



### Medical Assisting Intent to Enroll Fee Form

You must pay two non-refundable fees in order to apply to the Medical Assisting Program, \$25.00 application fee and \$12.00 Washington State Patrol Background check fee. Your intent to enroll will not be processed until this payment is received. You may pay these fees in one of three ways:

- 1) In person at the WCC Cashier’s office, **Mon – Thurs, 9:00am – 5:00pm**, located in the Laidlaw Building, 237 W. Kellogg Road, Bellingham, WA 98226.
- 2) By mailing a check **with the completed form below** to WCC Business Office, ATTN: MA Entry Fees, Laidlaw Building, 237 W. Kellogg Road, Bellingham, WA 98226. Make check payable to, “Whatcom Community College.” **Do not mail your fees with your Medical Assisting Program intent to enroll.**
- 3) Over the phone with a credit card at 360.383.3363, Mon – Thurs, 9:00am – 5:00pm. You must provide your student ID number.

**Note:** This fee is non-refundable. If you are not admitted to this program with your initial intent to enroll, there will be no refund of the fee. **Be sure to include the receipt with your intent to enroll.**

**Student Name:**

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Last	First	MI
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**Student ID Number:**

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## Whatcom Community College Medical Assisting Program Intent to Enroll Checklist

Below is a checklist to help you ensure that all your Medical Assisting Program Intent to Enroll materials have been submitted. Please submit this completed checklist with the rest of your intent to enroll materials. **Submit your materials in one complete packet**, by the stated deadline, to provide best consideration of your intent to enroll. It is your responsibility to ensure that the Program Coordinator has received all Medical Assisting Program Intent to Enroll materials.

**The following has been submitted (if any of the below is missing, please explain why next to the item):**

- WCC Application for Admission** (If you are a current student at WCC you have already done this. If you attended previously, but are not currently a student at WCC, contact registration to reactivate your account.)
- Receipt showing I have paid \$37 Entry fees** (paid separately to WCC Business Office – see attached form)
- Intent to Enroll Checklist** (this form)
- MA Program Intent to Enroll**
- Personal Statement**
- Official Transcripts from all previously attended colleges where you earned credits that may apply to the MA degree\*** (WCC transcripts are not required.)
- I have taken the placement test and have placed into MATH 87 or above or I have completed ABE 50, MATH 94 or above; and**
- I have taken the Informed Self-Placement Test and have included my test results.**  
<http://whatcom.edu/student-services/admissions-registration/testing-services/english-placement>
- Hybrid Program Applicants Only:** Go to [whatcom.smartermeasure.com](http://whatcom.smartermeasure.com) to take the SmarterMeasure Survey for online learning. The login is 'MA 2019' and the password is 'OrcaMA' be sure to allow at least 30 minutes to complete the assessment. Include the summary results page with your packet.
- I have a High School Diploma or equivalent**

\*Please contact Entry & Advising at 360-383-3080 or by email at [advise@whatcom.edu](mailto:advise@whatcom.edu) to speak with an Advisor for assistance in determining how courses taken from previous colleges will transfer.

## Whatcom Community College Medical Assisting Program Intent to Enroll

Thank you for applying to Whatcom Community College's Medical Assisting Program. Please fill out the following intent to enroll completely and legibly. Return with the required materials to:

**Whatcom Community College  
MA Program, HPEC 104  
237 W Kellogg Road  
Bellingham WA 98226**

- I am applying to the Medical Assisting program Fall Quarter 2019.**  
Deadline for best consideration: **June 21, 2019** for **complete** packet **and** all related materials. Late intents to enroll may be considered on a space available basis.

**Please complete:**

<b>Name</b>		
First	MI	Last
<b>Address</b>		
City	State	ZIP
<b>Phone</b>		
(            )		
<b>Email</b>		
<b>WCC Student ID Number</b>		
_____ - _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____		

This form has been completed to the best of my knowledge and **I hereby authorize WCC to perform a Washington State Patrol criminal background check**, maintain the record until I graduate or withdraw from the program and share the information as requested by clinical sites. I understand that at such time as I am placed for my practicum I may be required to pay for a national background check if requested by the practicum site. For more information, please refer to the Legal Aspects of Enrollment and Employment section in the General Information of the current catalog.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Whatcom Community College Medical Assisting Program**

### **Personal Statement**

A personal statement is required of each applicant. It must be typed, between one and two double-spaced pages, and in size 11 font.

The applicant's answers to the following questions are required:

1. Why did you choose to pursue training to become a Medical Assistant?
2. Describe in your own words what it means to be a professional.
3. What are your personal strengths and weaknesses and how do these relate to your ability to be successful in the MA program? Be specific.
4. Students in this program spend an average of 40 hours per week doing coursework in class or online, completing homework and studying. Please describe your plan to successfully complete this course load, as well as balance personal life.

The personal statement will be reviewed for the following components to be considered complete:

- Ability to follow directions according to instructions above.
- Responding to all prompts listed above.
- Ability to organize thoughts.
- Ability to express oneself in writing, using correct grammar and punctuation.