## Big Bend Community College Medical Assisting Program

Priority for enrollment in the Clinical Procedures Series (MA 115 and MA116) will be given to those students closest to completion of the program requirements. This will ensure that all requirements are complete at the time of externship, so that program completers are ready to obtain licensure and certification.

*** (OFFICE USE ONLY)***							
Program courses  Completed*(2 pts) In Progress (1 pt)  CSS 105 HED 121 HED 122 HED 123 HED 119 HED 239 PSYC 100	Program Courses  Completed* (2 pts) In Progress (1 pt)  CMST 220  ENGL 101  MAP 117  HED 160  NUTR 101  FAD 150						
* Minimum grade 2.0 – all classes							

Enrollment in MA 115 will be determined by total points (successful progress toward completion); once the class is filled, remaining students will be placed on a wait list.

FIRST STEP: If you are considering enrollment in the Medical Assisting Program, please submit this "letter of intent to enroll" to the Health Education Office (1700 building) or scan and email this letter to Katherine Christian RN,MSN/ED at <a href="mailto:katherinec@bigbend.edu">katherinec@bigbend.edu</a>. Your transcript will be evaluated and you will be notified of your enrollment status within a couple weeks. Your Letter of intent <a href="mailto:must">must</a> be fully completed to be considered.

## Letter of Intent to Enroll Medical Assisting Clinical Procedures Series (MA 115)

Last Name First		Middle			Previous Last Name		
Mailing Address		City		State	Zip		
Phone:		Birth date:		BBCC Student ID:			
High School Attended:		Date Graduated:		GED Date: (if applicable)			
BBCC Email:		Personal Email:					
Educati	ional Backg	round (please I	ist all colleg	ges whic	h you have a	ittended inc	luding BBCC)
From To Nam		Name	e of school		Address		
		official transo					
		g Bend Comm	=				
		have provide			<del>-</del>	l understa	and that this
letter do	es not gu	arantee my p	lace in the	e MA 11	L5 class.		
Signature					 Date		