



**Northwest Technical Institute**  
rethink education

*“Changing lives through education, training, and skill development.”*

# Medical Assistant Application Packet

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nwti.edu  
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# MEDICAL ASSISTANT PROGRAM CHECKLIST

**FILE COMPLETION-This packet must be returned two weeks prior to first day of class.**

- Medical Assistant Application (\$10.00)**
- Immunization Records**  
**Two (2)** Measles, Mumps, & Rubella vaccines (MMR) if born on or after January 1, 1957 or serologic evidence of immunity.
- Flu Vaccine Current year**
- Covid-19 Vaccination**
  - Student must have a vaccine card and be fully vaccinated prior to coming to class
  - Students requesting exemption may not be allowed in clinical and therefore could not complete the program
- TB Skin Test-Negative Tuberculosis skin test** in the last 365 days or negative serum Tspot or Chest x-ray indicating “no active disease” within the last 365 days.
- Accuplacer Reading Comprehension Test (minimum score of 224) or TABE Test (passing score)**
- You will be required to purchase dark black scrubs and black shoes to wear for clinical.

***NOTE: It is your responsibility to make sure you have a complete file.  
Space is limited to 6 students per class. Each slot is given to the  
applicant that has completed their entire application packet.***

**YOU MUST HAVE A VALID ID OR DOCUMENTATION PROVING THAT YOU CAN WORK IN THE U.S.**

***No payment plans are available. All expenses are due on the first day of class. If there is a balance from the scholarships, it is required on the first day of class. If for some reason you do not receive a scholarship, the remaining payment is due immediately.***



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**Medication Assistant Certified Estimated Costs**

Tuition (includes drug screening fee)	\$ 3000.00
Fees (application fee) (testing fee)	\$ 10.00
Lab Fee	\$ 225.00
Textbook	\$ 238.00
Total for the Course	\$ 3473.00

*Payment plans are not available. Expenses are due on the first day of class. Any questions should be directed to Estela Quintero 479-751-8824 ext. 116. The above expenses are estimates and are subject to change without notice.* A urine drug screen will be completed before the 1<sup>st</sup> day of class. Any individuals with findings of disqualifying criminal record in accordance with Ark. Code Ann § 20-38-101 et seq and/or under the influence of medical marijuana in accordance with Act 593 Sec 2-25- (A) (B) shall not be eligible to take the competency examination.

After completion of the program, a certificate of completion will be issued from NWTI. Additional National Certifications maybe available after meeting additional requirements for registration such as the American Allied Health National Certification (AAH)

**Applicants must meet the following qualifications**

1. Has a high school diploma or equivalent
2. Has successfully completed a literacy and reading comprehension screening process approved by NWTI
3. Has proof of all immunizations

**Northwest Technical Institute**  
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**Springdale, AR 72764**  
**(479) 751-8824 ext. 116**

**APPLICATION FEE and Accuplacer Fee \$10.00**

**Medical Assistant Application for Enrollment**

Name \_\_\_\_\_  
Last First Middle

Nickname \_\_\_\_\_ Maiden Name \_\_\_\_\_

Current Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

\_\_\_\_\_

\_\_\_\_\_

Gender:  Male  Female Expected start date \_\_\_\_\_

High School Attended \_\_\_\_\_

High School Address \_\_\_\_\_

Did you graduate? \_\_\_\_\_ If so, what year? \_\_\_\_\_

If high school equivalency achieved, give name of test and date \_\_\_\_\_

College Attended \_\_\_\_\_ Hours \_\_\_\_\_ Degree \_\_\_\_\_

Other Educational Experience \_\_\_\_\_

Please select one or more of the following, as applicable: \*Additional Information (Used for research purposes and federal and state reporting requirements, not for admission consideration.)

- American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White  
Are you Hispanic or Latino?  Yes  No Are you a citizen of the U.S.?  Yes  No If No, Country or Origin: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed Are you a Veteran?  Yes  No

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



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### Waiver of Liability Relating to Coronavirus/COVID-19

In addition to the required vaccinations published in the Medication Assistant Student Handbook, clinical agencies are beginning to require COVID-19 vaccination for onboarding. **Please note that refusal to comply with all of the vaccination requirements may limit site placement and could impede progression through your program of study."**

Northwest Technical Institute Certified Nursing Assistant Program cannot prevent you from becoming exposed to, contracting, or spreading COVID-19 or its variants, while attending the program even after vaccination.

**ASSUMPTION OF RISK:** I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my family in order to attend the NWTI CNA Program. I hereby **RELEASE and FOREVER DISCHARGE**, Northwest Technical Institute its officers, employees, or agents of all of its' divisions, insurers and the Board of Trustees of NWTI and NWTI Foundations, from all claims, actions, causes of action, suits, debts, sums of money (including but limited to principal, interest, attorney's fees and costs), controversies', damages, and demands of any nature whatsoever, in law or in equity, that I ever had, now has, or which any of my predecessors, successors, estate, potential heirs or assigns have, shall have or may have, against the Released Parties from the beginning of time to the present, whether now accrued or hereafter accruing, whether now known or unknown, that are in any way related to, or that arise out of my exposure to COVID-19 virus that may occur due to my participation in the NWTI CNA Program.

**VACCINATION REQUIREMENTS:** I have read and understand and agree that refusing vaccination for Covid-19 or any of the recommended boosters, or any other vaccination requirements may limit placement in clinical rotations and could impede progression in the program or delay graduation.

**WAIVER OF LAWSUIT/LIABILITY: CHOICE OF LAW:** I understand and agree that the law of the State of Arkansas will apply to this contract.

**I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:**

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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

## Background Screening Consent

Applicant should complete all relevant information and sign and date the form.

I, \_\_\_\_\_, hereby authorize Northwest Technical Institute and/or its agents to make an independent investigation of my background, references, character, part employment, education, credit history, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for entrance into the clinical setting.

I release Northwest Technical Institute and its agent and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed) \_\_\_\_\_

Maiden Name or Other Names Used \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Present Address \_\_\_\_\_

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

How Long at Present Address? \_\_\_\_\_

Former Address \_\_\_\_\_

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

How Long at Former Address? \_\_\_\_\_

Please List all states and counties of residence since turning age 18:

\_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of License \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ DATE \_\_\_\_\_

\*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. Northwest Technical Institute abides by all applicable state and federal employment laws.

**MEDICAL ASSISTANT APPLICATION FOR ENROLLMENT**

**Employment History:** List work in health related fields first.

EMPLOYER	MAILING ADDRESS	JOB	DATES	
			FROM	TO

**PERSONAL REFERENCES:** No family member or residents of the same household.

NAME	MAILING ADDRESS

**Personal Reference Letter from Current Employer:** You will need one. Complete the top portion of each form and sign it. The reference should be completed and mailed by your reference and sent directly to NWTI. ***Reference letter submitted to NWTI directly from the applicant will not be accepted!***

In keeping with the guidelines on Title VI, Sections 602, Civil Rights Act of 1964; Title IX, Section 901, Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, this school assures that no person in the United States shall, on the basis of race, color, national origin, sex, or handicap be excluded from the participation in, be denied benefit of, or be subjected to discrimination under any person or activity administered by the school.

**I hereby affirm that all information supplied for this application is complete and accurate. It is my understanding that I shall not be considered for admission until I have submitted all credentials specified. I understand that withholding information requested or giving false information may make me ineligible for admission and enrollment. I also understand that upon discovery of any falsified information on this application I will be subject to immediate dismissal from the program.**

**For more information concerning Northwest Technical Institute’s Campus Security Report, please visit The following link: <http://www.nwti.edu/campus-security.html>**

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**NORTHWEST TECHNICAL INSTITUTE**

**MA-C**

P.O. BOX 2000

SPRINGDALE, AR 72765-2000

Phone: (479) 751-8824 Ext. 116

**EMPLOYMENT REFERENCE LETTER**

**Employment reference letter submitted to NWTI directly from the applicant will not be accepted.**

Employment Reference Letters should be completed and mailed by the employer and sent directly to NWTI.

*Employment reference letters submitted to NWTI directly from the applicant will not be accepted!*

**PART I – TO BE COMPLETED BY PN APPLICANT. ONCE COMPLETED, SEND TO EMPLOYER.**

Employer Name and Address, \_\_\_\_\_

& Phone Number: \_\_\_\_\_

\_\_\_\_\_

Applicant's Name: \_\_\_\_\_

I authorize the above named employer to release to Northwest Technical Institute any information in my personnel file for the purpose of entry into the Certified Nursing Assistant Program.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**PART II–FOR EMPLOYER. PLEASE COMPLETE AND MAIL TO NWTI.**

The above person has applied for admission to our MA-C Program and has given your name as a reference. Will you kindly give us your candid opinion of this applicant's suitability for the duties of nursing? All information will be kept confidential. Thank you for your assistance.

Employment Dates: \_\_\_\_\_ Would you rehire this applicant? \_\_\_\_\_

Job Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Evaluate the applicant on the following 1 – 5 scale:

	1=Unacceptable		2=Poor		3=Fair		4=Good		5=Excellent		
Ability to get along with others	1	2	3	4	5	Initiative	1	2	3	4	5
Reaction under stress	1	2	3	4	5	Responsibility	1	2	3	4	5
Character	1	2	3	4	5	Dependability	1	2	3	4	5
Honesty	1	2	3	4	5	Efficiency	1	2	3	4	5

**Please give us any further information that you might have about this individual that will help us to decide upon his/her suitability for nursing.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Date