



November, 2009

Perspective Student:

Thank you for expressing interest in the Apollo School of Medical Assisting. We are accepting applications for the 2009-10 academic year. This program is a **full-time, 10-month program. Each August, we will enroll 24 students between 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. **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 there is not sufficient enrollment in the evening class all students will be referred to the day program.

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

Sincerely,

Tara Shepherd
Medical Assistant Director

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 (AAMA) 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 (AAMA) 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 CMA (AAMA) 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 **HESI**. There is a \$35 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 \$35 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)

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)

Required Drug Testing for Admission

The following is a written policy statement for Apollo School of Medical Assisting in which the program must ensure that students will provide safe and high quality patient care services while engaging in official school educational activities.

All newly accepted students will be subject to a 10 panel urine drug screening test as a part of admission into the program. This test will be conducted as a part of pre-enrollment health requirements and/or within the first week(s) of school.

A positive confirmed result for the drug test shall prohibit enrollment in the school. Further, refusal to submit a drug test or any attempts to tamper with the specimen shall constitute ineligibility for enrollment.

If you wish to discuss any part of this policy or would like to view the complete drug screening policy please contact the Director of the Medical Assistant program.

I have read and understand the above:

Name (please print)

Date

Signature

APOLLO ACADEMY OF MEDICAL CAREERS DRUG SCREENING POLICY

Students enrolled in any Apollo Career Center Health Careers Program may be required to test negative for a 9 or 10 panel urine drug screening test prior to entering clinical practice environments. All test results, positive or negative, will be sent to the appropriate program manager. In the event of a diluted or positive result, students will not be permitted into the clinical setting. **Costs for the testing will be the responsibility of the student.**

In the event of a diluted or positive test result the student may refute the results by:

1. Providing the appropriate program manager verification of prescribed medications that may result in a positive result
2. Retest at student's own expense; and provide the results of the second test, whether negative or positive to the appropriate program manager.

If the second result is negative and not diluted, the student will be permitted in the clinical setting and as long as this meets institutional policy.

Students testing positive on the second test:

1. Will not be permitted into the clinical practice environments and may be dismissed from the program as per specific program policies.
2. The student may re-apply for admission into a program but must first provide appropriate documentation from a certified drug/alcohol counselor indicating the students' readiness to reapply to Health Careers Program along with prognosis for a full recovery.

Any instructor or manager of a Health Careers Program may request a drug screen given reasonable cause. If in the clinical setting, the clinical instructors will follow that institution's policy.

Note: Any student seeking admission into a Health Career Program who knowingly and intentionally attempts to provide a diluted or substitute urine specimen for testing will automatically lose their eligibility to be admitted into class or put on the roster.

Any current student enrolled in a Health Careers Program who knowingly and intentionally attempts to provide a diluted or substitute urine specimen for testing will be subject to disciplinary action which may include dismissal from the program.

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 1st and August 15th.
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 _____

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 #: _____

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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?

	Excellent	Good	Fair	Poor
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 _____

Revised 2 – 05

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Signature: _____ Date _____

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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.

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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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Apollo School of Medical Assisting
3325 Shawnee Road
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Apollo School of Medical Assisting
2010-2011 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 DevelopmentTBA

First Day of Regular Classes.....Monday, August 23, 2010
Labor Day-No SchoolMonday, September 6, 2010
Scheduled Friday.....Friday, September 10, 2010
Scheduled Friday.....Friday, October 01, 2010
End of 1st Schedule.....Thursday, November 04, 2010

2nd Session Starts.....Monday, November 8, 2010
Scheduled Friday.....Friday, November 12, 2010
Thanksgiving Break Begins.....Wednesday, November 24, 2010
Classes Resume.....Monday, November 29, 2010
Scheduled Friday.....Friday, December 3, 2010
Scheduled Friday.....Friday, December 10, 2010
Winter Break Starts.....Friday, December 17, 2010
Classes ResumeMonday, January 3, 2011
Scheduled Friday.....Friday, January 7, 2011
Martin Luther King Jr. Day- No School.....Monday, January 17, 2011
End of 2nd Session.....Thursday, February 3, 2011

3rd Session Starts.....Monday, February 07, 2011
Scheduled Friday.....Friday, February 11, 2011
President's Day- No School.....Monday, February 21, 2011
Scheduled Friday.....Friday, March 25, 2011
Scheduled Friday.....Friday, April 8, 2011
End of 3rd Session..... Thursday, April 14, 2011

4th Session Starts.....Monday, April 18, 2011
*****Externship Day hours are scheduled 3 days per week BEGINNING in Week 2*****
Scheduled Friday.....Friday, May 20, 2011
Memorial Day – No School.....Monday, May 30, 2011
Scheduled Friday.....Friday, June 10, 2011
End of 4th Schedule.....Thursday, June 16, 2011
GRADUATIONThursday, June 16, 2011 @ 7:00 p.m.

November, 2009

Dear Medical Assistant Student:

Below is the cost **ESTIMATED** for your attendance at Apollo's School of Medical Assisting for the 2010-2011 school year:

**The 2009/10 ESTIMATED COST of tuition and books will cost \$8500.00
(\$500.00 of this must be paid by August 09, 2010)**

Additional costs you may incur prior to, during, or near completion of the program include:

HESI (Pre-entrance Test).....	\$ 35.00
CPR - Health Care Provider.....	\$ 80.00
First Aid.....	\$ 50.00
Physical Examination*	\$ 80.00
2 Step Mantoux (TB skin testing).....	\$ 26.00
Chest x-ray, if skin test positive.....	\$ 100.00
Hepatitis B Vaccines (series of 3).....	\$ 294.00
2 MMR Vaccines.....	\$ 170.00
Varicella Igg Titer (\$100) and / or 2 chicken pox vaccines (\$85 each).....	\$ 270.00
4 Scrub sets (color of scrubs pending).....	\$ 200.00
1 lab coat (will be ordered in Feb. 2011).....	\$ 30.00
White work shoes.....	\$ 60.00
Watch with second hand indicator.....	\$ 50.00
10 Panel Urine Drug Test.....	\$ 50.00
Filing fee for Certification Exam.....	<u>\$ 125.00</u>
Approximate Total	\$ 1,620.00

Regular classes for the medical assisting program will begin August 23, 2010. Graduation for this program is tentatively scheduled for Thursday, June 16, 2011.

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

Sincerely,

Tara Shepherd
Medical Assistant Director

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