



**Kapi'olani Community College
MEDICAL ASSISTING PROGRAM APPLICATION
Certificate of Achievement**

Application Period: December 1 – March 1

APPLICATION SUBMISSION PROCEDURES

Directions: 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 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 application submission procedures.



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Directions: 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**. If the application deadline falls on a weekend or recognized holiday, applications will be accepted on the following business day.

<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.)					

APPLICATION CHECKLIST

1. Attend a **Mandatory** MEDA Program Information Session within one year of the application deadline.

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

2. 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>)
3. Complete all MEDA qualifying tests or equivalent courses prior to the end of the application period.
4. **Math qualification** must have been completed (course or qualifying exam) within the last two years.
5. **Submit college transcripts for courses completed within the University of Hawai'i System if applicable.** Print and attach 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 STAR. (star.hawaii.edu).
6. **Submit college transcripts for courses completed outside of the University of Hawai'i System if applicable.** 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 (star.hawaii.edu) and highlight all qualification courses.

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 login with your UH email account. (<https://go.hawaii.edu/y6x>).

- 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
Qualification score of 250+ in the Arithmetic Accuplacer domain or higher domain (within the last two years)					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)					A 3	B 2 C 1
PHYL 141 Human Anatomy & Physiology I (3)					A 3	B 2 C 1
PHYL 141L Human Anatomy & Physiology I Lab (1)					A 3	B 2 C 1
A. S. Humanities elective (100 level or higher) (3)					A 3	B 2 C 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
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identified career alternatives in my health pathway	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevant experience – by volunteer experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevant experience – by servicing learning experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevant public service – by paid work experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understand “professional qualities” of health pathway(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding of current healthcare issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comfort with bodily fluids or personal patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comfort with illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comfort with injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comfort with death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comfort with physical contact with people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to multitask and adapt to change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to accept constructive feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to handle occupational crises, challenges or problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to move forward to achieve the goals and outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to follow safety guidelines and standards of practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Personal Characteristics	Below Expectations	Meets Expectations	Exceeds Expectations
Demonstrate commitment to public service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrate empathy/altruism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrate moral/ethical integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrate emotional maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrate good interpersonal relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accept responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to work independently to achieve the goal/task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaborate and teamwork to achieve the goal/task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accept and demonstrate leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be dedicated/hard-working healthcare practitioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Committed to life-long learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Kapi'olani Community College
MY PLAN
Self-Assessment

Academic Strength	Below Expectations	Meets Expectations	Exceeds Expectations
+Completed prerequisites of health program of study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
+Completed support courses of health program of study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Achieved minimum cumulative GPA for program entry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Achieved prerequisite course GPA for your program entry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effective verbal and nonverbal communication skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to utilize technology effectively for learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Established Support Systems to Succeed in Health Pathway Program	Below Expectations	Meets Expectations	Exceeds Expectations
Established support for transportation to externships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Established support for financial assistance prior to entry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Established support for nonacademic responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Established support for personal and time management skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Established support for continuous professional learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Established opportunities to balance personal, family, & school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Established support for campus and community resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

+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.