



**MEDICAL ASSISTANT TRAINING PROGRAM**

**APPLICATION FOR ADMISSION**

Consider each question carefully. Answer each question thoroughly. Should you receive an interview, you must bring a copy of your high school diploma or GED certificate.

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Last Name First Name Middle Initial

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Home Address City State Zip Code

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Home Telephone Mobile Phone

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Date of Birth Email Address

**EDUCATION:**

Secondary Education: List all high schools or other secondary schools attended.

Dates From-To	School Name	City and State	Diploma

Post-Secondary Education: List all formal education beyond high school.

Dates From-To	School Name	City and State	Major Credits Earned/Degree

**EMPLOYMENT:** List all work experience in the past 5 years, beginning with the most recent.

Dates From-To	Position	Company	City/State

**PERSONAL STATEMENT:** Using the space below, write a personal statement describing why you are interested in pursuing a career as a Medical Assistant, what your short-term and long-term goals are, and what character traits you possess that will help you succeed in this career.

By completing this form, I am certifying that to the best of my knowledge and belief, all of my statements are true, correct, and complete. I understand that any false or incomplete statements are grounds for denial of admission or dismissal from the Lake Charles Memorial Hospital Medical Assistant Training Program.