

CENTRAL COMMUNITY COLLEGE
MEDICAL ASSISTING PROGRAM APPLICATION FORM

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

EMAIL _____

If a current or former Central Community College student, please list your CCC Student ID Number _____

The following are required to continue the admission process.

If the applicant has previous college experience they must have a minimum cumulative GPA of 2.0.

Essential Functions

The student will read the Essential Functions of the Medical Assisting student handbook found on the program web page. Sign and return the Essential Functions Release Form also found on the program web page.

Read and initial the following items and sign the form when completed.

____ The student will begin the Hepatitis B immunization series and will have either completed or begun the series, within the first semester of the program.

____ The student will complete the required immunizations before or during the first semester of the program.

____ The student will complete a drug screen and background check during the first semester of the program and understands that admission to the Medical Assisting program is conditional until a clear background check and drug screen are returned.

Student Signature/Date

The background check and drug screen are a student expense.

When complete return this form, the Essential Functions Response form and completed Immunization Records to:

Michel McKinney

Medical Assisting Program Director

Central Community College

550 S Technical Blvd, Hastings NE 68902

Or complete both forms, scan, and email to mmckinney@cccneb.edu