Medical Office Assistant Program
Application Fall 2014
Forms Packet

FORM 1 CONDITIONS FOR APPLICATION

Complete all portions of this form as directed. List name as indicated in myLane

L# _____ FIRST _____ LAST _____

E-mail - required _____ 1st Phone _____ 2nd Phone _____

       All courses were taken at LCC

       Official Transcripts from other colleges have been submitted to Lane Enrollment Services – Attention: HP Transcript – Lane Community College - 4000 East 30th Ave, Eugene, OR 97405

Application Conditions and Program Progression Completion Requirements

In submitting my MOA program application by email to HPApplicationCenter@lanecc.edu , I affirm the following:

- I took all of my prerequisite courses at Lane Community College,

  OR I have submitted official, sealed transcripts from colleges other than Lane to Lane Enrollment Services.

- I have completed the LCC Credit Admission process and have an L number.

  OR I have previously taken credit classes at Lane and have an L number.

- I have completed the Medical Office Assistant Online Admissions Application & Payment process, including paying the **$35 non-refundable** application fee.

- I understand all information in the Fall 2014 Medical Office Assistant Application Information Packet. **I am NOT considered an applicant to the program unless all required forms and documentation are completed and submitted according to application instructions prior to the application deadline.**

- My application will not be returned and I am responsible for making a personal copy.

- I have read the Fall Enrollment Requirement Section and understand I must attend the mandatory orientation and comply with all other enrollment requirements if I am accepted or considered a program alternate.

- I am a current resident of the State of Oregon and my current Oregon address is listed in *myLane.*

- I understand it is my responsibility to complete all program requirements for degree completion by the end of Spring term 2015.

- I understand I must successfully complete all MOA Fall Enrollment Courses before Fall term 2014 and if courses are not completed and transcripted as required, I will not be allowed to enter the program.

- I hereby attest that all application information and documentation I have submitted in this packet is accurate and authentic.

Forms 1 and 2 submitted scanned, Google docs, handwritten or delivered in person will not be accepted. Be sure to use the latest version of Adobe Reader to complete this Form.

Macintosh users – do not use "Preview" to view or complete this form. Set Adobe Reader as the default PDF reader.

Submit all supporting documentation attached to ONE e-mail by the deadline: **HPApplicationCenter@lanecc.edu** **Health Professions Application Center** **Subject – Student Name L number MOA Application Documentation** **Change to file name:** **MOAForms2014LastNameLNumber**	**On the same date or before:** **Lane Transcript and/or submitted transcripts to Enrollment Services reflect courses and degree(s) listed on Point Petition Sheet.** **Online Medical Office Assistant Program Admissions Application and Payment has been submitted.**

FORM 2 POINT PETITION SHEET Lane MOA Fall 2014

See 2014 **Medical Office Assistant Application Information Packet** for application requirements and for **Course Equivalency & Transfer** requirements if course was not taken at Lane. List only the courses which are completed and are on your official transcripts.

Courses <u>must meet</u> minimum credit requirement shown. Grades of C- or higher meets minimum grade criteria. Not all courses accept P grades. <u>Enter grade point values in the right hand column</u> 'Points'

	Course/School	Term/Year	# Credits	Grade Pass	Grade C	Grade B	Grade A	Indicate Points Earned
Part 2A. Minimum Courses to Apply: listed must be completed by the end of Spring 2014.								
Items 1: Writing Requirement:								
WR 115, WR 115W (3 / 4 Cr) **OR**				N/A	6	12	12	
WR 121, 122, 123, 227 (3 / 4 Cr) **OR**				N/A	6	12	12	
Prior Bachelor's degree, must appear on a submitted transcript			N/A	N/A	N/A	N/A	12	
Items 2: Human Relations Requirement:								
CG 203 (3 Cr) **OR**				6	6	9	12	
SP 218 (4 Cr)				6	6	9	12	
Item 3: Medical Terminology Requirement:								
HO 100 (3 Cr)				N/A	6	12	12	
Part 2B. Fall Enrollment Courses: Required prior to starting the program in Fall term if accepted.								
Item 4: Mathematics Requirement: Completed Summer Term 2013 or later *								
MTH 052 (4 Cr)				N/A	12	20	20	
Students may use MTH 052 taken before June 2013 if they pass placement tests – See Application Information Packet. Include copies of scores with point sheet when you apply.								
Part 2C. Program Courses: Additional points given for completion of these program courses. List only the courses which are completed and are on your official transcripts.								
Items 5: Business and Computer Course Options:								
BT 120 **OR** CIS 101 (3Cr) **OR**				0	6	9	12	
CS 120 (4 Cr)				0	6	12	12	
BT 165 (4 Cr)				0	10	14	18	
Items 6: Psychology Options: Total points allowed for this section is 12.								
PSY 110 (3 Cr) **OR**				0	6	9	12	
PSY 201 (3 / 4 Cr) **AND**				0	3	4.5	6	
PSY 203 (3 / 4 Cr)				0	3	4.5	6	
Items 7: Health Occupations and Information Technology Courses:								
HIT 160 (3 Cr)				0	6	9	12	
HO 110 (3 Cr)				0	6	12	12	
HO 112 (3 Cr)				0	6	9	12	
HO 114 (3 Cr)				0	6	9	12	
HO 150 (3 Cr)				0	6	12	12	
HO 152 (3 Cr)				0	6	12	12	
HO 190 (3 Cr)				0	6	9	12	
HO 220 (3 Cr)				0	6	9	12	
						Total Course Points Earned		
Part 2D. Additional Points.								
Prior College Degree: Associate, bachelors, masters, or higher. Transcript must indicate degree granted.						= 5 pts		
Total Points for Course Completion and Additional Points – Required Minimum Points to Apply 70						*(Points Possible 199)*		
						For Office Use Only:		

Be sure to submit the Online Application and Payment Process to complete your final step to apply to the MOA Program. List any additional information that didn't fit into spaces provided above: