



## **Application Packet for Admission**

### **Medical Assisting Curriculum**

Any candidate for the Carvas College Medical Assisting program should return a fully completed, neatly filled out application to:

Carvas College  
64040 Hwy 434, Suite 200  
Lacombe, LA 70445

Applications for Admission may be obtained at this address or downloaded from our website at [www.carvascollege.com](http://www.carvascollege.com).

Early application submission of required documentation insures sufficient time for the applicant to receive pre-registration counseling and academic advising. Carvas College will notify applicants within three weeks following application deadline of their status of eligibility to enroll in the Carvas College course work.

A non-refundable application fee of \$35 (to cover application expenses such as background checks) is required at the time of submission of the application.

### **Admission Policies and Procedures:**

Carvas College is committed to a policy of equal opportunity in the application of selection criteria and applies evaluation criteria without discrimination. Reasonable accommodation is provided to applicants with disabling conditions.

Applicants selected for admission consideration must agree to a release of health information, a background check, and must provide immunization records as a condition of admittance. Applicants seeking admission to Carvas College may be required to submit to a pre-admission drug test.

### **Prerequisites:**

The minimum prerequisite for the Medical Assisting curriculum is to be 18 years of age and to have earned a high school diploma or GED. Carvas College has a policy of accepting the most qualified applicants, so individuals with college background or previous medical background may have a better chance of acceptance.



# Carvas College

## Application for Admission

Please return to: Carvas College Admissions  
64040 Hwy 434, Suite 200  
Lacombe, LA 70445

**In order to complete this application you must:**

1. Completely fill out all information in the sections below.
2. Arrange for 3 letters of recommendation to be mailed directly to Carvas College.
3. Provide proof of high school diploma or GED, as well as transcripts from colleges or trade schools attended.
4. Include a non-refundable application fee of \$35.00.

(Please type or print all information)

**Biographical Data:**

Name:

Last	First	Middle	Suffix (such as Jr.)

**Current Address:**

Street address: \_\_\_\_\_

City: \_\_\_\_\_

Parish/county: \_\_\_\_\_

State/possession \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country (if not USA): \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

**Birth date** (mm/dd/yy): \_\_\_\_\_ **Gender:** \_\_\_\_\_

**U. S. Citizen?** (y/n) \_\_\_\_\_ If not, Nationality: \_\_\_\_\_

If not a U.S. Citizen, do you hold a Permanent Residence Status (valid form I-551) for the U.S.?  
(y/n) If yes, **attached photocopy** of both sides.



**Educational Data:**

**High School attended:** \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ Stop Date: \_\_\_\_\_

Graduate? (Y / N) \_\_\_\_\_

**College or Trade School attended:** \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ Stop Date: \_\_\_\_\_ Semesters completed: \_\_\_\_\_

Graduate? (Y / N) Degree/Certificate obtained? \_\_\_\_\_

**ACT** score: \_\_\_\_\_ **SAT** score: \_\_\_\_\_ **GPA:** \_\_\_\_\_

(Note: Attach a separate sheet for additional schools or colleges.)

**Employment History:**

**Are you currently employed?** (Y / N) Typical times/hours: \_\_\_\_\_

If employed, Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person, Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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



**Previously employed?** (Y / N) Typical times/hours: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person, Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Date hired: \_\_\_\_\_ Date released: \_\_\_\_\_

**Previously employed?** (Y / N) Typical times/hours: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person, Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Date hired: \_\_\_\_\_ Date released: \_\_\_\_\_

Describe any health issues that may affect student status (brief explanation):

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Have you ever been convicted of a felony? Y / N If yes, please explain: \_\_\_\_\_

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Have you ever been disenrolled from a school because of administrative action or disciplinary board hearing? (Y/N) If yes, explain: \_\_\_\_\_

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Are you under any Active or Reserve military obligation (Y / N)? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have any obligations that might prevent you from participating in evening training sessions or classes? If so, please explain \_\_\_\_\_  
\_\_\_\_\_

I certify that the information I have provided is complete and correct to the best of my knowledge. If my application is accepted, I agree to abide by the policies, rules and regulations of the school to which I am admitted. I authorize the school to verify the information I have provided. I further understand that this information will be relied upon by the officials of the school in determining my admission and residence status for tuition purposes and that the submission of false information is grounds for rejection of my application, withdrawal of an offer of acceptance, cancellation of enrollment, and/or disciplinary action.

I further understand that if I choose to remain employed during my enrollment period, my employment must of necessity work around my schedule at CARVAS COLLEGE. I understand that it is logistically impossible for CARVAS COLLEGE to work around the employment schedule of all of its students.

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



## Essay Question

Please use the space below to respond to the following:

Considering your personality, experience, education, abilities and interests please provide a one-page response on why you wish to be a part of this program.



## Medical History Form

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Have you had or do you currently have any of the following?

Respond by circling yes or no. ***Explain yes responses on the back of this page.***

Positive responses do not in any way imply denial of entrance into CARVAS COLLEGE.

Visual Defects	yes	no
Hearing Defects	yes	no
Speech Defects	yes	no
Cardiac Disease/Disorder	yes	no
High Blood Pressure	yes	no
Family History of Cardiac Disease	yes	no
Tuberculosis, Lung, or Respiratory Problems	yes	no
Hepatitis, Liver Disease	yes	no
Sexually Transmitted Disease	yes	no
Fainting Spells, Epilepsy or Convulsions	yes	no
Diabetes	yes	no
Kidney or Bladder Disease	yes	no
Cancer	yes	no
Back Injuries	yes	no
Joint Injuries	yes	no
Any Previous Surgeries	yes	no
Immunosuppressive Therapy	yes	no
Currently Under Chemical Dependency Treatment	yes	no
Do you Smoke	yes	no
Do you have Allergies	yes	no
Do you have any communicable diseases?	yes	no
Do you have a disability that would prevent you from meeting the Core Performance Standards for the Medical Assisting Training Program.?	yes	no

I have read the above and declare that I have no injury or illnesses other than as specifically herein noted. Any falsification or misrepresentation will be sufficient grounds for my release from the clinical progressions in the cardiovascular technology training program.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



## **Permission to Review Health Information**

I \_\_\_\_\_  
give the Program Director of the Cardiovascular Technology Training Inc.  
Program (CARVAS COLLEGE) my permission to review my medical  
records as required by CARVAS COLLEGE for purposes of my application  
for admission and progression into the Medical Assistant Training Program. I  
am aware that they will be kept confidential and secure.

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**Student Signature**

**Date**



