

MEDICAL ASSISTANT PROGRAM APPLICATION

Medical Assisting Program | 24-week training program

Applicant Information

First name

Middle name / initial

Last name

Date of birth (MM/DD/YYYY)

Preferred phone number

Email address

Street address

City

State

ZIP code

Program & Contact Preferences

Preferred cohort / start date (if known)

How did you hear about PHA?

☐ I am under 18 years of age.

Applicants under 18 must provide parent/guardian consent before enrollment, if eligible.

EDUCATION & EXPERIENCE

Medical Assisting Program | 24-week training program

Education History

☐ High school diploma

☐ GED / high school equivalency

☐ Currently enrolled / other

High school / institution name

City and state

Graduation / expected completion date

College / vocational institution (if applicable)

Degree / credential / coursework (if applicable)

Healthcare Experience & Goals

☐ I have previous healthcare experience.

☐ I do not have previous healthcare experience.

REFERENCES & EMERGENCY CONTACT

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Reference 1 (at least one reference requested)

Full name

Relationship

Phone or email

Reference 2 (optional)

Full name

Relationship

Phone or email

Emergency Contact

Full name

Relationship

Primary phone number

Alternate phone (optional)

ADMISSIONS CHECKLIST & SIGNATURE

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Application & Enrollment Documentation

PHA admissions will confirm which items are required and when they must be submitted.

- ☐ Government-issued photo identification (if applicable)
- ☐ High school diploma, GED, transcript, or other accepted education record
- ☐ CPR/BLS documentation, if required for enrollment or clinical placement
- ☐ Immunization, TB screening, or health documentation, if required by clinical site
- ☐ Parent/guardian consent, if applicant is under 18

Applicant Acknowledgment

I certify that the information I have provided is accurate to the best of my knowledge.

I understand that submitting this application does not guarantee admission, clinical placement, certification eligibility, or employment.

PHA will provide applicable admissions, program, and enrollment disclosures separately.

Applicant full name (typed signature)

Date

Parent / Guardian Consent (if applicant is under 18)

Parent / guardian full name

Phone number

Parent / guardian typed signature

Date