



**Kapi'olani Community College Admission Application Checklist
MEDICAL ASSISTING PROGRAM
Certificate of Achievement**

Application Period: December 1 – March 1

**TEMPORARY
COVID-19 APPLICATION SUBMISSION PROCEDURES**

Directions: Please complete each item by typing directly into the fields or neatly printing on a hardcopy, and submit this Admission Application Checklist with all required documents to a Health Sciences Counselor *via* [UH File Drop](#). We will not be accepting in-person applications this application period.

To use file drop follow the directions below:

1. Scan application and all supporting documents
 - a. If you do not have access to a scanner, use a free smartphone app like *Scannable* or *Scanner Pro* or *Cam Scanner*. Save your application and all supporting documents in PDF format.
2. From any web browser, go to <https://www.hawaii.edu/filedrop>
3. Log in as a UH User or Non-UH user (Non-UH Users will be sent a verification email, click on the link in the email)
 - a. In the recipient field, type: hlthsci@hawaii.edu
 - b. Click in the drop down menu in the expiration timer, change it to 14 days
 - c. In the “Optional Message” field, enter FULL NAME and the PROGRAM you are applying to
 - d. After you’ve completed the Recipient field, extended the expiration timer, typed in the Optional Message, click Proceed.
 - e. Click the Choose File button to browse for your application and supporting documents.
 - i. If you upload your documents in different files (i.e. application, transcripts, etc), please write a description of the file in the Description box.
 - f. Click the Start Upload button.
 - g. You will be redirected to a confirmation page with the link to your uploaded file. You’re finished.

Please contact us at hlthsci@hawaii.edu or 808-734-9224 if you have any questions or need assistance with these temporary application submission procedures.



**Kapi'olani Community College Admission Application Checklist
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Certificate of Achievement**

Application Period: December 1 – March 1

Directions: Please complete each item carefully typewritten or neatly printed, and submit this Admission Application Checklist and all required documents to a Health Sciences Counselor *via UH File Drop (as stated on previous page)*. **If the application deadline falls on a weekend or recognized holiday, applications will be accepted on the following business day. Only this completed program Admission Application including supplemental documentation submitted to the Health Career Counseling Center by the appropriate deadline will be accepted for processing. All applications must be submitted via UH File Drop by the posted deadline.**

<u>APPLICANT INFORMATION</u>		Indicate Application Year: _____ (ie. 2021)		
Name:	_____	_____		UH Number/Username _____
	Last Name	First Name	M.I.	
Mailing Address:	_____		_____	_____
	Street / POB	City	State	Zip Code
Phone:	_____	_____	_____	
	Cell	Home	Work	
UH SYSTEM Email Address: _____				
List other name(s) used on documents: _____				
(Notify the KCC Kekaulike Information & Service Center regarding other names used on college documents.)				

ADMISSION APPLICATION CHECKLIST FOR MEDA PROGRAM

- Attend a Mandatory MEDA Program Information Session within one year of your application submission.** For more information visit www.kapiolani.hawaii.edu or pick up an Information Session schedule from Kauila 122 or Kauila 106 during normal business hours.

Date Attended: _____ / _____ / _____ (Month / Day / Year)

- Complete the online UH System Application if you are not currently enrolled at any UH System institution during the semester you submit your application.** (<http://apply.hawaii.edu>)
- Complete all MEDA qualifying tests or equivalent courses prior to the end of the application period.**
- Math qualification** must have been completed (course or qualifying exam) within the last two years.
- College transcripts for courses completed within the University of Hawai'i System.** Print out student copy of unofficial transcripts for all course work *WITHIN* the UH System and highlight all prerequisite/qualification courses. UH system transcripts are downloadable from the UH Portal (myuh.hawaii.edu).
- College transcripts for courses completed outside of the University of Hawai'i System.** If transferring courses from institutions outside the UH System, please list the institution and when your transcript was requested:

- Institution: _____ Transcript Request Date: _____
- Institution: _____ Transcript Request Date: _____
- Institution: _____ Transcript Request Date: _____



My external transcripts have been evaluated by KCC. Submit your transfer course report from STAR accessible via the UH Portal (myuh.hawaii.edu).

My external transcripts have not been evaluated by KCC. Submit unofficial copies with this application, send official copies to the KCC Kekaulike Information & Service Center, complete **Online request for Transcript Evaluation**. To complete this form, you must log in with your UH Email account. Complete this form at: <http://go.hawaii.oxG>

- 7. **Typing Test** – A typing test is required as part of the application process. Details regarding the test date will be provided after your completed application is reviewed.
- 8. **Work/Volunteer Experience** – You will be given points for any work/volunteer experience you have. You will be given a verification form to complete when you come in for your typing test.
- 9. **“My Plan Initiative.”** Complete self-assessments.

APPLICANT CERTIFICATIONS:

I certify that the answers and responses provided for all of the items on this Admission Application are true to the best of my knowledge and belief. I understand that providing incorrect or false information will subject me to the requirements and/or disciplinary measures as provided under the Student Conduct Code. I understand that if I am not accepted into the program of application, I must submit a new application and all required documents for any subsequent semester. I also allow KISC to change my major and home institution if I am accepted into the MEDA program. I understand that if I am not accepted into the MEDA program, my home institution and major will not change.

“Health care students are required to complete University prescribed academic requirements that involve practice in a University affiliated health care facility setting with no substitution allowable for the completion required clinical practice. Failure of a student to complete the prescribed clinical practices shall be deemed as not satisfying academic program requirements. It is the responsibility of the student to satisfactorily complete any criminal background checks and drug testing that may be required by the affiliated health care facility to which he/she is assigned for clinical practice in accordance with procedures and timelines as prescribed by that affiliated health care facility.”

I understand that a criminal background check and drug test may be required for entry into clinical practice. _____
(please initial)

I also understand that clinical practice is required for completion of this program. _____ (please initial)

I understand that priority selection is given to [Hawai'i State residents for tuition purposes](#) and that non-residents will be considered after all qualified residents have been accommodated per Board of Regents Policy. _____ (please initial)

Print Name _____ **Signature** _____ **Date** _____



SAMPLE of how to complete the application:

↓ These are the requirements ↓	↓ Fill in the information about the class you took to meet each requirement ↓			
Required before application deadline	Test Score OR Course Alpha	Term of Completion	Institution	Grade/Credit
Qualification for Math 32 or higher	Math 100	Spring 2016	LCC	A/3.0
Qualification for ENG 100	Placement into ENG 100	Date of Test: 1/12/2016	Accuplacer, KCC Testing Center	N/A

Medical Assisting Qualification Prerequisites <i>Required for admission</i>	Course Alpha/Test Score	Term of Completion	Institution Name	Grade/Credits	Points
<i>Qualification score of 250+ in the Arithmetic Accuplacer domain or higher domain (within the last two years)</i>					Yes 3 No 0
Qualification for ENG 100					Yes 3 No 0
Total prerequisite points (required for admission)					_____ / 6



A.S. Degree General Education Requirement Support courses are not required for admission, however, students who have completed them can earn additional points on the application. If you have completed program support courses, please enter them below:

A.S. Degree General Education Requirements (Program Support Courses) <i>* not required for admission *</i>	Course Alpha	Term of Completion	Institution Name	Grade/Credits	Points	
					Yes	No
ENG 100 Composition I (3)					1	0
MATH 100 Survey of Mathematics (3) OR higher					1	0
FAMR/HDFS 230 Human Growth & Development (3)					3	2 1
PHYL 141 Human Anatomy & Physiology I (3)					3	2 1
PHYL 141L Human Anatomy & Physiology I Lab (1)					3	2 1
A. S. Humanities elective (100 level or higher) (3)					3	2 1

Total support points

 /14

Application Summary: For office use only

Date Received: _____

Counselor's Initials: _____ Application Complete: _____

HI Resident: Y N

KCC GPA Verified: _____

Kapi'olani Community College, Health Sciences and Emergency Medical Services Departments
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 Website: www.kapiolani.hawaii.edu
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