FOUR COUNTY AREA VOCATIONAL COOPERATIVE
APPLICATION AND CONTRACT FOR THE MEDICAL ASSISTANT PROGRAM

APPLICATION FOR ENROLLMENT DUE TO VOCATIONAL OFFICE BY 2/18/2011

NAME: _____
(LAST) (FIRST) (M. INITIAL) (DOB)

I UNDERSTAND AND AGREE TO FULLFILL THE FOLLOWING CONDITIONS OF MY ENROLLMENT IN THE MEDICAL ASSISTANT PROGRAM, ADMINISTERED BY THE FOUR COUNTY AREA VOCATIONAL COOPERATIVE:

1. STUDENT MUST HAVE PASSED LANGUAGE PORTION OF 8TH GRADE ISTEP.
2. STUDENT MUST BE ENTERING HIS/HER JUNIOR OR SENIOR YEAR OF HIGH SCHOOL.
3. STUDENT MUST HAVE AN INTEREST IN NURSING.
4. PARENT/GUARDIAN PERMISSION IS REQUIRED FOR ADMITTANCE TO THE PROGRAM.
5. IF YOUR HIGH SCHOOL DOES NOT PROVIDE TRANSPORTATION, YOU MUST HAVE YOUR OWN RELIABLE TRANSPORTATION FOR TRAVEL TO CLINICAL ROTATIONS.
6. STUDENT MUST FOLLOW STATE GUIDELINES INCLUDING A REQUIRED AMOUNT OF CLINICAL HOURS. MEETING THE HOUR REQUIREMENT MAY INVOLVE ATTENDING ON A SCHEDULED DAY OFF.
7. STUDENT MUST FOLLOW A DRESS CODE. UNIFORMS WILL BE PURCHASED THROUGH THE PROGRAM.
8. STUDENT MUST REPORT ABSENCE TO INSTRUCTOR.
9. STUDENT MUST DEMONSTRATE A PROFESSIONAL ATTITUDE.
10. STRICT PATIENT CONFIDENTIALITY IS IMPORTANT. FAILURE TO COMPLY WILL RESULT IN REMOVAL FROM THE PROGRAM.
11. STUDENT MUST DEMONSTRATE EXCELLENT ATTENDANCE; POOR ATTENDANCE WILL RESULT IN YOUR INABILITY TO EARN YOUR CERTIFICATION.
12. PREREQUISITE: STUDENT MUST HAVE PASSED 9TH GRADE LANGUAGE ARTS END OF COURSE ASSESSMENT.

I HAVE READ AN UNDERSTAND THE ABOVE CONDITIONS OF MY ENROLLMENT:

_____ _____
Parent/Guardian Signature (Required) Date

_____ _____
Student Signature (Required) Date

_____ _____
Guidance Counselor Signature (Required) Date

The Four County Area Vocational Cooperative has a policy of providing equal opportunity. All courses are open to all students regardless of race, color, gender, disabilities or national origin, including limited English proficiency.