

Dear Prospective Student,

Thank you for your interest in the Allan Hancock College Medical Assisting Program. We are excited that you are considering a career in Medical Assisting, a vital and rewarding profession in the healthcare field.

This program is designed to prepare students with the knowledge and hands-on skills needed to succeed in a medical office setting. However, Medical Assisting is a demanding discipline, and the coursework is both rigorous and challenging. We encourage you to carefully consider the level of dedication and commitment required to successfully complete this program and build a strong foundation for your future career in healthcare.

Please review the contents of this application packet thoroughly prior to submitting your application and supporting documents. Make and keep a copy of all documents you turn into the office for your reference.

If you have questions regarding the program, please look at the Medical Assisting website <https://www.hancockcollege.edu/pathways/health-sciences/medical-assist.php>

Sincerely,

Tawnya Karstrom  
Program Specialist

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To be considered for the Medical Assisting program, please submit the attached application along with all required documents on or before May 31, 2026, end of day. This application is specific to the current application period. Be sure to thoroughly review the entire packet and submit a complete application. A randomized lottery will select the first 24 applicants for the program. All other applicants will be placed on the program waitlist according to their lottery number.

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### **PROGRAM**

The Medical Assisting certificate program is a two-semester program that begins in August and concludes in May. Classes are held during the day in the W building on the Santa Maria campus. This program provides essential skills that are needed for employment in a medical office.

A grade of “C” or better in the medical assisting fall classes are required to progress in the program for spring. A five-week externship is required at the end of the spring semester.

If you have completed the Medical Billing and Coding program within the last two years or are currently in the Medical Billing program, you may apply and have priority seating. You will need to apply now for a seat in the program starting in Fall. Please indicate this on your application by checking the appropriate box.

### **COMPLETED APPLICATION PACKET AND ELIGIBILITY:**

- All applicants must have an AHC student ID number and complete the program application form attached.
  - When filling out the application please use your legal name. Your legal name must match your government-issued ID. This name will be used for background checks, licensure applications, and clinical placement records.
- You must be 18 years of age or older and provide proof with this application.
  - Acceptable forms of proof of age: birth certificate, passport (page containing name and date of birth) or a driver’s license/Identification card, only one document is required.
- All applicants must show completion of English C1000 with a grade of “C” or better
  - A printout of your AHC unofficial transcripts must be provided with this application.
  - Official transcripts from any other colleges must have already been evaluated by AHC Admissions and Records transcriber and in your AHC portal to print for proof of completion.

If you are going to apply to more than one program within the Health Sciences department, you are welcome to do so, however, if your lottery number places you in more than one program at the same time, the office will decide which program you will be placed in. You will only be permitted to register for one program at a time. To be considered for the other programs the following year, you must apply to that program during the next application period and attach the acceptance email.

**The application and required documentation must be hand-delivered to the W Building, Office W-11, or placed in the M100/200 building mailbox directly across from the M132 office door. Alternatively, you can mail the documents to the college, addressed to the attention of Tawnya Karstrom, post marked on or before the application due date.**

### **UPON ACCEPTANCE INTO THE MEDICAL ASSISTING PROGRAM**

All applicants will be notified of their admission status via the email provided on their application by the end of the day on **June 25, 2026**. Please ensure your application is written or typed clearly to avoid any confusion. Check your spam/junk folder, as AHC emails may not always go directly to your inbox.

- All students in the program are expected to maintain a 2.0 Grade Point Average (GPA) or above each term prior to moving on to the next term. Core curriculum is intended to be completed in one academic year.
- Students must provide their own transportation to off-campus clinical sites.
- A selected uniform and adherence to the dress code is required.
- Health packets must be completed including a physical with a physician of your choice, submit a full immunization record, CPR certification (specific to the program), and a completed physical form. Additionally, you must pass a drug screening and background check, purchase the program kit, and pick up the program-approved uniforms by the acceptance packet deadlines. The packet, which includes all requirements and due dates, will be sent via email if you are given a seat.
- The student must register and pay for all Medical Assisting classes held in each semester by the deadline dates and follow the college payment policy.

### **ABSENT AND TARDY POLICY**

Students may miss up to two classes per semester. The second absence must be made up and will be scheduled at the end of the semester. Arriving late or leaving early by 30 minutes or more counts as a full-day absence. There are no excused absences for eligibility purposes.

### **DRESS CODE**

Your appearance reflects the clinical site and college standards; it indicates to patients and co-workers your pride and interest in your profession. These standards are maintained by personal neatness and cleanliness, by wearing only the authorized uniform and by avoiding the use of elaborate jewelry and cosmetics. More information regarding uniforms will be emailed to students given a seat.

### **FINANCIAL AID**

Please contact the Financial Aid office for all questions and/or eligibility or go to <https://www.hancockcollege.edu/finaid/index.php> for up-to-date information.

### **EMPLOYMENT OPPORTUNITIES**

The median salary for medical assistants in California is \$46,690 per year or \$22.45 per hour. Compared to the national median of \$42,000, medical assistants in CA make slightly more.

CMAs typically make about 10% more than MAs and have the same scope of practice and workload. CMA credentials are the most widely recognized within the industry, though the term "certified medical assistant" may also refer to someone who has their RMA or CCMA certification. Other areas of employment include community clinics and government agencies.

**CERTIFICATION OF ACHIEVEMENT – Total of 26.5 units**

Allan Hancock College will offer a Certificate of Achievement, once the student has completed the mandatory classes.

**1<sup>st</sup> semester – 14 units**

MA 305	Body Systems and Disease	5.0
MA 350	MA Fundamentals	2.0
MA 351	MA Clinical Procedures 1	3.0
MA 352	MA Administrative Procedures	4.0

\* If you have previously taken the Medical Billing and Coding program within 2 years at AHC, you may apply to the Medical Assisting program and not have to take the MA 305 and 352 classes.

**2<sup>nd</sup> semester – 12.5 units**

MA 353	MA Clinical Procedures 2	5.0
MA 355	MA Pharmacology	4.0
MA 356	MA Job Success Externship	3.5

**\*\*BACKGROUND CHECKS:** The Joint Commission of Hospital Accreditation and policies of our externship sites have required that ALL students having patient contact be screened for criminal convictions, and the results must be available to the care facility and/or medical clinic.

The facilities have the responsibility to hold students to the same standards as an employee who has patient contact. The facilities have the final say as to whether a student may participate in patient care. It is not the decision of Allan Hancock College.

Infractions, probations or pending court cases with a disposition date within 2 years showing up on backgrounds may result in non-admittance to or dismissal from the program. Felony convictions will result in non-admittance to the program.

## MEDICAL ASSISTING PROGRAM ESTIMATED STUDENT FEES

<b>Health Packet Expenses</b>	
PHYSICAL EXAM – Private physician	Variable Cost
IMMUNIZATIONS – Hepatitis B Series, DPT, MMR, Varicella, TB, Flu	Variable Cost
BACKGROUND CHECK – Corporate Screening	\$49.92
DRUG SCREENING – Med Plus Central Coast on Depot Street	\$55.00
CPR FOR HEALTHCARE PROVIDERS EMS 306 (\$23 ½ unit) (\$13.46 material fee) (\$25.25 textbook)	\$61.71 (AHC)
UNIFORM—SHOES (5 top and bottom scrubs paid for by the College—\$200 savings)	\$50.00 (est)
FALL SKILLS KIT	\$139.95
AHC STUDENT ID CARD WITH PICTURE	FREE
IDENTIFICATION NAME PIN	FREE
<b>Total is estimated excluding variable costs</b>	<b>\$356.61</b>
<b>Fall Semester</b>	
TUITION (14.0 units @ \$46/unit)	\$644.00
PARKING (\$2.00 PER DAY OR \$20.00 FOR SEMESTER)	\$20.00
HEALTH FEE (\$26), STUDENT CENTER FEES (\$1 PER UNIT/\$10 MAX), STUDENT REP FEE (\$2 OPTIONAL)	\$38.00
REQUIRED FALL TEXTBOOKS—ENTIRE PROGRAM	\$400.00 (AHC)
<b>Total is estimated</b>	<b>\$1102.75</b>
<b>Spring Semester</b>	
TUITION (12.5 units @ \$46/unit)	\$575.00
PARKING (\$2.00 PER DAY OR \$20.00 FOR SEMESTER)	\$20.00
HEALTH FEE (\$26), STUDENT CENTER FEES (\$1 PER UNIT/\$10 MAX), STUDENT REP FEE (\$2 OPTIONAL)	\$38.00
<b>Total is estimated</b>	<b>\$633.00</b>

Updated 2/25/26

### TOTAL ESTIMATED COSTS TO ACHIEVE A MEDICAL ASSISTING CERTIFICATE

**\$2,091.61 (excluding variable costs)**

If you have taken the Medical Billing and coding program previously, you will not need to pay for two of the Fall courses (9 units)

*Prices are subject to change*

**Personal Information**

All applicants must use their legal name exactly as it appears on their government-issued identification.

First Name:	MI:	Last Name:
Address:		
City:	ST:	Zip:
Preferred Phone Number:		
Social Security or Tax ID Number:		Birth Date:
Hancock Student ID#:	Preferred Email Address:	
<b>(Mandatory)</b>		
Applying to any other Health Sciences programs, if yes, list:		
Did you complete the Billing and Coding program at AHC? If yes, Semester/Year:		
<b>Education Status:</b>		
Currently Enrolled in HS _____ HS Diploma _____ GED/HS Equivalency _____ Some College _____ Degree _____		

Confidential Applicant Survey

Federal and state mandates require that we compile summary data on the gender and ethnicity of applicants. To assist us in complying with this requirement we are requesting that you complete the below.

Please identify the ethnicity you most identify with or the one that best represents your background. This is for demographic purposes and will help us better understand our student population.

- |                                                               |                                                 |
|---------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> African American / Black             | <input type="checkbox"/> Hispanic / Latino      |
| <input type="checkbox"/> American Indian / Alaska Native      | <input type="checkbox"/> Native Hawaiian        |
| <input type="checkbox"/> Asian                                | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Other Asian                          | <input type="checkbox"/> Caucasian / White      |
| <input type="checkbox"/> South Asian / Indian, Pakistani etc. | <input type="checkbox"/> Mixed race             |
| <input type="checkbox"/> Filipino                             |                                                 |

Gender \_\_\_\_\_ Preferred language at home \_\_\_\_\_

Allan Hancock Joint Community College District strictly prohibits discrimination based on race, color, ancestry, religion, gender, national origin, age, physical or mental disability, medical condition, marital status, or sexual orientation. Additionally, information about an applicant's name is kept confidential and is not shared with any other agency.

The application and required documentation must be hand-delivered to the W Building, Office W-11, or placed in the M100/200 building mailbox directly across from the M132 office door. Alternatively, you can mail the documents to the college, addressed to the attention of Tawnya Karstrom, must be postmarked by the last day of the application period.

**Please print, read and acknowledge your understanding by checking each box, then sign and date.**

<input type="checkbox"/>	I have read this application packet carefully and agree to comply with the standards and rules detailed within.
<input type="checkbox"/>	I agree that I must submit proof, with this application, that I am 18 years of age or older to participate in the Medical Assisting Program.
<input type="checkbox"/>	I understand that I am required to provide proof of completion and equivalency of English C1000/101 with a grade of "C" or better with my Allan Hancock unofficial transcripts.
<input type="checkbox"/>	I understand that once I am accepted, the health packet requirements are required by the clinical facilities and not by Allan Hancock College. Infractions, probations or pending court cases showing up on the background check and/or a positive drug screen test will result in non-admittance to or dismissal from the program.
<input type="checkbox"/>	I understand that I will be notified by <b>email</b> on June 25th, 2026, my status in the program. It is my responsibility to ensure my email is written clearly and to check my spam/junk folder.
<input type="checkbox"/>	I understand that if I am assigned a waitlist number, I may be notified up until a few weeks before the program begins or as time allows, but my position will not carry over to the next application period.
<input type="checkbox"/>	I confirm that the name entered above is my legal name as it appears on my government-issued ID.
<input type="checkbox"/>	I understand that requirements for the program can change and will require flexibility.

I certify that I have read and understand the statements made in this application packet. To the best of my knowledge, the information provided is true and complete. I acknowledge that any false or misleading information may result in denial of admittance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Application does not guarantee that applicants have satisfied minimum criteria

If you would like to apply to more than one program within the Health Sciences department, you are welcome to do so, however, if your lottery number places you in more than one program at the same time, the office will decide which program you will be placed in. You will only be permitted to register for one program at a time. To be considered for the other programs the following year, you must apply to that program during the next application period and attach the acceptance email.

**For office use only:**

Application complete: \_\_\_Yes \_\_\_No (App/Proof of Age/AHC Xscript)

English C1000 / 101 Complete: \_\_\_\_\_ Sem/Yr \_\_\_\_\_ Grade \_\_\_\_\_No

Other program applications turned in? Program: \_\_\_\_\_

Previous AHC MA / MB / DA? \_\_\_\_\_

**NOTES:**

Please remember to make a copy of your entire application packet prior to turning it in. Copies will not be made in the Health Sciences Office. Copy machines can be found in the library, student services or campus graphics.