

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 the Fall semester 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 of the 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 (Kimball)

Office phone- 423-493-8818

or

Cynthia.rutledge@chattanoogastate.edu (Day)

Office phone- 423-697-4438

## Admissions Information

The student must apply online for admission to Chattanooga State at

[www.chattanoogaastate.edu/admissions](http://www.chattanoogaastate.edu/admissions)

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/HiSET** ('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 (ACCUPLACER)**
  - a. ACCUPLACER Reading score minimum 250; ACCUPLACER Arithmetic score minimum 230
    - *Register to take the ACCUPLACER tests here:*  
<https://www2.registerblast.com/Chattanoogaastate/Exam/List>
    - *If you wish to retest you should ask for assistance and study materials in the Learning Support Center before retesting.*
  - b. Or the ACT, a composite score of 19 or higher (scores good for 5 years)

Class begins in the fall semester [late August]. The program is three semesters long - fall, spring and summer.

### Classes meet:

#### *Main Campus:*

Fall & Spring: Monday-Friday 7:45 a.m.-2:30 p.m. ET

Summer: Varies according to practicum schedule

#### *Kimball:*

Fall & Spring: Monday-Friday 9:00 a.m.-3:45 p.m. CT

Summer: Varies according to practicum schedule

There are no pre-requisite classes for the program.

Applications are taken year round.

Applicants must have a high school diploma or GED/HiSET.

Financial aid is available and you can contact the TCAT Financial Aid Counselor Alyssa Moss at (423) 697- 3224.

All prospective students who reside in Tennessee are encouraged to apply for the Wilder-Naifeh Technical Skills Grant by visiting or contacting the Financial Aid Office located on the second floor of the Student Center Building or online at <http://catalog.chattanoogaastate.edu/content.php?catoid=24&novoid=4498>. 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@chattanoogaastate.edu](mailto:cynthia.rutledge@chattanoogaastate.edu) (423-697-4438)

Nancy Draper, Program Instructor

[nancy.draper@chattanoogaastate.edu](mailto:nancy.draper@chattanoogaastate.edu) (423-493-8818)

CHATTANOOGA STATE COMMUNITY COLLEGE  
MEDICAL ASSISTANT PROGRAM  
4501 AMNICOLA HIGHWAY  
CHATTANOOGA, TENNESSEE 37406

OFFICIAL USE ONLY  
Date Received \_\_\_\_\_

Applying for:  
 Day  Kimball

NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (MAIDEN)

ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

(SOCIAL SECURITY) (HOME PHONE) (WORK PHONE)

(DATE OF BIRTH) (CELL PHONE) (E-MAIL ADDRESS)

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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? \_\_\_\_\_  
\_\_\_\_\_

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EMPLOYMENT: Are you presently employed? \_\_\_\_\_ Date of employment: \_\_\_\_\_

Name of employer: \_\_\_\_\_ Type of work: \_\_\_\_\_

Full/Part Time: \_\_\_\_\_ How long have you been working there? \_\_\_\_\_

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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 \_\_\_\_\_

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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

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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)

## 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 TCAT. 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  
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 \_\_\_\_\_