

Kapi`olani Community College MEDICAL ASSISTING PROGRAM APPLICATION Associate in Science

Application Period: December 1 - March 1

APPLICATION SUBMISSION PROCEDURES

<u>Directions</u>: Submit this program application and all required documents to the Health Careers Counseling Center via UH File Drop by the posted deadline. *We will not be accepting in-person applications*.

To use UH 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 <u>Recipient</u> field, extended the <u>expiration timer</u>, typed in the <u>Optional</u> <u>Message</u>, 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 <a href="https://



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This application is intended for students who have completed the KapCC CA in Medical Assisting, but did not immediately continue on to the Associate in Science degree.

<u>Directions</u>: Please complete each item carefully typewritten or neatly printed, and submit this application and all required documents to the Health Careers Counseling Center via UH File Drop by the posted deadline.

APPLICANT INFORMATION			Indicate Application Year:		(ie. 2021)	
Name:		<u> </u>			_ UH Number/Username _	
Mailing Address	Last Name	First Name	'	M.I.		
7 10 0 1	Street / POB		(City	State	Zip Code
Phone:	Cell		Home		Work	
UH SY	STEM Email Address:					
(Notify	her name(s) used on dother the KCC Kekaulike Info	ormation & Ser			ther names used on college	documents.)
1.					n within one year of the ap	oplication deadline.
	Date Attended	l:/_	(1	Month /	Day / Year)	
2.	Complete the online U				t currently enrolled at any pply.hawaii.edu)	UH System institution
3.	Complete KapCC Cer	rtificate in MI	EDA prior to th	e end o	of the application period	
	and attach student copy	of unofficial tr	ranscripts for all	course	he University of Hawai'i S work WITHIN the UH Syste lownloadable from STAR.	em and highlight all
					of the University of Hawai m, please list the institution a	
	• Institution:			_ Tran	script Request Date:	
	• Institution:			_ Tran	script Request Date:	
	• Institution:			_ Tran	script Request Date:	



My external transcripts <u>have been evaluated</u> by KapCC. <u>Submit your transfer course report from STAR and highlight all prerequisite/qualification courses</u> (star.hawaii.edu).

My external transcripts <u>have not been evaluated</u> by KapCC. 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. https://go.hawaii.edu/y6x

- 7. "My Plan Initiative." Complete self-assessments
- 8. Self-addressed, stamped #10 (4 1/8" X 9 1/2") envelope

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."

Print Name	Signature	Date
	s given to <u>Hawai'i State residents for tuition put</u> its have been accommodated per Board of Rege	-
I also understand that clinical practic	ce is required for completion of this program	(please initial)
I understand that a criminal background (please initial)	und check and drug test may be required for en	try into clinical practice



SAMPLE of how to complete the application:

V These are the requirements V	V FIII IN THE IN	ITOPMATION ADOUT	The class you took to meet each	requirement Ψ
Required before application deadline	Test Score OR Course Alpha	Term of Completion	Institution	Grade/Credit

Qualification for Math 32 or higherMath 100Spring 2016LCCA/3.0Qualification for ENG 100Placement into ENG 100Date of Test: I/12/2016Accuplacer, KCC Testing CenterN/A

Medical Assisting Qualification Prerequisites Required for admission	Institution	Semester & Year of Graduation		Poi	nts
Kapi'olani Community College Certificate of Achievement in Medical Assisting				Yes 3	No 0
Current CMA Certification (AAMA)				Yes 3	No 0

Total prerequisite points / (required for admission)



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) * not required for admission *	Course Alpha	Term of Completion	Institution Name	Grade/ Credits	Points
ENG 100 Composition I (3)					Yes No 1 0
MATH 100 Survey of Mathematics (3) OR higher					Yes No 1 0
FAMR/HDFS 230 Human Growth & Development (3)					A B C 3 2 1
PHYL 141 Human Anatomy & Physiology I (3)					A B C 3 2 1
PHYL 141L Human Anatomy & Physiology I Lab (1)					A B C 3 2 1
A. S. Humanities elective (100 level or higher) (3)					A B C 3 2 1
Application Summary: For office use only			Total suppo	ort points	/14
Counselor's Initials: HI Resident: Y N KCC GPA Verified:	Application Complete: _				

Kapi'olani Community College, Health Sciences and Emergency Medical Services Departments
4303 Diamond Head Road, Kauila 106 ♦ Honolulu, Hawai'i 96816-4421 ♦ Telephone: (808) 734-9224

Website: www.kapiolani.hawaii.edu

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An Equal Opportunity/Affirmative Action Institution



Kapi`olani Community College MY PLAN Self – Assessment

The My Plan Self-Assessment is a counseling tool for prospective healthcare majors to help you identify and better understand your career pathway, strengths, and areas of focus. Working in healthcare requires a combination of academic and professional knowledge and skills and a commitment to public service. As you plan, find ways to make your strengths shine and to improve your weaker areas. Please complete this self-assessment by marking the appropriate boxes. All response are voluntary. This assessment does not affect your eligibility for admission. This assessment and is used for all ten Health Academic programs, therefore there may be some statements that do not apply to your specific program.

Knowledge of the Profession	Below Expectations	Meets Expectations	Exceeds Expectations
Identified career goals in my health pathway	0	0	0
Identified career alternatives in my health pathway	0	0	0
Relevant experience – by volunteer experiences	0	0	0
Relevant experience – by servicing learning experience	es O	0	0
Relevant public service – by paid work experiences	0	0	0
Understand "professional qualities" of health pathway(s) O	0	0
Understanding of current healthcare issues	, O	0	0
Comfort with bodily fluids or personal patient care	0	0	0
Comfort with illness	0	0	0
Comfort with injury	0	0	0
Comfort with death	0	0	0
Comfort with physical contact with people	0	0	0
Ability to multitask and adapt to change	0	0	0
Ability to accept constructive feedback	0	0	0
Ability to handle occupational crises, challenges or pro	blems O	0	0
Ability to move forward to achieve the goals and outco	mes O	0	0
Ability to follow safety guidelines and standards of practices.	ctice O	0	0

Personal Characteristics	Below Expectations	Meets Expectations	Exceeds Expectations
Domonaturate commitment to multiple coming			0
Demonstrate commitment to public service	O	O	O
Demonstrate empathy/altruism	O	0	O
Demonstrate moral/ethical integrity	0	0	0
Demonstrate emotional maturity	0	0	0
Demonstrate good interpersonal relationships	0	0	0
Accept responsibility	0	0	0
Ability to work independently to achieve the goal/task	0	0	0
Collaborate and teamwork to achieve the goal/task	0	0	0
Accept and demonstrate leadership	0	0	0
Be dedicated/hard-working healthcare practitioner	0	0	0
Committed to life-long learning	0	0	0



Kapi`olani Community College MY PLAN Self-Assessment

Academic Strength	Below Expectations	Meets Expectations	Exceeds Expectations
+Completed prerequisites of health program of study	0	0	0
+Completed support courses of health program of st	udy O	0	0
Achieved minimum cumulative GPA for program ent	ry O	0	0
Achieved prerequisite course GPA for your program	entry O	0	0
Effective verbal and nonverbal communication skills	. 0	0	0
Ability to utilize technology effectively for learning	0	0	0

	Below pectations	Meets Expectations	Exceeds Expectations
Established support for transportation to externships	0	0	0
Established support for financial assistance prior to entry	0	0	0
Established support for nonacademic responsibilities	0	0	0
Established support for personal and time management sk	ills O	0	0
Established support for continuous professional learning	0	0	0
Established opportunities to balance personal, family, & so	chool O	0	0
Established support for campus and community resources	0	0	0

⁺As required for program entry and graduation or meet other requirements as directed for program admissions.

The University of Hawai'i does not discriminate on the basis of race, sex, age, color, national origin, or disability. For inquiries regarding our nondiscrimination policies, please contact the Kapiolani Community College designees:

Deneen Kawamoto, ADA Coordinator for Students Office: 'Ilima 107 (808) 734-9522; deneenk@hawaii.edu

UHCC offers Career and Technical Education (CTE) Programs of Study leading to Associate of Science (AS) and Associate of Applied Science (AAS) degrees, as well as postsecondary certificates, in career fields such as arts and communications, business, health careers, industrial and engineering technology, natural resources, and public and human services.

For more information, visit our website at http://uhcc.hawaii.edu/programs/index.php.

UHCC applies an open access policy, with program admission based upon the completion of applicable course/testing prerequisites. The lack of English skills will not be a barrier to admission and participation in CTE programs.