School of Medical Assisting. We are accepting applications for the 2008-9 academic year. This program is a **full-time, 10-month program. Each August, we will enroll 24 students in the day program and evening program.** Attached are the application materials for the Medical Assisting Program. Applications are processed on a first-come, first-served basis.

**The fulltime day classes** are held Monday through Thursday from 9:00 a.m. to 3:00 p.m. There will also be approximately ten (10) Saturday (8:30 am -4:30 pm) classes. There will be some exception to these hours such as the 160-hour externship near the completion of the program. Externship hours will be approximately 8:30 a.m.- 4:30 p.m. (*Hours vary per facility*).

**The fulltime evening classes** are held Monday through Thursday from 5:00 p.m. to 10:00 p.m. There will also be approximately ten (10) Saturday (8:30 am -4:30 pm) classes. There will be some exception to these hours such as the 160-hour externship near the completion of the program. Externship hours will be approximately 8:30 a.m.- 4:30 p.m. (*Hours vary per facility*).

If you are interested in the program, please begin the application process immediately upon the receipt of these materials. Be aware that class size is limited, and I anticipate having it filled up quickly. ***Also, please remember to indicate if you are applying for the day or evening program.***

If you have any questions or concerns, please contact me by phone at 419-998-2971 or by e-mail at [tara.shepherd@apollocc.org](mailto:tara.shepherd@apollocc.org)

Sincerely,

Tara Shepherd  
Medical Assistant Program Coordinator

**Apollo Career Center – Academy of Medical Careers**  
**3325 Shawnee Road**  
**Lima, OH 45806-1497**

*Check interest area:*  
 Fulltime Day Program \_\_\_\_\_  
 Fulltime Evening Program \_\_\_\_\_

**APPLICATION – Medical Assisting**

Complete and return form to Apollo Career Center. Application fee of \$30 is to be submitted with the application. DO NOT put cash in the mail. Check or money order should be payable to Apollo Career Center.

Date \_\_\_\_\_

**A. Identification**

1. Name in full \_\_\_\_\_  
 (Last) (First) (Middle) (Maiden)

2. Mailing Address \_\_\_\_\_  
 (Number / Street / PO Box/ or RR) (City) (State) (Zip)

3. Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

4. Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_  
 Is it okay to contact you via email yes or no

**B. Education**

1. Are you a high school graduate? YES NO WILL BE on \_\_\_\_\_  
 • If yes, list name and address of the high school from which you graduated & date of graduation.

\_\_\_\_\_  
 (Name) (Address) (Date)

• If no, do you have a GED certificate? YES NO

If yes, List name and address of the school from which you received your certificate & date of certificate.

\_\_\_\_\_  
 (Name) (Address) (Date)

2. List any other school(s) that you have attended since high school.

School Name	Address	Date Attended	Area of Study

**Read the following BEFORE you sign. Your signature will indicate that you have read and understand.**  
If you do not understand, please ask for an explanation BEFORE you sign.

The Medical Assisting Program is accredited by CAAHEP. Therefore you will be eligible to the AAMA/CMA exam upon graduation\*\*. What does this mean to you? It means that you can be employed as a medical assistant before you are certified. To date, you are not required to take the CMA exam, it will be optional. However, some institutions require that you be certified before you can be hired. You cannot take the certifying exam unless you graduate from an accredited program.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

**\*\* You must meet the requirements of the AAMA to take the CMA examination. Graduation from this program does not guarantee you will be eligible for the test.**

**Read the following BEFORE you sign. Your signature will indicate that you have read and understand.**  
If you do not understand, please ask for an explanation BEFORE you sign.

I, \_\_\_\_\_, understand that

1. This is only an application and does NOT assure me of enrollment into the school.
2. All factors of the entrance requirements are reviewed by an Admission Committee
3. I will accept the decision of the admission committee
4. If I am enrolled the school has the right to ask for my resignation at any time, if I fail scholastically, or do not meet the other standards of the program.
5. Graduating from this program does not guarantee that I will be eligible to take the AAMA/CMA Examination.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

# Admission Policy

It is the policy of Apollo Career Center that education activities, employment, practices, programs, and services are offered without regard to race, color, national origin, sex, religion, age or disability.

The admission policy of the Medical Assisting Program assists the Admission Committee to select candidates who will be successful in the program.

The following is the procedure for being accepted as a candidate for the Medical Assisting Program.

1. Request an application packet. The packet contains an application, work, and personal reference forms, request forms for high school or G.E.D. transcript, and one (1) copy of the admission policy. These forms need to be completed and processed as indicated on the enclosed instruction sheet.
2. Submit the application and the application fee of \$30. Applications are reviewed on a first-come, first served basis. There is **NO REFUND** of fees paid in the admission procedure.
3. Request and submit an **OFFICIAL** copy of your high school or equivalency transcript. Those candidates who are in high school at the time of acceptance are tentatively accepted pending receipt and review of the final high school transcript.
4. Required references: Two (2) positive personal references from persons **NOT RELATED** to the applicant and one (1) positive work reference from the current or most recent employer are required. **THE PERSON GIVING THE REFERENCE MUST MAIL references to Apollo. REFERENCES WILL NOT BE ACCEPTED FROM THE APPLICANT. The applicant does NOT have the right to review these confidential materials.**
5. Applicant must take the **Health Occupations Basic Entrance Test**. There is a \$20 fee for the test. Areas of testing are Math and Reading Comprehension. If the applicant is unsuccessful with this test after two attempts, documentation of successful remedial work must be submitted before the third and final test can be schedule. (There is a \$20 fee for each test date.)

## **Criteria for Being Scheduled for the Health Occupations Basic Entrance Test:**

When ALL of the following items have been submitted to Apollo, you will be notified of a test date:

- Application
- Application fee
- High School Transcript or Transcript of Equivalency
- 2 Positive Personal References
- 1 Positive Work Reference
- 1 Signed copy of Admission Policy (a copy will be retained to you.)

5. If applicants meet all of the above criteria, they will be scheduled for an admission interview.
6. Following the interview, the applicant is required to take the Assessment Test at Apollo Career Center. Assessment **MUST** show aptitude for Medical Assisting. This Assessment must be completed prior to acceptance for the Medical Assisting Program.

- 7. The applicant is informed in writing of the decision of the Admission Committee. The decision is based on high school grades or equivalency scores, positive references, interview, and Assessment Test.
- 9. The applicant is required to have a physical examination, at his/her own expense, prior to starting the Medical Assisting Program. Included will be required diagnostic screening, as well as proof of immunity to identified communicable disease.
- 10. The applicant is required to have basic computer knowledge prior to starting the Medical Assisting Program.
- 11. The applicant is required to be currently certified in Basic Cardiac Life Support (Health Care Provider CPR) prior to starting the Medical Assisting Program.
- 12. The applicant is required to be currently certified in first aid prior to starting the Medical Assisting Program.

I, \_\_\_\_\_, have read and understand what is required of me to become a candidate for the Medical Assisting Program.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Medical Assisting Program Coordinator)

\_\_\_\_\_  
(Date)

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I, \_\_\_\_\_, hereby give the Faculty of Apollo Career Center permission to review my application materials for the purpose of determining my acceptability as a candidate for the Medical Assisting Program.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

**Apollo Career Center – Academy of Medical Careers**  
**3325 Shawnee Road**  
**Lima, OH 45806-1497**

**Instructions for Application— Medical Assisting Program**

1. Print or type the information requested on the application, including reading, signing, and dating in the areas requested on the second page of the application.
2. Read, sign, and date the enclosed copy of the Admission Policy. Read, sign, and date the release on the second page of the admission policy.
3. Return the completed application and admission policy along with the \$30 application fee to Apollo Career Center, Medical Assisting Program, 3325 Shawnee Road, Lima, OH 45806-1497. Applications will be accepted between September 1<sup>st</sup> and August 15<sup>th</sup>.
4. Please complete the following steps that apply to you:
  - a. If you are a high school graduate, complete the form, “Request for High School Transcript” and submit it with any required fee to the school from which you graduated.
  - b. If you have a GED diploma, complete the transcript form from the Ohio Department of Education and submit it with the required fee to the appropriate agency.
  - c. If you obtained a GED in another state, request a transcript from the appropriate agency.
  - d. If you are currently in high school, complete the “Request for High School Transcript” for a current transcript of your grades. You will also need to submit a FINAL transcript to Apollo after your graduation from high school.
6. Complete the top portion on the one (1) work reference for your current or most current employer and the two(2) personal reference forms from persons NOT related to you. Address four (4) envelopes to Apollo Career Center, Medical Assisting Program, 3325 Shawnee Road, Lima, OH 45806-1497. Place the proper postage on each envelope. Give the reference form and envelop to the appropriate reference person. **THESE REFERENCES MUST BE MAILED TO APOLLO DIRECTLY FROM THE REFERENCE PERSON.** References will NOT be accepted from the applicant. The applicant does NOT have the right to review these confidential materials.
7. Health Occupations Basic Entrance Test  
When all of the following have been received, you will be notified of a test date.
  - Application
  - Application fee
  - High school transcript or a Transcript of Equivalency
  - 2 Positive Personal References
  - 1 Positive Work Reference
  - 1 Signed copy of the Admission Policy
8. Apollo will contact you regarding an interview following successful pre-entrance testing.

## Request for High School Transcript

Please send an official transcript to:

Apollo Career Center  
Medical Assisting  
Attention: Tara Shepherd  
3325 Shawnee Road  
Lima, OH 45806-1497

For:

Applicant's Name \_\_\_\_\_

Year of Graduation \_\_\_\_\_

Name at Time of Graduation \_\_\_\_\_

School from which graduated: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Phone #)

\_\_\_\_\_  
(Date)

**Apollo Career Center – Academy of Medical Careers**  
**Apollo School of Medical Assisting**  
3325 Shawnee Road  
Lima, OH 45806-1497

**WORK REFERENCE**

I, \_\_\_\_\_, give my permission to the business/institution/person identified below as a work reference to provide information to Apollo Career Center. I further realize that any information will remain confidential between the school and the party giving the information.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name of Business/Institution: \_\_\_\_\_

Mailing Address \_\_\_\_\_

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The above mention person has identified the above business or institution as a work reference. We would appreciate your assistance in helping us determine acceptability for the medical assisting program.

Employed as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(position)

Reason for leaving (if not presently employed) \_\_\_\_\_

Personal appearance: \_\_\_\_\_

Work Attitudes: \_\_\_\_\_

Physical & Emotional health: \_\_\_\_\_

Punctuality & Reliability: \_\_\_\_\_

If given the opportunity, would you re-hire this individual?      YES      NO

Comments:

Signature: \_\_\_\_\_

Position: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Apollo Career Center – Academy of Medical Careers**  
**Apollo School of Medical Assisting**  
 3325 Shawnee Road  
 Lima, OH 45806-1497

**PERSONAL REFERENCE**

I, \_\_\_\_\_, give my permission to the person identified below to provide information to Apollo Career Center. I further realize that any information will remain confidential between the school and the party giving the information.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name of Personal Reference: \_\_\_\_\_

Address \_\_\_\_\_  
 (Number / Street / PO Box/ or RR) (City) (State) (Zip)

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 The following information will be used to determine acceptability for the medical assisting program. Your assistance is appreciated.

How would you rate the individual on the following traits?

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Cooperation				
Tact				
Dependable				
Punctual				
Honesty				
Integrity				
Initiative				
Perseverance				
Tolerance				
Poise				
Character				

Does he/she like to work with people?      YES                  NO

How long have you known this person? \_\_\_\_\_

In what capacity have you known this person? \_\_\_\_\_

Additional Comments:

Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date \_\_\_\_\_

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**PERSONAL REFERENCE**

I, \_\_\_\_\_, give my permission to the person identified below to provide information to Apollo Career Center. I further realize that any information will remain confidential between the school and the party giving the information.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name of Personal Reference: \_\_\_\_\_

Address \_\_\_\_\_  
 (Number / Street / PO Box/ or RR) (City) (State) (Zip)

-----  
 The following information will be used to determine acceptability for the medical assisting program. Your assistance is appreciated.

How would you rate the individual on the following traits?

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Cooperation				
Tact				
Dependable				
Punctual				
Honesty				
Integrity				
Initiative				
Perseverance				
Tolerance				
Poise				
Character				

Does he/she like to work with people?      YES                  NO

How long have you known this person? \_\_\_\_\_

In what capacity have you known this person? \_\_\_\_\_

Additional Comments:

Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date \_\_\_\_\_

Apollo School of Medical Assisting  
**2008-2009 MA Calendar**  
Program Director: Tara Shepherd

**Healthcare Provider CPR.....Call Apollo's Public Safety for class dates and times**

**First Aid..... Call Apollo's Public Safety for class dates and times**

**MA Start Date Professional Development .....Dates TBA**

**Professional Development..... Dates TBA**

First Day of Regular Classes.....Monday, August 25, 2008

Labor Day-No School .....Monday, September 1, 2008

Scheduled Saturday.....Saturday, September 06, 2008

Scheduled Saturday.....Saturday, October 04, 2008

End of 1<sup>st</sup> Schedule.....Thursday, November 06, 2008

**2<sup>nd</sup> Session Starts**.....Monday, November 10 2008

Scheduled Saturday.....Saturday, November 15, 2008

Thanksgiving Break Begins.....Wednesday, November 19, 2008

Classes Resume.....Monday, November 24 2008

Scheduled Saturday.....Saturday, December 6, 2008

Scheduled Saturday.....Saturday, December 13, 2008

**Winter Break Starts**.....Thursday, December  
18,2008

Classes Resume .....Monday, January 5, 2009

Scheduled Saturday.....Saturday, January 10, 2009

Martin Luther King Jr. Day- No School.....Monday, January 19, 2009

End of 2<sup>nd</sup> Session.....Thursday, February 05, 2009

**3<sup>rd</sup> Session Starts**.....Monday, February 09, 2009

President's Day- No School.....Monday, February 16, 2009

Scheduled Saturday.....Saturday, February 21, 2009

Scheduled Saturday.....Saturday, March 07, 2009

Scheduled Saturday.....Saturday, April 04, 2009

Spring Break Begins..... Wednesday, April 8, 2009

End of 3<sup>rd</sup> Session..... Wednesday, April 15, 2009

**4<sup>th</sup> Session Starts**.....Monday, April 20, 2009

**\*\*\*Externship Day hours are scheduled 3 days per week BEGINNING in Week 2\*\*\***

Scheduled Saturday.....Saturday, April 25, 2009

**Memorial Day – No**

**School.....Monday, May 25, 2009**

Scheduled Saturday.....Saturday, May 30, 2009

End of 4<sup>th</sup> Schedule..... Thursday, June 11, 2009

GRADUATION .....Thursday, June 11, 2009 @ 7:00 p.m.

Dear Medical Assistant Student:

Below is the cost **ESTIMATED** for your attendance at Apollo's School of Medical Assisting for the 2007-2008 school year: (Dates and fees are subject to change)

HOBET Test.....	20.00
CPR- Health Care Provider.....	70.00
First Aid.....	45.00
Physical Examination*.....	68.00
2 Step Mantoux (TB skin testing).....	40.00
Chest x-ray, if skin test positive.....	100.00
Hepatitis B Vaccines (series of 3).....	205.00
2 MMR Vaccines.....	120.00
Varicella Igg Titer (\$80) and/ or 2 chicken pox vaccines (\$60 ea.).....	220.00
4 Scrub sets ( <b>red</b> top/pants).....	150.00
1 lab coat (will be ordered in Feb. 2008).....	30.00
White work shoes.....	60.00
Watch with second hand indicator.....	50.00
Filing fee for Certification Exam.....	95.00
<b>Approximate Total.....</b>	<b>\$1273.00</b>

**The 2006/7 ESTIMATED COST of tuition and books will cost \$7000.00**  
***(\$500.00 of this must be paid by August 04, 2008)***

Regular classes for the medical assisting program will begin August 25, 2008. Graduation for this program is scheduled for Thursday, June 11, 2009.

I hope this will assist you in your financial aid planning for the program.

Sincerely,

Tara Shepherd  
Medical Assistant Program Coordinator

\* Immunization documents of already completed vaccines or documentation of history of disease are accepted and vaccines would not need to be repeated.