Medical Assisting
Program Admission Application Packet (Adults)

You’ve probably watched the pre-enrollment orientation and decided this is the program for you. We’re excited to have you in our program! Below is a list of steps you need to complete in order to be admitted into the program.

Step 1 – Determine whether you need to test
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 include it in your application packet.

Step 2 – Complete the online College Admissions Application
https://portal.owatc.edu/Portal/Student/Application

Step 3 – Complete the online Campus Orientation
http://www.owatc.edu/current-students/new-student-orientation/

Step 4 – Complete the online Medical Assisting Program Orientation
http://www.owatc.edu/training/health/medical-assisting/

Step 5 – 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
☐ Complete Medical Assistant Interview assignment (pg. 3-5)
☐ Sign the Background Check Notification (pg. 6)
☐ Fill out the background check authorization form (pg. 7)
☐ Adults only - Submit a copy of your high school diploma (or equivalent)
Step 6 – Submit Documentation to program advisor

You may either email copies of your documentation or you can submit hard copies. Email submissions should be sent to ruizn@owatc.edu. If you would prefer to submit hard copies, you will need to schedule an appointment.

Step 7 – Take enrollment authorization to the Enrollment office

Once Nallely 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 Nallely Ruiz at (801) 627-8324 or ruizn@owatc.edu.
MEDICAL ASSISTING INTERVIEW

As a prospective medical assistant, it is important for you to understand the role the professional medical assistant performs within the current health care environment. To assist you in learning about the medical assistant profession, all students who apply for admission to the OWTC Medical Assisting Program need to interview a working medical assistant and complete the following worksheet.

It is your responsibility to identify and set up an interview time with a medical assistant who is currently employed at a clinic, physician office or other health care setting. Many students conduct this interview when they complete their physical examination as part of the admission process. It would be wise to contact the clinic and clear this with the medical assistant prior to the appointment for your physical examination. Do not limit yourself to the questions listed on the form.

Student Name: _______________________________________________________________

Date: _________________________________________________________________

Interview a working medical assistant and inquire about the following:

1. How long have you worked as a medical assistant?

2. How did you receive your training?

3. Are you a Certified Medical Assistant (CMA)?
4. To your knowledge, what is the salary range for medical assistants in this area?

5. What hours and days do you work?

6. How many patients do you interact with daily?

7. What front office (administrative) duties do you have?

8. What back office (clinical) responsibilities do you perform?

9. How many phone triage calls do you take each day?
10. What entry-level skills do you feel are the most important for a new medical assistant?

11. What do you like about your job?

12. What do you dislike about your job?

13. What advice would you give me as I pursue my medical assisting education and career?

Medical Assistant’s Signature: ______________________________________________

Employer: ______________________________________________________________

Telephone Number (for verification of interview): _______________________________
HEALTH OCCUPATIONS
BACKGROUND CHECK NOTIFICATION

Students entering a Health Occupations Program at the Ogden-Weber Tech College are required to complete a background check prior to entering the Dental Assisting, Pharmacy Technician and Medical Assisting programs and within 2 weeks of entering the Nursing Assistant program.

- Any felony or misdemeanor relating to drug offenses, assault/violent crimes, sexual assault, fraud or theft, identified on the student’s record may result in the college not being able to place the student in a clinical or externship site. As a result they may be unable to complete the Dental Assisting, Pharmacy Technician, Medical Assisting, or Nursing Assistant programs.

- An adverse finding on a criminal background check may also inhibit a student’s ability to obtain employment and/or obtain a license in a health occupation.

- In keeping with the program’s due process policies, if a student disagrees with the accuracy of the information obtained, she/he may request a meeting with the program advisor to discuss their concerns.

I have read and understand the information presented above.

_____________________________________         ______________________
Student Signature          Date

_____________________________________         ______________________
Parent Signature (if student is a minor)        Date
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.