



2024-2026 Medical Assistant Program Application

Applicant Information

Full Name:

First

Last

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone:

Email Address:

Questions

Instructions: Print clearly in ink or type.

- **Please attach a quality resume with three references from those who are familiar with your work skills and abilities (not friends or family members).**

1. Why do you want to be in the Medical Assistant Program and what positive things will you contribute to our program?

2. List the **skills** and **interests** you have that would benefit the Grays Harbor College Medical Assistant Program.

3. Please describe your experience, other than academics, in collaborative teamwork or team building:

4. Tell us about your service to the community, including any volunteer work you have done in the last 2-3 years.

5. Are you presently employed? Yes ___ No ___

Job Title:

Company Name:

Date Employed:

Supervisor's Name:

Phone #:

IF YOU ARE ACCEPTED INTO THE PROGRAM:

6. Do you have reliable transportation to attend class at Grays Harbor College?

Yes ___ No ___

7. Will you arrive at class **every day** on time?

Yes ___ No ___

8. Do you agree to put forth your best efforts in the program?

Yes ___ No ___

9. Will you commit fully to this two-year program which includes certification testing?

Yes ___ No ___

By my signature, I attest that I have reviewed all information provided and that all information provided by myself is true and accurate.

Student Signature

Date

When completed and signed, return to:

**Chrissie Erickson
medicalassistant@ghc.edu**