## Medical Assistant Apprenticeship Program External Application

UW Health is an Equal Employment Opportunity, Affirmative Action employer that values diversity. All qualified applicants will receive consideration for participation in this training program without regard to race, religion, color, national origin, sex, gender identity or expression, sexual orientation, age, status as a protected veteran, among other things, or status as a qualified individual with disability.

## Admissions Requirements and Program Expectations

## **Admission Requirements**

- Has earned a high school diploma or equivalent
- Has completed all steps in the application process If accepted, you will be required to:

## **Program Expectations**

Microsoft Word

Microsoft Excel

- Attend and participate in online, classroom and clinical courses and hours.
- Classes will meet Monday thru Friday 8am-4:30pm and will be a combination of online and in-person. This is paid work time.
- Miss no more than 10 days of paid time instruction over the length of the program.
- Maintain a passing grade in all course work.
- Successfully pass the Certified Clinical Medical Assistant (CCMA) Examination within 6 months of program completion.
- Follow all program policies and procedures
- Sign an Employee Agreement committing to work for UW Health as a Medical Assistant for at least 36 months or reimburse the full or prorated cost of the program.
- Maintain all eligibility requirements to participate for the duration of the program.

Name:	Phone:
Home email:	
Current title/position:	
Current employer:	
Current base pay rate:	
What is your current level of computer proficiency?	
Beginner (e.g., you rarely use a computer)	
Intermediate (e.g., you frequently use a comp	outer)
Advanced (e.g., you use a computer everyday	<b>(</b> )

Please check all programs that you are familiar with and comfortable using on a daily basis

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This	This program is part of a diversity initiative. Demographic information will be kep	t confidential. Plea	se check all the below
dem	demographics with which you identify.		
	Race/Ethnicity other than Caucasian/White		
	Income at or below federal poverty level (\$12,140 for individual, each ad	lditional person ad	d \$4,320)
	Gender identity LGBTQ		
	Veteran or Active Military Reserves		
	First time student for education beyond high school		
	First in family to pursue education beyond high school		
	First generation immigrant to U.S.		
	Other not listed (please specify)		
Wha	What is your native language?		
Wha	What is your current level of English language proficiency?		
	Beginner (e.g., I don't speak English often. It is usually difficult to underst	·	-
	Intermediate (e.g., I can usually understand my co-workers in English. It's	s difficult sometim	es, but I can ask questions
	when I don't understand.)		
	Advanced (e.g., I am comfortable speaking English, and I understand my	co-workers and su	pervisors well. It is not
	difficult for me to read and write in English.)		
\/\ha	What is the highest educational level you have completed? (Please check only ON	JF and complete th	ne associated information )
VVIIC	College Degree and/or Certificate	ve and complete ti	ic associated information.
	Some College		
	High School Diploma / GED (or equivalent)		
	riight school Diploma / GED (of equivalent)		
Hav	Have you participated in any other professional development programs in the pa	st?	
	If so, please list up to 3 programs below:		
-	Program name:		
	Sponsoring organization:		
	Program length (in hours):		
	General topics covered:		
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Prog	Program name:		
	Sponsoring organization:		
	Program length (in hours):		
	General topics covered:		
		U	WHealth

Applicant Statement of Interest					\	
Why are you interested in becoming a M	edical Assistant?				$\prec$ $\rightarrow$	
					<b>\</b>	
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Applicant Signature						
I am aware of the responsibilities, time co	ommitments, and e	xpectations associa	ted with the Me	dical Assista	nt Training	
Program.						
I understand that I will be contacted and,	if I meet the eligibi	lity requirements, v	will be provided	with upcomi	ng program details	
		II a duaissia u anad an				
My signature below indicates that I have	read and agree to a	ili admission and pr	ogram expectati	ions.		
Signature:		Date:				

