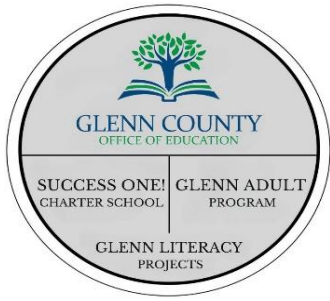


January 2024



**Ryan Bentz**  
Superintendent

**Elena Jones**  
Principal

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*Greetings Applicant,*

*Please find enclosed the Glenn Medical Assistant Program 2024-2025 Application Packet.*

*Medical Terminology is a prerequisite to the program and is offered through the Glenn County Office of Education. Please contact us with any questions.*

*Thank you in advance for your interest,*

*Elena Jones, Principal*



**Ryan Bentz**  
Superintendent

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## *Medical Assistant Application Checklist*

Please use this checklist to complete your application packet. We have included some guidelines to help you submit a complete, informative and professional application packet. All items must be clipped together in the order below and submitted together. Application packet must be postmarked or received by our office by **4:00 PM on Wednesday, March 15, 2024.**

*Incomplete application packets will not be accepted.*

1. \_\_\_\_\_ **Cover Letter/Letter of Interest**

- This letter must be typed.
- This letter should state, in some detail, why you are interested in and applying to, the Glenn County Medical Assistant Program.
- Tell specifically how you learned about this program— a flyer posted in your department, a web site, a family friend who works at the organization, etc.
- Call attention to elements of your background — education, leadership, experience — that are relevant.
- Reflect your attitude.
- Signature

2. \_\_\_\_\_ **Completed Glenn County Office of Education Application**

- Please print clearly.
- Please answer all questions to the best of your ability.
- Sign and date the application.

3. \_\_\_\_\_ **Resume**

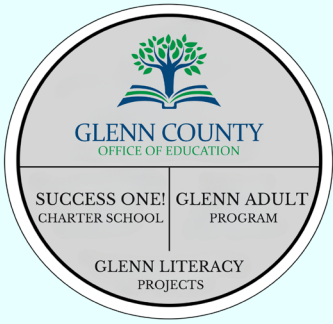
4. \_\_\_\_\_ **1 Letter of Recommendation**

- Should be someone, other than a relative, that would be fair, honest, and knows you well.
- Should state why you, the applicant, would be a good fit for the program.
- Should state 2 or 3 specific behaviors and qualities you possess.
- Should state the nature of relationship they have had with you.
- Should state what qualifies them to provide the reference letter for you.
- Should speak to the caliber of employee or person you would be.
- Should state how long they have known you.
- Should state their phone or cell number and E-Mail address.

5. \_\_\_\_\_ **Copy of HSE Certificate or High School Transcript**

- You are welcome to bring the original document in and we can make a copy for you.

6. \_\_\_\_\_ **Transcripts**



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# Glenn Adult Medical Assistant Program 2024-2025 Course Application

Rec. by: \_\_\_\_\_ Date: \_\_\_\_\_

1. Position applied for Medical Assistant Program/Course Date: \_\_\_\_\_

2. \_\_\_\_\_  
(Last Name) (First) (Middle)

Address: \_\_\_\_\_ Res. Phone: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip) Bus. Phone: \_\_\_\_\_

\_\_\_\_\_  
Email Driver's License or Identification No

3. Education - Highest grade completed:  
Grade School \_\_\_\_\_ Other \_\_\_\_\_  
High School \_\_\_\_\_ HSE: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
College \_\_\_\_\_ Highest Degree \_\_\_\_\_

Name of high school attended: \_\_\_\_\_

Name of college and/or specialized schools attended \_\_\_\_\_

From/To	College or University	Major	Sem. Units*	Degree

\*1 quarter unit = 2/3 semester units

4. Do you possess current certification for CPR/First Aid for Health Care Workers?  
Yes: \_\_\_\_\_ (Expires: \_\_\_\_\_) No: \_\_\_\_\_

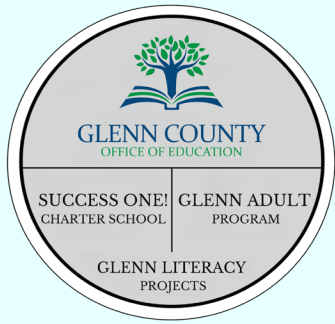
5. What kind of work do you do best? \_\_\_\_\_

6. General information:  
Are any criminal charges, including sexual, pending against you?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ (If yes, please explain)

Have you ever been convicted of any criminal felony or misdemeanor? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
(If yes, explain when, where, and disposition of case(s):

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been dismissed, or asked to resign, from any position? (If yes, explain)  
Yes: \_\_\_\_\_ No: \_\_\_\_\_



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7. List the equipment you can operate: \_\_\_\_\_

8. List languages that you can speak: \_\_\_\_\_

9. Are you over 18 years of age? Yes: \_\_\_ No: \_\_\_

(If employed, you may be asked to submit proof of age.)

10. Are you able to perform the essential functions required of the position for which you are making application with or without a reasonable accommodation? Yes: \_\_\_ No: \_\_\_

11. Do you have access to a vehicle for clinical site placement? \_\_\_\_\_

12. List professional organizations, clubs, societies or other professional associations of which you are a member: \_\_\_\_\_

**Present and/or prior work history (List current or last employer first)**

From/To	Employer –Address-Phone Number-Supervisor	Your Position	Reason for leaving

13. Please list three personal references (name, address, and phone). Do not list prior employers.

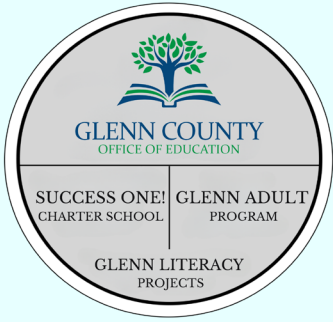
1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

TB CLEARANCE, AND FINGERPRINTING ARE REQUIRED IF ACCEPTED.

I HEREBY CERTIFY that all statements made in this application are true and correct to the best of my knowledge. I authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application. I understand and agree that misstatements or omission of material facts herein may result in disqualification for or dismissal from employment.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*GLENN COUNTY OFFICE OF EDUCATION IS AN EQUAL OPPORTUNITY PROVIDER*



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Superintendent

**Elena Jones**  
Principal

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**GENERAL INFORMATION:**

How did you learn of this position? \_\_\_\_\_

Are you authorized to work in the U.S.? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever had a child enrolled in any Child and Family Service programs? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever provided licensed childcare in your home for any of Child and Family Service programs? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Use the space below for any additional information that you feel is pertinent.

**“The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.”**

Please check one box for each of the following categories:

Male  Female

**Ethnicity Category**

Hispanic or Latino

Not Hispanic or Latino

**Race Category**

American Indian or Alaska Native

Chinese

Japanese

Korean

Vietnamese

Asian Indian

Laotian

Cambodian

Hmong

Other Asian

Hawaiian

Guamanian

Samoan

Tahitian

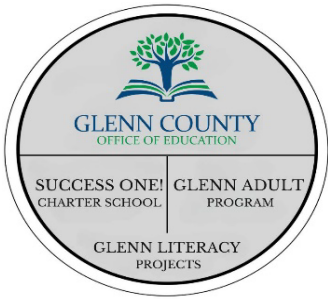
Other Pacific Islander

Filipino/Filipino American

African American or Black

White (Persons having origins in any of the original peoples of Europe, North African, Northwestern Asia of the Middle East)

*This is an Equal Opportunity Provider. Discrimination is prohibited by Federal law. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, D.C. 2025*



# Glenn Adult Medical Assistant Program 2024 – 2025 Course Fees

**Ryan Bentz**  
Superintendent

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Principal

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## **Clinical Skills - For the Medial Assistant:**

This course is designed to meet for 360 hours of instruction and will provide students with the necessary entry-level skills required for employment in doctor’s offices and clinics. Medical Assistants help physicians by doing tasks to assist in the treatment and examination of patients. They provide for the efficient operation of a doctor’s office. After completing the medical assisting core-curriculum, students are placed in non-paid clinical internships to practice and improve their skills. Pre-requisite course: Medical Terminology.

**Course Fee: \$4,250.00**

## **Administrative Skills – For the Medical Assistant:**

This course includes fundamental training for Administrative Medical Assistants including the use of medical scheduling software, customer service training, the essentials of medical insurance billing and coding and medical records management. Students must complete Medical Terminology prior to entering the program and will receive fundamentals of Anatomy and Physiology once they are in the program. Students will also receive instruction in basic computer use and programs.

**Course Fee: \$ 1,250.00**

**Total \$5,500.00**

## **CPR/AED Certification:**

The Healthcare Provider Course is designed to provide a wide variety of healthcare professionals the ability to recognize several life threatening emergencies, provide CPR, use an AED, and relieve choking in a safe, timely and effective manner. The course is intended for certified or non-certified, licensed or non-licensed healthcare professionals. After completing the certification, students can be placed in non-paid clinical internships to practice and improve their skills. This fee is due 2 weeks before the CPR training is held.

**Certification Fee: \$125.00**

For more information, call:  
Glenn Adult Program  
129 E. Walker Street, Orland, CA  
95963  
(530) 936-6980 ext. 4500





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## **Glenn Adult Medical Assistant Program** **2024-2025 Course Fee Q & A**

We have put together some Q's & A's of common questions.

**Q: Are vaccines required?**

**A:** *The program currently follows the California Department of Public Health Recommendations for California Healthcare Personnel and Health Science Students for admission to the program. Please be aware that clinical sites for the required clinical externships might require additional vaccines. Clinic placements are random, and **not** based on vaccine status. Clinical externships must be completed to be eligible for completion of the program and failure to complete this requirement does not qualify for a course refund.*

**Q: What is the class schedule?**

**A:** *The course runs August-May. Classes are 3/days a week in Orland. Clinical Externship schedules will vary.*

**Q: What is the admission criteria?**

**A:** *Admission requires a high school diploma or equivalency, a completed application, completion and passing of Medical Terminology, an interview, and a minimum CASAS Reading Goals test score of 235.*

**Q: What is the course fee payment expectation; is there a payment plan?**

**A:** *The total fees are \$5500.00. Upon acceptance to the program, the course fees are due. The first installment is due and payable on July 12<sup>th</sup>. The second half and final payment is due November 15<sup>th</sup>. We expect that you will turn in your signed Agreement to Terms at the first installment, July 12<sup>th</sup>.*

**Q: Can I make payment arrangements?**

**A:** *You are able to make payments prior to the July 12<sup>th</sup> deadline, however, we are expecting that you will turn in your signed Agreement to Terms and have the \$2,750 by July 12<sup>th</sup>. You can continue making payments until the complete amount is paid in full by November 15<sup>th</sup>.*

**Q: What will happen if I cannot make the full \$2,750.00 by July 12?**

**A:** *You are encouraged to turn in your signed Agreement to Terms and pay as much as you can of the \$2,750.00 by July 12. If, however, you are not able to, your status will change from "Active" status to "Alternate" status, until you become current on the class fees, at which time you will be reclassified back to "Active".*

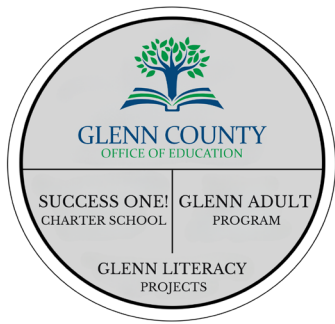
**Q: What does it mean to be changed from "Active" to "Alternate"?**

**A:** *If you are reclassified from "Active" to "Alternate", your spot can be filled by a candidate who qualifies, has been interviewed, is on the current alternate waiting list **AND** is able to pay the full \$2,750.00 amount.*

Other costs incurred:

- Scrubs
- School Supplies
- Stethoscope/Blood Pressure Cuff Kit
- Live Scan (\$67)
- CPR/FA Class Fee (\$125.00)
- Association Certification Fee (must be taken before graduation).(\$165)

**If you have any further questions, please call 936-6980 Ext. 4500 or come by 129 E. Walker Street, Orland.**



## *Glenn Adult Medical Assistant Program Area Career One-Stop Agencies*

**Ryan Bentz**  
Superintendent

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### **Butte County**

Alliance for Work Force Development	500 Cohasset Rd Suite 30 Chico, CA 95926 <a href="http://afwd.org/">afwd.org/</a>	(530) 961-5125
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Alliance for Workforce Development	78 Table Mountain Blvd Oroville, CA 95965 <a href="http://afwd.org/">afwd.org/</a>	(530)538-7301
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CA Human Development	1249 Mangrove Avenue <a href="http://californiahumandevlopment.org/">californiahumandevlopment.org/</a> Chico, CA 95926	(707) 523-1155 Ext. 1051
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Nations Finest (Veteran Assistance)	110 Amber Grove Drive Suite 110 Chico, CA 95973 <a href="http://nationsfinest.org/">nationsfinest.org/</a>	(530) 809-2831
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### **Colusa County**

Colusa County One-Stop	144 & 146 Market Street Colusa, CA 95932 <a href="http://www.colusa1stop.org">www.colusa1stop.org</a>	(530) 458-0326
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### **Glenn County**

Glenn County Community Action Department	420 E. Laurel Street Willows, CA 95988 <a href="http://www.countyofglenn.net/">www.countyofglenn.net/</a>	(530) 934-1472
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Glenn Grows/Business & Employment Resource Center	125 E. Walker Street Orland, CA 95963	530-865-6165 or 1-800-287-8711
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### **Tehama County**

Job Training Center of Tehama County	718 Main Street Red Bluff, CA 96080 <a href="http://jobtrainingcenter.org">jobtrainingcenter.org</a> cocampo@jobtrainingcenter.org	(530) 529-7042
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