Medical Assistant Program
Application Fall 2016
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 MA 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 Assistant Online Admissions Application & Payment process, including paying the **$35 non-refundable** application fee.

- I understand all information in the Fall 2016 Medical 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 2017.

- I understand I must successfully complete all MA Fall Enrollment Courses before Fall term 2016 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: **Health Professions Application Center:** **HPApplicationCenter@lanecc.edu** **Subject:** Name L number MA Application Forms Packet **File Name:** MAForms2016LastNameLNumber	**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 Assistant Program Admissions Application and Payment has been submitted.**

FORM 2 POINT PETITION SHEET — Lane MA Fall 2016	Courses must meet minimum credit requirement
See 2016 **Medical 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.	shown. Grades of C or higher meets minimum grade criteria. C- or less not accepted. Not all courses accept P grades. Enter grade point values in the right hand column 'Points'

All course information must be entered in order to count for points. Course/School, Term/Year, Credits	Course/School	Term/ Year	# Credits	Grade Pass	Grade C	Grade B	Grade A	Indicate Points Earned
Part 1. Fall Entry Requirements: listed must be completed by the end of Summer 2016.								
Items 1: Writing Requirement: *Choose one option.*								
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	
Item 2: Medical Terminology Requirement:								
HO 100 (3 Cr)				N/A	6	12	12	
Item 3: Mathematics Requirement: Completed Summer Term 2015 or later * *Choose one option.*								
MTH 052 (4 Cr)				N/A	12	20	20	
Lane Math Placement Test				12				
Students may use MTH 052 taken before June 2015 if they pass placement tests – See Application Information Packet.								
Items 4: Human Relations Requirement: *Choose one option.*								
CG 203 (3 Cr) **OR**				6	6	9	12	
COMM/SP 218 (4 Cr)				6	6	9	12	
Part 2. Additional points given for completion of these courses. List only the courses which are completed and are on your official transcripts.								
Items 5: Business and Computer Course Options: *Choose one option.*								
BT 120 **OR** CIS 101 (3 Cr) **OR**				0	6	9	12	
CS 120 (4 Cr)				0	6	12	12	
Items 6: Health Occupations and Health Science courses:								
HO 110 (3 Cr)				0	6	12	12	
**HO 150 (152) OR				0	12	24	24	
**BI 231 (232, 233)				0	12	24	24	
Provide information for one option Fall 2009 or later. Program requires completion of HO 152 or BI 233 by Spring term 2017.								
						Total Course Points Earned		
Part 3. Additional Points.								
Prior College Degree: Associate, bachelors, masters, or higher degree. *Transcript must indicate degree granted.*							= 5 pts	
Health Records Technology Certificate *Transcript must indicate degree granted.*							= 5 pts	
Required Minimum Points to Apply 48 (*Points Possible 114*)			**Total Points for Course Completion and Additional Points**					
			For Office Use Only:					

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