Medical Assisting
Program Admission Application Packet (High School)

Step 1 - Contact your high school CTE counselor to obtain a voucher

If you are a sophomore or junior in High School you will need to meet with the Program Coordinator before completing this packet. To schedule an appointment please contact Kelsee Grow at (801) 627-8445 or kelsee.grow@otech.edu.

Step 2 – Determine whether you need to test

https://www.otech.edu/future-students/assessment/

If you need to test, you may schedule an appointment by calling either (801) 627-8300 or (801) 395-3742.

If you are submitting alternate documentation to waive testing, please submit your documentation to the Testing Center.

Step 3 – Complete the online College Admissions Application

https://portal.otech.edu/Portal/Student/Application

Step 4 – Complete the online Campus Orientation

http://www.otech.edu/current-students/new-student-orientation/

Step 5 – Complete the online Medical Assisting Program Orientation (video)

http://www.otech.edu/training/health/medical-assisting/

Step 6 – Complete Program Specific Admissions Requirements

☐ Pay for your background check
  • Pay at the cashier window in the Student Services building
  • Submit your receipt with your completed application packet

☐ Sign the Background Check Notification (pg. 3)

☐ Fill out the background check authorization form (pg. 4)

☐ Submit an official high school transcript for review of transfer credit. Transcripts should be submitted to the enrollment office in order to waive testing or receive transfer credit.
Step 7 – Submit Documentation to program advisor

https://otech.as.me/ma-orientation-tour

You may either email copies of your documentation or you can submit hard copies. Email submissions should be sent to kelsee.grow@otech.edu. If you would prefer to submit hard copies, you will need to schedule an appointment. You can request an appointment by following this Link, calling (801) 627-8445 or sending an email to kelsee.grow@otech.edu.

Step 8 – Take enrollment authorization to the Enrollment office

Once Kelsee has verified that your documentation is complete, she will send you an authorization form that will allow you to enroll in the program. You will then take the authorization form to the enrollment office, select your schedule, and pay your tuition.

Questions?

If you have questions about the application process or are having difficulty obtaining the required documentation, please contact Kelsee Grow at (801) 627-8445 or kelsee.grow@otech.edu.
Health Occupations
Background Check Notification

Students entering a Health Occupations Program at the Ogden-Weber Technical College (OWTC) are required to complete a background check.

- All Students must complete a Criminal Background Check application no later than the first day of class.
- Any charge incurred in the last 7 years will show up on the background check.
- Many states, including Utah, do not seal juvenile records.
- Any misdemeanor or felony conviction on your record may negatively impact your chances of completing the program and being placed at an externship/clinical site.
- The OWTC is required to notify externship/clinical sites prior to placement if a student has a criminal record.
- Externship/clinical sites may request a copy of students’ background check results prior to externship or clinical rotation approval. Background check results will be submitted to potential externship sites as requested.
- An adverse finding on a criminal background check may inhibit a student’s ability to obtain employment and/or obtain certification/licensure in a health occupation.
- There will be no tuition or fee refund for students who are unable to complete the program due to their criminal record.
- Prospective students with a criminal record are strongly encouraged to contact the Program Coordinator prior to enrolling.
- Students must notify the Program Coordinator if new criminal charges are incurred any time after the initial background check. The student may be required to obtain a second criminal background check.
- In keeping with the program’s due process policies, if a student disagrees with the accuracy of the information obtained, he/she may request a meeting with the Program Coordinator to discuss their concerns.

I have read, understand, and agree with the information presented above.

____________________________________  _________________________
Student Signature     Date

____________________________________  _________________________
Parent Signature (if student is a minor)           Date

Update 6/2019
AUTHORIZATION TO OBTAIN A BACKGROUND CHECK, CONSUMER CREDIT REPORT AND/OR INVESTIGATIVE REPORT FOR STUDENT EXTERNSHIP PLACEMENT PURPOSES

Last Name: _______________________ First Name: ______________________ Middle:___________

Maiden/AKA Names: ________________________________________________________________

Date of Birth: ________/________/____________ SSN: __________-________-__________

Driver’s License #: __________________________________ State of Issue: _____________

Address: ____________________________________________________________________

City: ___________________________ State: ____________ Zip Code: _________________

Phone: ________________________ Email: ____________________________________________

I understand that in connection with my application for placement, Ogden-Weber Tech College (OWTC) will procure a consumer report or investigative report on me as part of the process of considering my candidacy as a student intern/extern. I hereby authorize without reservation, the OWTC and/or its designated or appointed agent, Tiburon Enterprises, to make an independent investigation of my background in connection with my application of placement with the school. I authorize and request any present or former employer, school, police department, department of motor vehicles, state or federal court of law, or credit reporting agency, including those records maintained by both public and private organizations, financial institutions or other persons having personal knowledge about me to furnish the OWTC, Tiburon Enterprises, or its designated agent with any and all information in their possession regarding me for the purpose of confirming the information contained on my application and/or obtaining other information which may be material, in the OWTC’s sole discretion, to my qualifications for placement. Such information may include, but not limited to, court records, education, credentials, credit history and references. According to the Fair Credit Reporting Act, I am entitled to know if my placement will be denied because of information obtained from a consumer-reporting agency, and I will receive a copy of such report and a description in writing of my rights under the law. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any agency who may provide information based upon this authorization request.

Furthermore, I hereby release and hold harmless the OWTC, Tiburon Enterprises, and agents, owners and affiliates of the school from and against any and all claims, demand, suits or expenses from or related to the content, validity, or handling of any report obtained herein.

The above information is my true and complete legal name and all information is true and correct to the best of my knowledge. I hereby authorize the OWTC, or its agent, to obtain a consumer or investigative report about myself in order to be considered for placement.

Signature: _______________________________________________ Date: ____________________

Printed Name: ______________________________________ Relationship: ___________________

Please be advised that you have a right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made within 5 days of the date that we receive the request or within 5 days of the time the report was first requested.

Updated 6/2019