

Program Application for

**Arapahoe Community College
Medical Office Technology Programs**

**Administrative Assistant
Medical Assistant
Medical Practice Manager
Insurance Coding**

Mail Application to:

**Department Chair
Medical Office Technology Programs
5900 S. Santa Fe Drive
P.O. Box 9002
Littleton, CO 80160-9002
cnelsen@arapahoe.edu
303-797-5898**

WORK OR VOLUNTEER EXPERIENCE

WORK OR VOLUNTEER EXPERIENCE	POSITION OR TITLE	FROM Mon/Yr TO Mo/Yr
1.		
2.		
3.		

Are you presently employed? **Yes** **No** **If yes, name of firm or company:** _____

In order to provide us with an overview of yourself, please discuss the following topics. Use only the space available to respond in your own handwriting.

1. What are your reasons for pursuing a career in Medical Office Technology?

2. What experiences have influenced your decision?

3. What are your professional/academic goals?

To the best of my knowledge and belief, the information I have given on this form is correct and can be verified. I have not withheld information that would affect my acceptance into the Medical Office Technology program I have chosen. I have read and understand the instructions for admissions into the Medical Office Technology program of my choice. I understand that only complete applications will be considered.

APPLICANTS
SIGNATURE: _____

DATE: _____

**Arapahoe Community College
Medical Office Technology Programs**

Student Statistical Information

The following information is required for statistical tracking purposes only and is in no way used to determine acceptance into the Medical Office Technology programs.

Program you are applying for:

- MOT – Administrative Assistant – certificate _____
- MOT – Medical Assistant – certificate _____
- MOT – Medical Assistant – A.A.S. degree _____
- MOT – Medical Practice Manager – A.A.S. degree _____
- MOT – Insurance Coding Certificate _____

Gender

- Female _____
- Male _____

Ethnic Group

- African American (black, not of Hispanic origin) _____
- American Indian or Alaskan native _____
- Arabic, Middle Eastern _____
- Asian or Pacific Islander _____
- Caucasian _____
- Hispanic _____
- Other (_____)

Age Group

- | | | |
|-------------|-------------|---------------|
| 17-19 _____ | 26-30 _____ | 41-45 _____ |
| 20-22 _____ | 31-35 _____ | Over 46 _____ |
| 23-25 _____ | 36-40 _____ | |

ARAPAHOE COMMUNITY COLLEGE
HEALTH CAREERS CENTER
IMMUNIZATION HISTORY

Welcome to the health careers center. The health programs include clinical rotations scheduled in a variety of health care facilities. Documentation of specific immunizations is required prior to these experiences. The immune status is for the protection of both clients and students.

Please have your health care provider complete and sign the following form and provide documentation.

Rubeola

Persons born before 1957 are considered naturally immune to measles (Rubeola). Persons born during or after the year 1957 must present evidence of two (2) live vaccine immunizations since 1968, or laboratory documentation (positive rubeola antibody polyvalent screen) to be considered immune. Persons who cannot present such documentation must be immunized.

Rubella

Documentation of two (2) MMR immunizations, or laboratory titer which indicates immunity to Rubella is required. All students, male and female, must show immune titer to Rubella or proof of two immunizations.

Hepatitis B

The series of three Hepatitis B vaccinations is required. The first of the three vaccinations must be completed before school begins and the second before clinical rotations begin. The series will be waived for students with documentation of Hepatitis immune titer.

Hepatitis A

Hepatitis A (food bourn hepatitis) immunizations are available but are not a requirement for the program.

PPD Tuberculin Test

The tuberculin skin test that is required is the intradermal PPD, (Mantoux method, not he multi-pronged Tine test). The skin test must be repeated annually while enrolled in the nursing, MOT, and CNA programs, unless required more frequently by a specific facility. If the PPD test result is positive or contraindicated, a current chest x-ray demonstrating no active disease must be submitted or a verification of TB symptoms issued by a county health department.

Tetanus

Tetanus immunization is recommended within the last 10 years for all students and required for students in the EMT, MLT, MOT and Pharmacy Technician programs.

Chickenpox (Varicella)

Chickenpox (Varicella) is extremely communicable. If you do not know whether you have had the disease, we commend that you have a Varicella titer drawn. This will tell you if you are immune. Exposure to Chickenpox, if you are not immune, would prevent attendance at a clinical rotation for a significant amount of time. A vaccine is now available for Chickenpox; confer with your health care provider regarding this. Students in the Pharmacy Technician and MOT program must attach an immune titer.

Immunization Documentation Record

Student Name: _____ Program _____

Student ID #: _____ Date of Birth: _____

Requirements for all students:

Rubella and Rubeola (if necessary by birth date). Required for male and female students.

MMR Immunization #1 Date: _____ #2 Date: _____

OR

Rubella Titer: Date: _____ Result: _____ (attach documentation)

Rubeola Titer Date: _____ Result: _____ (attach documentation)

Hepatitis B (series of three immunizations)

#1 Date: _____ #2 Date: _____ #3 Date: _____
(first) (1 month later) (6 months after #2)

OR

Hepatitis Immune Titer: Date: _____ Result: _____ (attach documentation)

PPD Tuberculin Test (Required every 12 months.)

Date: _____ Result: _____ (attach documentation)

OR

Current chest x-ray results demonstrating no active disease must be submitted if PPD test result is positive. Students whose results indicate active disease will be counseled on an individual basis.

Additional requirements for students in the programs identified below:

Tetanus Date: _____ Attach documentation

Students in the EMT, MLT, MOT, and Pharmacy Technician programs must provide documentation of Tetanus immunization.

Chickenpox (Varicella)

Students in the Pharmacy Tech and MOT programs must attach an immune titer.

Other

Reasonable accommodation will be provided upon request for persons with disabilities. If you are a person with a disability who requires an accommodation to participate in this program, please notify Educational Support Services at 303-797-5927.

The information if have given on this form is correct.

Student Signature: _____ Date: _____

Health Care Provider: _____ Date: _____

Address and Phone

Please mail to:

Arapahoe Community College
Health Math Science Division
5900 S. Santa Fe Drive
P.O. Box 9002
Littleton, Colorado 80160-9002

For Office Use Only:
_____ Complete _____ Recorded
Comments:

