

FOUR COUNTY AREA VOCATIONAL COOPERATIVE
MEDICAL ASSISTANT-ADDITIONAL APPLICATION MATERIALS
APPLICATION AND ADDITIONAL MATERIALS DUE TO VOCATIONAL OFFICE BY 2/18/2011

PLEASE SUBMIT A COMPUTER-GENERATED RESPONSE TO THE FOLLOWING QUESTIONS AND ATTACH TO YOUR APPLICATION. EACH QUESTION MUST BE ANSWERED IN FULL.

1. WHAT QUALITIES DO YOU THINK ARE VALUABLE FOR A HEALTH CARE WORKER TO POSSESS?
2. WHAT DO YOU THINK THE TERM CONFIDENTIALITY MEANS AND HOW WOULD YOU DEMONSTRATE THIS WHILE IN THE MEDICAL ASSISTANT PROGRAM?
3. DESCRIBE SOME DUTIES YOU THINK WILL BE INVOLVED IN THE MEDICAL ASSISTANT CLASS.
4. WHILE PERFORMING DUTIES RELATED TO THE MEDICAL ASSISTANT PROGRAM, HOW WOULD YOU CONDUCT YOURSELF PROFESSIONALLY?
5. WHAT MAKES YOU UNIQUE FROM OTHER APPLICANTS TO THE PROGRAM?
6. WHAT PLANS DO YOU HAVE FOLLOWING GRADUATION? WHAT HEALTH CARE CAREERS ARE YOU INTERESTED IN?
7. DO YOU HAVE ANY HEALTH CARE EXPERIENCE? PLEASE EXPLAIN.
8. IF YOU ARE ACCEPTED INTO THE PROGRAM, WHAT DO YOU EXPECT TO GAIN?
9. HAS ANYONE INFLUENCED YOUR DECISION TO APPLY TO THE PROGRAM? IF SO, WHO IS THAT PERSON AND IN WHAT WAY?
10. WHAT ARE YOUR THOUGHTS AND FEELINGS ON THE ELDERLY?
11. WHAT QUESTIONS DO YOU HAVE REGARDING THE PROGRAM?

ALONG WITH YOUR COMPUTER GENERATED RESPONSES TO THE QUESTIONS ABOVE, YOU MUST ALSO INCLUDE A COPY OF YOUR TRANSCRIPT, INCLUDING ATTENDANCE RECORD AND THREE COMPLETED TEACHER REFERENCES. APPLICATIONS WILL NOT BE CONSIDERED WITH MISSING INFORMATION.