PETITION FOR ENTRY FORM
Fall 2019 Semester
CORE/CLINICAL MEDICAL ASSISTANT COURSES

Note: Only students who have applied to and have been officially admitted to WCTC’s Medical Assistant Program are eligible to petition.

Name: _____________________________________________ ID: _________________________ Date: ___________
Phone #: ______________________________ WCTC Student Email: ______________________________

Priority admission will be given to students who have completed the following requirements:

_____ General Education Requirements with a grade of C or better- indicate X if complete or IP if in progress:
   ____ Medical Terminology
   ____ Human Body in Health and Disease
   ____ Digital Literacy
   ____ Culture of Healthcare OR ____ English Composition AND Oral Communication
   ____ Medical Law and Ethics
   ____ Pharmacology

_____ College Level in Reading, Writing, and Math
If no, list the area(s) you are not at college level in:_________________________________________________________________________

You must be college level in order to start the Medical Assistant Courses in July. If you are not sure of your level please contact advisor at lfialkowski@wctc.edu There may be an option for a re-test or summer course(s).

If marked “IP, and you are not taking the course at WCTC, please indicate where you are taking it.

If you are transferring in credits from another college, make sure the credits have been transferred by e-mailing transfercredit@wctc.edu. Only WCTC transcripts are accepted for the petition process.

Written Documentation:

_____ Attach copy of your WCTC unofficial college transcript with required courses highlighted in marker
(Log onto MyWCTC Account, select link for “myWCTCaccount” ->”Student Records” ->”Unofficial Transcripts”)

Staple your Petition Packet in the upper left hand corner in the following order:
• Page 1
• Page 2
• Written Documentation

Petition Packet submission procedure:

_____ Place your Petition Packet in a sealed envelope with your name, program, and student ID# on the envelope.

_____ Return the envelope to the Program Advisor’s office, C-021, between 8 a.m. February 1, 2019 and no later than 4:30 p.m. February 15, 2019.

_____ Mailed packets must be postmarked no later than February 15, 2019 and delivered to Lauri Fialkowski, WCTC, 800 Main St, Pewaukee, WI 53072.

_____ Early, late or incomplete packets WILL NOT be considered. You will need to complete the petition process in a subsequent year.
Please read and initial the following statements – I understand that:

_____ I will be notified at my WCTC student email by Friday, March 15, 2019 if I have or have not been accepted to begin the core/clinical Medical Assistant courses. I WILL NOT CALL OR EMAIL to inquire about my selection status.

_____ I will need to have an acceptable Criminal Background Check before starting the core/clinical Medical Assistant courses. I will NOT submit this with petition packet. It will be due in H 101 by July 1, 2019.

_____ I will need to complete a BLS Provider Course before starting my core/clinical Medical Assistant courses. I will NOT submit this with petition packet. It will be due my first day of class.

_____ I will need to complete a Heartsaver First Aid course before starting my core/clinical Medical Assistant courses. I will NOT submit this with petition packet. It will be due my first day of class.

_____ I will need to complete documentation of Student Health Requirements before starting core/clinical Medical Assistant courses. I will NOT submit this with petition packet. It will be due my first day of class.

_____ I will need to take and pass the Keyboarding Skills Proficiency test with a score of 30 WPM/95% accuracy.

_____ I must attend a mandatory Medical Assistant Orientation held on campus.
   July 2019 Core Students: 7/25/19 from 9-2 pm, Room TBD
   January 2020 Core Students: 1/3/2020 from 9-2 pm, Room TBD

_____ I will need to sign a form verifying that I have read and understand the Technical Standards required of a Medical Assistant at the Orientation Meeting.

_____ If I am accepted into the core/clinical Medical Assistant courses and completing courses “in progress” at another college, upon completion of the course, I will submit an official transcript and a Request for Evaluation to Admissions, and a copy of the transcript to the Program Advisor prior to registering for classes.

_____ If I am selected and choose not to begin taking the core/clinical Medical Assistant courses, my petition packet will be voided and attached documents will be shredded before the semester begins. I MUST submit a new packet for a future year.

_____ If I am selected as an “alternate” and not chosen to begin core/clinical Medical Assistant courses, I MUST submit a petition packet indicating my interest in beginning core/clinical courses the following year or when I am ready to enter.

_____ If I am accepted into core/clinical Medical Assistant courses and agree to enroll, I must register for the indicated core courses. If I choose not to enroll, after I have accepted the placement, I am required to notify the Allied Health office at least thirty days prior to the start of classes. If I fail to notify the Allied Health Office I will be ineligible to petition for the following year. I will be eligible to petition for a future year.

Student signature: ____________________________________________ Date: __________________

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