Dear Applicant:

Thank you for your interest in the Medical Assistant Program at Chattanooga State Community College. The Medical Assistant Program is a three-semester diploma course offered in the Tennessee College of Applied Technology Division (TCAT). We are a CAAHEP accredited program that pleasingly reports a 100% graduate satisfaction outcome.

A new class is enrolled in both Fall and Spring semesters of each year. Class enrollment is limited to 22 students in each class. You will find attached information, instructions, and forms needed to apply for admission. Please read all information carefully.

Please complete all the necessary steps and provide all needed information to facilitate the processing of your application. Upon receipt of the completed application and required tests results, an informal interview may be scheduled prior to the beginning of the next available class.

Please feel free to contact either the day or evening class instructors if we may be of further assistance. Office hours are 8:00 a.m.- 4:00 p.m. Monday through Friday.

Best Wishes!

Nancy.draper@chattanoogastate.edu (Evening)
Office phone- 423-493-8818

or

Cynthia.rutledge@chattanoogastate.edu (Day)
Office phone- 423-697-4438
Admissions Information

The student must submit a completed application for admission to CHSCC and pay a nonrefundable application fee to the Admission Office.

The Medical Assistant application process is:

**A. Complete the Medical Assistant application** and return it to the Medical Assistant office.

**B. Provide an official copy of your high school transcript or GED** ('Official' means in a sealed envelope from the school or they can be faxed with a school cover sheet to 423-697-3203)

**C. Successfully pass the entrance test** (Compass, ACT)

- Compass (not timed) scores must be a minimum of 83 in reading, 38 in algebra
  
  - Receive a testing ticket from the Medical Assisting Program Office when you turn in your application
  - If you are not successful in meeting the minimum passing scores you must take at least Reading 0810 or Math 0820 (college level reading and math) for the section failed; you must pass with a “C”.
  - If you wish to retest you must wait a minimum of four months

- ACT, a composite score of 19 or higher, good only until age 20

The class begins both fall and spring semesters [August/January]. The program is three semesters long

The classes meet:

<table>
<thead>
<tr>
<th>Days</th>
<th>Morning</th>
<th>Evening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall M-F 8:00 am - 2:30 pm</td>
<td>3:15pm – 10:00pm</td>
<td></td>
</tr>
<tr>
<td>Spring M-F 7:45 am - 2:30 pm</td>
<td>3:15pm-10:00pm</td>
<td></td>
</tr>
<tr>
<td>Summer M-F 7:45 am - 2:45 pm</td>
<td>3:15pm – 10:15pm</td>
<td></td>
</tr>
</tbody>
</table>

(Third semester students (day & evening, perform a 40hr/wk practicum in a physicians office)

There are no pre-requisite classes for the program.

Applications are taken year round.

Applicants must have a high school diploma or GED.

Financial aid is available and you can contact the TCAT Financial Aid Counselor Sandra Winters at (423) 697-3379.

All prospective students who reside in Tennessee are encouraged to apply for the Wilder-Naifeh Technical Skills Grant lottery scholarship by visiting or contacting the Financial Aid Office located on the second floor of the Student Center Building or online at [www.chattanoogastate.edu](http://www.chattanoogastate.edu). Awards are granted up to $2,000.

Students will be contacted to schedule an interview when the application process is completed.

Students who are accepted into the class will be required to submit a complete health physical signed by a physician.

For more information contact:

Cynthia Rutledge, Program Instructor
([cynthia.rutledge@chattanoogastate.edu](mailto:cynthia.rutledge@chattanoogastate.edu)) - (423-697-4438)

Nancy Draper, Program Instructor
([nancy.draper@chattanoogastate.edu](mailto:nancy.draper@chattanoogastate.edu)) - (423-493-8818)
NAME ________________________________
(LAST) _____________________________ (FIRST) _____________________________
(MIDDLE) __________________________ (MAIDEN) ___________________________

ADDRESS ________________________________________________________________
(STREET) _______________________________________________________________
(CITY) ___________________________ (STATE) _____________________________ (ZIP) ________

(SOCIAL SECURITY) ___________________________ (HOME PHONE) _____________
(WORK PHONE) ___________________________ (DATE OF BIRTH) ________________
(CELL PHONE) ___________________________ (E-MAIL ADDRESS) ________________

***************************************************************************************************

EDUCATION: Check one: High School Diploma □ G.E.D. □

HIGH SCHOOL: _____________________________________________________________
(SCHOOL NAME) ___________________________ (ADDRESS) ______________________
(YEAR GRADUATED) ______________________

G.E.D: _________________________________________________________________
(SCORE) ___________________________ (YEAR) _____________________________
(HIGHEST GRADE COMPLETED) __________

ADDITIONAL EDUCATION: ____________________________________________________

Have you attended any other Tennessee Technology Center in the last year? Yes □ No □
If you answered yes to the above question, please list which technology center(s).

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Have you applied to / or attended this Chattanooga State program before? Yes □ No □
If yes, when? __________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

***************************************************************************************************

EMPLOYMENT: Are you presently employed? ________________ Date of employment: __________
Name of employer: ____________________________________________________________
Type of work: ___________________________ Full/Part Time: __________________________
How long have you been working there? ________________

LIST THE LAST THREE PLACES OF EMPLOYMENT:
1. Name of employer: ___________________________ Type of work: ________________
   Date of Employment: __________ to __________ Reason for Leaving: ________________
2. Name of employer: ___________________________ Type of work: ________________
   Date of Employment: __________ to __________ Reason for Leaving: ________________
3. Name of employer: ____________________________ Type of work: ________________
   Date of Employment: __________ to __________ Reason for Leaving: ________________

MEDICAL INFORMATION:
If you are accepted in the Medical Assistant Program, you will be required to have a complete physical exam.
During each program semester, you will be required to pass random drug tests. Initial here ______

Why do you want to be a Medical Assistant?

What do you think a Medical Assistant does at work?

What are your long range career goals?

Do you understand that prompt, regular attendance is required for completion of this program? Yes ☐ No ☐

Have you ever been charged or convicted of a crime, other than a minor traffic violation? Yes ☐ No ☐

If yes, explain:

I affirm, agree, and/or understand that all statements on this form are true and accurate; any misrepresentation or omission of material facts may result in my expulsion from this program. I hereby authorize Chattanooga State or other appropriate State investigative agencies to make all necessary investigations concerning me, my work habits, character, or my action in any transaction. I further authorize and request each former employer, person given as a reference, educational institution, or organization to provide all information that may be sought in connection with this application.

_________________________  ____________________________
(DATE)  (SIGNATURE OF APPLICANT)

Chattanooga State Community College supports affirmative action and does not discriminate against any applicant for admission or employment on the basis of race, color, religion, handicap, sex or national origin.
YOU MUST HAVE AN APPLICATION ON FILE BEFORE REQUESTING A TRANSCRIPT.
Transcript Request

Medical Assisting

STUDENT NOTES:

1. High school or other college transcripts previously submitted to Chattanooga State’s Admissions Office cannot be copied or forwarded to the Technology Center. The Records Office can only provide a Chattanooga State transcript.
2. Copy and send this request to your high school and all other colleges attended.
3. You must have an application on file with the college and the program of your choice before requesting transcripts.

Registrar (or Principal) Date: ____________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Please send a complete transcript of my academic record to both of the following addresses:

1. Chattanooga State Community College
   Attn: Admissions Office
   4501 Amnicola Highway
   Chattanooga, TN 37406-1097

2. Chattanooga State Community College
   Attn: Medical Assisting Program
   4501 Amnicola Highway
   Chattanooga, TN 37406-1097

Note: Transcripts must include grades for final or last term attended.

Transcripts can be faxed with a school cover sheet to Chattanooga State Records at: (423) 697-4709 DQG Medical Assisting Department: (423) 697-2413.

I last attended your school in ____________________________ . For identification purposes, the name under which I attended your school was ____________________________ . My birth date is ____________________________ and my Social Security Number is ____________________________ .

If there is a charge for this service, please bill or contact me at the address below. Thank you.

______________________________________  ______________________________________
Print Name Signature

Name ________________________________________________________________

Address ____________________________________________________________

City/State/Zip ____________________________ Phone ____________________________