

MEDICAL ASSISTANT PROGRAM

APPLICATION PACKET

2025-2026



Medical Assistant Program Director

Hannah Kimmel NCMA (NCCT)
Flathead Valley Community College
777 Grandview Drive
Broussard Center 123B
Kalispell, Montana 59901
406.756.4582
hkimmel@fvcc.edu

Academic Associate

Margaret Stell
Flathead Valley Community College
777 Grandview Drive
Blake Hall 136
Kalispell, Montana 59901
406.756.3813
mstell@fvcc.edu



Medical Assistant Program Application

Name: _____ Student ID # _____

Phone: _____ Email: _____

Have you attended FVCC before? Y N Desired Start Term: _____

Please email completed applications to hkimmel@fvcc.edu.

GENERAL PROGRAM APPLICATION REQUIREMENTS

I understand that I must be an accepted FVCC student through the Admission Office before being eligible to apply.

Must pass the minimum placement requirements for math and writing, or successful completion of developmental courses or permission from the Program Director.

Submit a letter introducing yourself, outlining your interest/goals in pursuing a career in Medical Assisting or in any Healthcare Profession. Include experiences working in the healthcare field or volunteer work. Define success and list the qualities that you possess that will enable you to be successful as a student in the FVCC Medical Assisting program.

It is important to use a formal letter format with correct grammar and spelling.

One Letter of Reference

Required Immunizations

Technical Standards for the Medical Assistant Profession

Students enrolled in the FVCC Medical Assistant program should be able to meet the established technical standards identified below with or without reasonable accommodation(s).

Area	Functions (not inclusive) with or without reasonable accommodations
Physical Skills	<ul style="list-style-type: none"> ● Bend, stretch, twist, reach with your body above shoulders, below waist, and in front ● Transfer and position patients applying principles of safe body mechanics ● Provide direct patient daily care ● Manipulate, assemble, and move equipment ● Document patient condition ● Ability to lift 50 pounds unassisted
Sensory Skills	<ul style="list-style-type: none"> ● Detect differences in body and environmental odors ● Understand and respond to patient requests and needs ● Detect environmental hazards ● Detect warning signals on equipment displays ● Detect subtle changes or differences (e.g. pulse, rash, temperature)
Communication Skills	<ul style="list-style-type: none"> ● Ability to effectively communicate in English, both verbally and in writing ● Respond to others in an accepting and respectful manner
Critical Thinking Skills	<ul style="list-style-type: none"> ● Apply knowledge and skills learned in the classroom to a clinical setting ● Comprehend and follow instructions ● Follow processes from start to finish ● Adapt decisions based on new information ● Maintain focus in an environment with distractions ● Making safe judgements
Professionalism	<ul style="list-style-type: none"> ● Establish a professional working relationship ● Demonstrate positive interpersonal skills ● Demonstrate impulse control and professional level of maturity ● Maintain appropriate boundaries in relationships with patients and peers ● Handle demanding and stressful situations ● Maintain confidential health care information
Safety	<ul style="list-style-type: none"> ● Wear personal protective equipment for safe practices (gloves, masks, eyewear, gown) ● Tolerate heat and humidity ● Work in an environment that may contain common allergens ● Adhere to safety/emergency protocols ● Recognize and respond to hazardous conditions ● Maintain health care requirements



FVCC Medical Assistant Program Checklist

___ I have submitted one letter of reference. The Letter of Reference can be included in the application packet in a separate sealed envelope or emailed directly to hkimmel@fvcc.edu.

___ I understand attendance is required while in the program. Absences in class can result in dismissal from the program and an F grade. It is expected of me to be dedicated, prepared for class, actively contribute, and have a high level of integrity.

___ I understand the complete application must be received two weeks prior to the start of the semester. Late applications will still be accepted but all materials should be submitted at least two weeks before classes start.

___ I understand once accepted into the program I will be given information to set-up an account and complete a criminal background check. Discrepancies in the background check may result in students being denied final acceptance into the program.

___ I am aware that if selected into the program, clinical sites may require drug screening.

___ I am aware that completion of pre-entrance requirements does not guarantee entrance into the program and understand that additional preparation may be needed for final program selection.

___ I understand that any misrepresentations or false statements on this application will be subject to the Flathead Valley Community College and program code of conduct disciplinary procedures

Student Signature | _____ Date | _____



FVCC Medical Assistant Student Immunization Record

Name (please print) | _____

Last

First

MI

MMR (measles, mumps, rubella) <i>*Proof of 1 or 2 required</i>	<ul style="list-style-type: none"> ● Two official records receiving vaccinations ● Positive titer results for each measles, mumps and rubella proving immunity
Varicella (chickenpox) <i>*Proof of 1 or 2 or 3 required</i>	<ul style="list-style-type: none"> ● Record of two vaccinations ● Positive titer results proving immunity ● Documentation for proof of having chicken pox from their Healthcare Provider
Hepatitis B <i>*Proof of 1 or 2 required</i>	<ul style="list-style-type: none"> ● Titer with reactive or positive results ● Titer can be declined but individuals must sign a declination.
Tetanus w/Pertussis (Tdap)	<ul style="list-style-type: none"> ● Official record of vaccination within ten years
TB (PPD-tuberculosis)	<ul style="list-style-type: none"> ● Record of two negative TB skin tests (two-step) in the last 12 months ● Negative Quantiferon or T-SPOT TB blood test in the last 12 months
COVID-19	<ul style="list-style-type: none"> ● Vaccination card
Seasonal Flu	<ul style="list-style-type: none"> ● Vaccination record

Please attach a copy of your Immunization records to this form when submitting your application.



Confidentiality Agreement/Social Media Policy

Online communication through social media and networking is a recognized form of daily communication. FVCC's Medical Assistant Program has expectations for responsible, professional and ethical behavior with this form of communication. These guidelines are intended to protect the privacy and confidentiality of patients, fellow students, faculty and staff, clinical educators and FVCC affiliated facilities.

First and foremost, you are responsible for what you post. The content of your posting should always be respectful. You must comply with all clinical facility HIPAA policies and violation of such may not only result in legal action against you, but could also result in failure of a clinical or academic experience. Absolutely no reference to patients, clinical sites, or clinical instructors is permitted. Plagiarism online applies. You should properly cite references and adhere to copyright protection laws.

Social networking examples include but are not limited to:

- Social networking sites such as Facebook, Instagram, Snapchat, Twitter or Myspace, etc
- Video and photo sharing websites such as YouTube, Snap fish, Flickr
- Microblogging sites such as Twitter
- Weblogs and Online forums or discussion boards
- Any other websites or online software applications that allow individual users to post or publish content on the internet

The FVCC Medical Assistant Program will have zero tolerance for any violation of our Social Media Policy. Violation of this policy will result in disciplinary action, up to and including dismissal from the FVCC Medical Assistant Program.

I hereby agree to keep all matters of personal nature discussed in the classroom confidential, as well as all matters concerning the physician's office, personnel and the patients. These matters will not be discussed outside the office setting or outside the classroom. A breach in confidentiality will result in disciplinary action up to and including removal from the Medical Assistant Program.

Student Signature | _____ Date | _____



Student Waiver

As a student in the FVCC Medical Assistant program, I acknowledge and assume the risks associated with learning and practicing skills including injections, venipuncture and completing my externship. To the extent permitted by law, I hereby release Flathead Valley Community College and any medical clinic or externship site and their employees, volunteers and providers from liability resulting from any injuries I incur while performing these activities. This release applies to damage or injury from infection, disease (including HIV), bruises, and any other unexpected result that could occur from practicing phlebotomy or other medical assistant activities.

Student Signature | _____ Date | _____



FVCC Medical Assistant Program Application and Acknowledgment of Technical Standards

Students in the Medical Assistant program are not required to disclose any chronic or recurrent illness and/or disability; however, those with concerns about meeting any technical standards, are strongly encouraged to discuss the issues with the Program Director. It is the student's responsibility to understand the duties, responsibilities, skills, and abilities required to be a medical assistant.

I have read and understand that to participate in this program, I must be able to perform standard technical requirements as described above. Admission to the program may be contingent upon the applicant verifying his or her ability to perform the established technical standards of the program with or without reasonable accommodation.

Legal Last	First	MI	Date of Birth
------------	-------	----	---------------

Cell Phone	Email
------------	-------

Emergency Contact name	Relationship	Phone
------------------------	--------------	-------

I certify that all of the statements in this application and all of the documents submitted with this application are true and accurate to the best of my knowledge. I acknowledge that I have read and understand the above statements and if I am accepted into Flathead Valley Community College's Medical Assistant program, I agree to organize my time and personal affairs in order to meet the commitment necessary to succeed and I have printed a copy for my personal records.

Student Signature | _____ Date | _____



Letter of Reference for Medical Assistant Program

Obtain one letter of personal reference. The letter can be from a friend, family member, coworker, current or previous instructor, supervisor or anyone who has known you for at least one year. Your letter of reference must be emailed directly to Hannah Kimmel, Program Director, hkimmel@fvcc.edu or included in your application in a sealed envelope.

The content of your letter of reference should include **all** of the following:

How long have you known the applicant and in what capacity?

What do you know of their.....

- Conduct and attitude
- Strengths and Dependability
- Resourcefulness and/or Enthusiasm
- Overcoming barriers