MEDICAL ASSISTING EXTERNSHIP APPLICATION

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Externship application for semester:

\_\_\_ spring 20\_\_\_ \_\_\_ summer 20\_\_\_ \_\_\_ fall 20\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Speak Spanish? \_\_\_ Yes, fluent \_\_\_ Yes, conversational \_\_\_ No

What other language(s) do you speak, if any? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Placement preferences (full-time placement HIGHLY recommended and often required by host site):

 \_\_\_ full-time placement (Mo – Fr, up to 8 hrs/day)

 \_\_\_ part-time placement (may not be available)

If part time only, indicate availability (days/hours): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I live in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I have transportation \_\_\_ yes \_\_\_ no

Circle or high-light preferred cities/areas or cross out if not an option (you may need to commute depending on availability of spots):

Monterey Carmel Seaside Marina Salinas

Circle preferred specialty or cross out if not an option (although we try to match your preferences, placement depends on availability of spots):

Fam. practice Pediatrics Internal medicine Cardiology Urology

Dermatology ENT Gastroenterology OB/gyn

Other specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**You must provide the following records PRIOR TO enrolling into the externship course:**

**\_\_\_ Professional resume (electronic version, Word preferred)**

**\_\_\_ MA certificate requirement list FILLED OUT AND SIGNED BY YOUR COUNSELOR**

**\_\_\_ Immunization record including the following (usually submitted in MEDA 122):**

Hepatitis B vaccination (series of three must be started prior to externship)

MMR vaccination or proof of immunity to measles, mumps, rubella

Varicella vaccination or proof of immunity to varicella

Tdap vaccination (one shot)

**\_\_\_ TB clearance within 6 months of externship (neg. skin test or clearance from doctor)**

**\_\_\_ Healthcare Provider BLS certification (AHA), copy or picture of card**

**\_\_\_ This completed application (signed on page 2)**

NOTE: IN SOME CASES, A BACKGROUND CHECK AND DRUG TESTING IS REQUIRED BY THE EXTERNSHIP SITE

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL ASSISTING CERTIFICATE COURSE REQUIREMENT LIST:

|  |
| --- |
| COURSE/UNITS |
| ANAT 5 (4) |
| CSIS 50 (2) |
| CSIS 50L (1) |
| MEDA 100 (1) |
| MEDA 101 (3) |
| MEDA 105 (4) |
| MEDA 110 (3) |
| MEDA 112 (2) |
| MEDA 114 (2) |
| MEDA 118 (3) |
| MEDA 120 (3) |
| MEDA 121 (3) |
| MEDA 122 (3) |
| ENGL 1A, 111 OR 110 (3-4) |
| BLS FOR HC PROVIDERS  |

**I HEREBY ACKNOWLEDGE THAT I HAVE TAKEN AND PASSED (GRADE C OR BETTER) ALL REQUIRED COURSES AND MET ALL PREREQUISITES FOR THE MEDA 130 EXTERNSHIP COURSE.**

**I UNDERSTAND THAT PROVIDING FAULTY OR INCOMPLETE INFORMATION MAY DISQUALIFY ME FROM PLACEMENT INTO AN EXTERNSHIP OR RESULT IN A NO-PASS GRADE FOR THE MEDA 130 EXTERNSHIP COURSE, EVEN IF I COMPLETED ALL REQUIRED EXTERNSHIP HOURS.**

**STUDENT SIGNATURE:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO BE COMPLETED BY INSTRUCTOR:

STUDENT’S EXTERNSHIP ENTRY EXAM SCORE: \_\_\_\_\_\_\_% (PASS/NO PASS); DATE COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_The student is eligible for externship placement

\_\_\_\_\_\_\_\_The student is NOT eligible for externship placement due to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT PLACEMENT SITE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TAX ID/EIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEMESTER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOURS COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_