



2240 Old River Road  
Ukiah, CA 95482-6156

Ph. (707) 467-5001  
Fax (707) 462-0379

NICOLE H. GLENTZER  
*Superintendent of Schools*

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## Institute of Career Education 2025 Medical Assistant Program

Thank you for your interest in applying for the Medical Assistant Training Program. We look forward to reviewing your application, and appreciate your interest in this program.

Please note:

The Medical Assistant Training Program is a college-level training course. This course requires applicants to, at a minimum, be at an entry-level college reading comprehension, writing, and mathematics academic level. There will be classwork, homework and research work involved in this course. By signing the application, you are acknowledging that you are at this academic level, as there will be no refunds for students who choose to discontinue the course.

Most all of our communication is conducted via email. Students must have internet access. Given our current situation and other natural disasters such as fires and power outages that may occur, our course, may, without notice, have to transition to online learning. This will happen as a last resort, but please keep this in mind. If you are selected for the course and do not have internet access, please contact us and we will work with students one-on-one to assist with connectivity issues.

**First payment will be due immediately upon acceptance into the program. Please see the Medical Assistant Payment Agreement for specific date.**

This application is the initial screening application. If you are accepted to participate in the course, you will need to be able to also provide the following:

- Physical Examination for Medical Programs Applicant form completed by your physician (MCOE will provide the forms)
- Proof of completed 3-part Hepatitis B vaccination series
- Proof of negative TB via the Quanti-FERON Gold, or the T-SPOT TB blood test
- Proof of Varicella vaccinations or titer test showing immunity

**\*IMPORTANT NOTICE\*** Many clinical sites that host students for externship require that students must be fully vaccinated for COVID-19. Externship is a requirement to successfully complete your program with MCOE. Also note that currently, most health care facilities in the state of California are requiring proof of full vaccination as a condition of employment.

If you have any questions, you may leave a voicemail message at (707)467-5123 or email Sally Nevarez at [snevarez@mcoe.us](mailto:snevarez@mcoe.us)

Thank you for your interest in the Mendocino County Office of Education's Medical Assistant Program. We look forward to receiving your application. Completed applications may be mailed to the above address, attention Sally Nevarez or scanned as one PDF file to [snevarez@mcoe.us](mailto:snevarez@mcoe.us)



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## **MEDICAL ASSISTANT APPLICATION**

**January 7, 2025 to November 6, 2025**

This comprehensive course is approved by the State of California Department of Education. The Medical Assistant course trains students thoroughly in all aspects of Administrative and Clinical medical assisting. Students will learn anatomy, medical terminology, how to communicate with physicians as well as patients, and HIPAA regulations. This hands-on training also covers areas such as rooming patients, taking vital signs, various medical tests, and other areas of medical assisting. Students will complete both classroom training, as well as on the job training through externship hours.

### **The course training consists of:**

- 460 hours of medical assistant – administrative and clinical classroom instruction
- 140 hours of clinical and administrative externship in a doctor's office

### **Enrollment Prerequisites:**

**Complete applications due by November 1, 2024**

**Application packet must also include a current and signed Academic or Professional Letter of recommendation and a copy of High School Diploma/GED**

- *Incomplete applications will not be considered*

### **Remit completed and signed application to:**

Mendocino County Office of Education/Institute of Career Education  
Sally Nevarez/Oak Building  
2240 Old River Road  
Ukiah CA 95482

### **Cost of Program:**

- **\$4,500** (may be paid in two installments)  
Failure to pay course fees on time will result in student not being permitted to complete externship or pass course.



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## **Medical Assistant Schedule 2025:**

- Location: 2240 Old River Rd Ukiah in the MH Building (MCOE Campus)
  - Orientation: Monday, December 16, 2024 at 4:30 p.m. \* in the MH Classroom
  - Dates of Course: January 7, 2025 to November 6, 2025\*
  - Days/Times: Monday, Tuesday, Wednesday & Thursday from 4:30 pm – 8:00 pm
  - Graduation ceremonies and Certificates of Completion will not be awarded until all requirements have been met, including the completion of student Externships
- \*Dates are subject to change*

## **Program Requirements:**

- Regular attendance in class
- Reliable transportation
- Must provide valid email to complete this course
- Must have internet access for on line assignments
- Responsibility to locate an externship site to complete training hours
- Pay course fee of \$4,500 – to be paid in full by 2<sup>nd</sup> installment date
- Interact in a positive and professional manner with instructors, fellow students, and training staff
- Comply with classroom attire/appearance requirements
- Behave and perform in a professional manner while completing hours at externship site
- Must be 18 years of age at time of extern placement
- Must provide proof of high school diploma, CHSPE or GED
- Current government issued photo ID must be presented, upon admission to the program
- Completed physical examination form will be required, once accepted in program including, all previously mentioned vaccinations
- Previous academic and work experience in the medical field is preferred
- Potential for the student to benefit from the course of study
- Ability to pass criminal background check and drug screening
- Current and signed letter of Recommendation
- Navy blue scrubs and closed to professional shoes



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## **Additional Fees Incurred by Student:**

- Navy blue scrubs and closed toe professional shoes
- Health Examination and Inoculation Fees
- Stethoscope\*
- Watch with a sweep second hand\*
- Medical Terminology textbook
- Any and all state exam fees

*\*Please wait to purchase these items until after start of course*



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# Medical Assistant Application

*(Please print in own handwriting)*

**The personal information on this page is used by MCOE for data tracking and enrollment purposes. All information shared will remain confidential.**

Date of Application: \_\_\_\_\_

### PERSONAL INFORMATION:

Name:

\_\_\_\_\_

Last

First

Middle

Mailing Address:

\_\_\_\_\_

Street or Box

City, State, ZIP

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Birth Date: \_\_\_\_ Birth Place: \_\_\_\_\_

Male  Female

### DEMOGRAPHIC INFORMATION

Annual Household Income (please mark shaded box):

\$0-7,500	\$7,500-15,000	\$15,000-50,000	\$50,000-100,000	\$150,000+
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Labor Force (please check):

Employed  Unemployed  Retired  College Student

Choose ALL types of the student types that apply to you:

Single Parent/Guardian  CalWorks  Veteran  TANF Recipient  English Language Learner  
 MPIC Client  CIMC Client  CHDC Client  DOR Client  Tribal Agency Client  RCS Client  
 Other \_\_\_\_\_

Ethnicity:

American Indian/Alaskan Native  Asian  Black/African American  Hispanic/Latino  
 Native Hawaiian/Pacific Islander  White/Caucasian  Unknown

### FOR SCHOOL USE ONLY

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Identification: \_\_\_\_\_

Received By: \_\_\_\_\_



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<b>EDUCATION:</b>			
<b>High School Attended:</b>		<b>Diploma, GED, CHSPE Received:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Vocational school or program attended:</b>		<b>From:</b>	<b>To:</b>
		<b>Certificate received:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>College Attended:</b>		<b>From:</b>	<b>To:</b>
<b>No. Units Completed:</b>	<b>Degree:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Area of Study:</b>
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name:		If yes, who is your Probation Officer (name & phone #)	
		Phone #:	
<b>CURRENT EMPLOYMENT:</b>			
<b>Organization:</b>	<b>Address</b>	<b>Position</b>	<b>Dates</b>
<b>PREVIOUS EMPLOYMENT:</b>			
<b>Organization:</b>	<b>Address</b>	<b>Position</b>	<b>Dates</b>
<b>REFERENCES: Please list the names of the individuals as a reference for this program.</b>			
<b>Name</b>	<b>Address</b>	<b>Phone</b>	









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The goal of the Institute of Career Education Medical Programs (Medical Assistant, Dental Assistant and Phlebotomy) is to prepare students to become competent, confident, and skilled in the medical profession. In addition, you will receive the training necessary to prepare you for the state exam.

Listed below are requirements and expectations for class participation. Please read and initial the following information:

Student must:

\_\_\_\_\_ Be free of infectious disease

\_\_\_\_\_ Maintain hands and arms free of disease (No acrylic nails)

\_\_\_\_\_ Meet and pass the medical requirements of the Physical Evaluation form, to be completed and signed by a physician

In addition, students must agree to the following:

\_\_\_\_\_ Interact in a positive and professional manner with instructors, fellow students, and training staff

\_\_\_\_\_ Comply with classroom/training site attire/appearance requirements

\_\_\_\_\_ Attend class, on time, as scheduled by the instructor

\_\_\_\_\_ Behave and perform in a professional manner while completing hours at Externship site

\_\_\_\_\_ Provide a working email

Your signature below acknowledges that you are verifying the information to be true and correct and that you understand and accept the class requirements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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If you have been convicted of any of the following crimes, you cannot receive licensure in health care related professions and MCOE/CTE cannot enroll you in any healthcare related classes. You may seek action with the courts to expunge your record, and then apply for the classes. All students in healthcare related classes undergo a Department of Justice background check. If you are found to have committed a crime on the following list you will be dropped from the course. There will be no refunds of payments made if you are dropped from the course.

**All applicants should review this list carefully to avoid wasting their time, effort and money by training, testing and submission of their background check request since they cannot receive the required criminal background clearance if they have been convicted of any of these violations.**

Section		Section	
187	Murder	273a	Willful harm or injury to a child; (Includes degrees (a)-(c)
192(a)	Manslaughter, Voluntary	273d	Corporal punishment/injury to a child (Includes degrees (a)-(c)
203	Mayhem	273.5	Willful infliction of corporal injury (Includes (a)-(h)
205	Aggravated Mayhem	285	Incest
206	Torture	286(c)	Sodomy with person under 14 years against will
207	Kidnapping	286(d)	Voluntarily acting in concert with or aiding and abetting in act of sodomy against will
209	Kidnapping for ransom, reward, or extortion or robbery	286(f)	Sodomy with unconscious victim
210	Extortion by posing as kidnapper	286(g)	Sodomy with victim with mental disorder or developmental or physical
210.5	False imprisonment	288	Lewd or lascivious acts with child under age of 14
211	Robbery (Includes degrees in 212.5 (a) and (b)	288a(c)	Oral copulation with person under 14 years against will
220	Assault with intent to commit mayhem, rape, sodomy, oral copulation	288a(d)	Voluntarily acting in concert with or aiding and abetting
222	Administering stupefying drugs to assist in commission of a felony	288a(f)	Oral copulation with unconscious victim
243.4	Sexual battery (Includes degrees (a) - (d))	288a(g)	Oral copulation with victim with mental disorder or developmental or physical disability
245	Assault with deadly weapon, all inclusive	288. 5	Continuous sexual abuse of a child (Includes degree (a)



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## DISQUALIFYING PENAL CODE SECTIONS cont'd.

261	Rape (Includes degrees (a)-(c))	289	Penetration of genital or anal openings by foreign object (Includes degrees (a)- (j)
262	Rape of spouse (Includes degrees (a)-(e))	289.5	Rape and sodomy (Includes degrees (a) and (b)
264.1	Rape or penetration of genital or anal openings by foreign object	368	Elder or dependent adult abuse; theft or embezzlement of property (Includes (b)- (f)
265	Abduction for marriage or defilement	451	Arson (Includes degrees (a)-(e)
266	Inveiglement or enticement of female under 18	459	Burglary (Includes degrees in 460 (a) and (b)
266a	Taking person without will or by misrepresentation for prostitution	470	Forgery (Includes (a)-(e)
266b	Taking person by force	475	Possession or receipt of forged bills, notes, trading stamps, lottery tickets or shares (Includes degrees (a) - (c)
266c	Sexual act by fear	484	Theft
266d	Receiving money to place person in cohabitation	484b	Intent to commit theft by fraud
266e	Placing a person for prostitution against will	484d-j	Theft of access card, forgery of access card, unlawful use of access
266f	Selling a person	487	Grand theft (Includes degrees (a)-(d)
266g	Prostitution of wife by force	488	Petty theft
266h	Pimping	496	Receiving stolen property (Includes (a)- (c))
266i	Pandering	503	Embezzlement
266j	Placing child under 16 for lewd act	518	Extortion
266k	Felony enhancement for pimping/pandering	666	Repeat convictions for petty theft, grand theft, burglary, carjacking, robbery and receipt of stolen property
267	Abduction of person under 18 for purposes of prostitution		

I have read the above statements and understand that I may be dropped from the class, with no refund, if DOJ review indicates that I have a record of committing any of the above offenses.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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Mendocino County Office of Education

EMERGENCY CONTACT AND RELEASE FORM

Legal Name \_\_\_\_\_  
(Applicant) Last Name First Name Middle Name

E-Mail Address: \_\_\_\_\_ Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Health Information** (Check)

- Seizures
- Asthma
- Hearing problem
- Takes medicine regularly (name) \_\_\_\_\_
- Bee sting sensitivity
- Wears glasses

Other allergies, health or personal problems: \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Group \_\_\_\_\_ Group# \_\_\_\_\_

MediCAL  Yes  No ID Number \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Hm#: \_\_\_\_\_ Wk#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Hm#: \_\_\_\_\_ Wk#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Hm#: \_\_\_\_\_ Wk#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



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## MEDICAL ASSISTANT PAYMENT AGREEMENT

The Institute of Career Education **Medical Assistant** course will start January 7, 2025. Classes will be Monday, Tuesday, Wednesday & Thursday from 4:30pm – 8:00pm and held at 2440 Old River Rd, MCOE campus, in the MH Building.

The course fee is \$4,500\*\*. The first installment fee of \$2,250 is payable on or before November 8, 2024, and the second installment of \$2,250 is due on or before December 16, 2024.

<b>Payment Due Date:</b>	<b>Amount</b>
November 8, 2024	\$2,250
December 16, 2024	\$2,250

This schedule is designed to enable you to access a quality training opportunity without having to pay the full class fee of \$4,500 in one payment. Please call 467-5123 if you have questions about the schedule.

I agree to the payment schedule as outlined above. I understand that should I not be able to make the payments according to the schedule, I will not receive a refund for any portion of the class fee and I will not receive class certification, a letter of recommendation, or placement in an externship.

\*\*Forms of payment accepted are: Personal Check, Money Order, or Cashier's Check. Credit or Debit Card also accepted (*service fees applicable*). **We cannot accept cash payments.**

### ACCEPTED AND AGREED:

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## **Cancellations**

If the class is cancelled due to low enrollment, you will be notified by e-mail or phone at least two working days prior to the class orientation. If you are cancelling your registration, please notify Sally Nevarez at: [snevarez@mcoe.us](mailto:snevarez@mcoe.us); or (707) 467-5123; or visit 2240 Old River Rd, Ukiah, CA 95482. Refunds are not given for “no shows” or registrations cancelled on or after the first week of class. MCOE reserves all rights to excuse any student from the course at any time.

*\_\_\_\_ Initial here to verify that you have read and understand the cancellation and refund policy as stated above*

## **Acknowledgment**

I hereby certify that the above information is true to the best of my knowledge. I understand that any falsification will result in cancellation of this application. MCOE reserves the right to excuse a student from the course.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Deliver to: MCOE – Oak Building  
Attn: Sally Nevarez  
2240 Old River Road  
Ukiah, CA 95482  
(707) 467-5123