



**Virtua Medical Assistant Program**

*Application Form*

**Personal Information**

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Address: \_\_\_\_\_
- \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

**Education**

- Highest Level of Education Completed:
  - High School Diploma/GED
  - Associate Degree
  - Bachelor's Degree
  - Other: \_\_\_\_\_
- Name of School/Institution: \_\_\_\_\_
- Graduation Year: \_\_\_\_\_

**Work Experience**

- Do you have any healthcare-related work experience?
  - Yes
  - No
- If yes, please provide details:
  - Employer: \_\_\_\_\_
  - Job Title: \_\_\_\_\_
  - Dates of Employment: \_\_\_\_\_

Certifications (if applicable) \_\_\_\_\_

List any healthcare-related certifications you hold: \_\_\_\_\_

**Availability**

- Are you available to attend a 14-week program with 10 weeks of in-class instruction and 4 weeks of hands-on training?
- Yes
- No

**Program Requirements**

- Are you able to meet the following requirements?
- Pass a drug screening
- Undergo a background check
- Provide proof of immunizations

**Statement of Interest**

Why are you interested in the Virtua Medical Assistant Program and how does it align with your career goals? (200 words or less):

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**Acknowledgment**

By signing below, I certify that the information provided in this application is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_