Application for Cohort 21 Medical Assistant Training Program

Priority Applications due by 5pm on September 19, 2026
Closing Application Date October 16, 2026
Class Details on Page 5 of Application
Program to be held virtually and in Oceanside with Internship/Externship at various North County Clinics
Program Fee $4,000

APPLICANT INFORMATION

Please fill out this application in its entirety. All applications received must be complete and legible, or will be rejected.
Applicants should review the program schedule prior to applying, as all students are expected to be present for the entirety of the program.

DATE: _____ NAME: _____

ADDRESS: _____ CITY_____STATE_____ZIP CODE_____

PHONE: _____EMAIL:_____

WERE YOU REFERRED BY SOMEONE AT VISTA COMMUNITY CLINIC? ☐ Yes ☐ No

IF YES, PLEASE LIST WHO REFERRED YOU: _____

ARE YOU AT LEAST 18 YEARS OF AGE OR OLDER? ☐ Yes ☐ No

DO YOU HAVE RELIABLE TRANSPORTATION TO GET TO/FROM THE PROGRAM? ☐ Yes ☐ No

DO YOU CURRENTLY HAVE HEALTH INSURANCE? ☐ Yes ☐ No

IF SELECTED, WILL YOU BE ABLE TO SUBMIT PAYMENT IN FULL BY **11/20/2026?** ☐ Yes ☐ No

If no, please explain. (If needed, use separate sheet of paper and attach to application).(See Tuition Assistance section).

DO YOU HAVE ACCESS TO A COMPUTER? ☐ Yes ☐ No
(This will not determine acceptance into the program.)

Describe your interest in the Medical Assistant Training program. (If needed, use a separate sheet of paper and attach to application).

Response required.

EMPLOYMENT HISTORY

Have you ever worked in the medical field? ☐ Yes ☐ No

Current Employer			
Company Name			
Company Address			
Job Title			
Job Duties			
Dates Employed	From (MM/DD/YY)	To (MM/DD/YY)	
Supervisor Name		Supervisor Phone	
Reason for Leaving			
May we contact this employer?		☐ Yes ☐ No	

Previous Employer			
Company Name			
Company Address			
Job Title			
Job Duties			
Dates Employed	From (MM/DD/YY)	To (MM/DD/YY)	
Supervisor Name		Supervisor Phone Number	
Reason for Leaving			

May we contact this employer? ☐ Yes ☐ No

PROFESSIONAL REFERENCES

Name		Address (City, State only)	
Phone Number		How long have you known this person?	

May we contact this reference? ☐ Yes ☐ No

Name		Address (City, State)	
Phone Number		How long have you known this person?	

May we contact this reference? ☐ Yes ☐ No

EDUCATION

Name of High School		City, State	
HS Diploma, GED or Equivalent Received? If so, **month and year earned**?			

		Dates Attended		Diploma or Degree
Undergraduate/ Graduate/ Professional/ Medical Education (Name and Location; *current and/or past)*		From:	To:	

Tuition Assistance

ONLY INCLUDE ATTACHMENTS if you are applying for tuition assistance

- ☐ **Household size:** _____

In an effort to determine eligibility for Tuition Assistance for the Medical Assistant Training Program, please attach **copies** of **at least one of the required documentation forms** to your application:

Note: You may attach any additional documentation forms to your application.

- ☐ (Required) Most recent monthly household income- **Two full months** of paystubs from each employed household member, letter of employment *(if you do not receive paystubs),* Social Security award letter, child support or proof of unemployment
- ☐ (Required) First four pages of the most recent income taxes for the entire household

Additional documentation forms you may provide:

- ☐ Most recent bank statements for the entire household
- ☐ Expenses: Rent receipt or contract, mortgage, SDG&E, water and telephone bill
- ☐ Child Care Expenses and paid child support

Please circle the bracket your Household Income best fits into from below

	Annual income ranges→	A Less than or equal to:	B Greater than A & less than or equal to:	C Greater than B & less than or equal to:	D Greater than C & less than or equal to:	E Greater than D
Household Size	1	$ 13,590	$ 18,755	$27,180	$33,975	$33,975+
	2	$ 18,310	$ 25,268	$36,620	$44,775	$44,775+
	3	$ 23,030	$ 31,782	$46,060	$57,575	$57,575+
	4	$ 27,750	$ 38,295	$55,500	$69,375	$69,375+
	5	$ 32,470	$ 44,809	$64,940	$81,175	$81,175+
	6	$ 37,190	$ 51,323	$74,380	$92,975	$92,975+

Should Tuition Assistance be awarded, you will still be required to pay the remainder of the program fee in full by **11/20/2026?**

By submitting the information requested for Tuition Assistance eligibility, it does **not** guarantee Tuition Assistance eligibility or acceptance into the Medical Assistant Training Program.

If any of the information requested is missing, we will not be able to move forward with processing of the application.

Deadline to submit required Tuition Assistance eligibility documentation and MA Training Program application is the priority deadline, **09/19/2026 by 5 pm**.

I understand and agree that:

1. The information that I provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application or any other materials, or during any interviews, can be justification of refusal of program acceptance or if accepted into program, termination from the program.
2. Program acceptance is contingent upon my successful completion of the total screening process, including the receipt of satisfactory references and background check.
3. Vaccination against COVID-19 is the most effective means of preventing infection with the COVID-19 virus, and subsequent transmission and outbreaks. VCC will adopt all requirements related to the State Public Health Officer Order for Healthcare worker vaccine requirements for all MA Training Program volunteers. As such, all program participants as defined in the Order will be required to be up-to-date for COVID-19 Vaccinations, meaning received all recommended COVID-19 vaccines including a booster dose when eligible. Proof of vaccination or approved exemption must be provided to VCC. The Public Health Order stipulates that only religious or medical exemptions apply and all medical exemptions must be accompanied by a note from an approved medical provider.
4. In consideration of program acceptance, I agree to comply with the policies, rules, regulations and procedures of the program and understand that my program enrollment can be terminated with or without cause or notice at any time, at the discretion of the instructor, clinic, or myself.
5. I understand that upon acceptance into the program, clearance of screening and payment of tuition, the program tuition is non-refundable one week prior to the program orientation date. As part of our onboarding process, all accepted students will undergo a formal background check which will include verification of a social security number and residence addresses for the past 7 years.
6. I understand that upon acceptance into the Medical Assistant Training Program, there is no promise of employment at Vista Community Clinic.
7. Vista Community Clinic provides equal opportunities (EEO) to all applicants for educational programs without regard to race, color, religion, sex, national origin, age, disability or gender. In addition to federal law requirements, Vista Community Clinic complies with applicable state and local laws governing nondiscrimination in educational programs in every location in which the company has facilities.
8. Vista Community Clinic expressly prohibits any form of harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status.

_____

Applicant Signature Date

_____

Print Name

Priority applications for Cohort 21 are due by 5pm on 09/19/2026
Deadline to apply for Cohort 21 is by 5pm on 10/16/2026

FORWARD COMPLETED APPLICATION AND ANY OTHER APPLICABLE DOCUMENTATION TO:

MaProgram@vcc.org

CLASS DETAILS

Class Start Date: Monday, January 25, 2027

Class End Date: Saturday, July 10, 2027

Holidays Observed:

Cesar Chavez Day: Wednesday 03/31/2027

Memorial Day: Monday, 5/31/2027

Juneteenth: Saturday, 6/19/2027

Observed for 4th of July: Saturday, 07/03/2027

80 hours of internship to be complete once a week as a 4-hour shift during M-F clinic hours

80 hours of externship to be complete in a 2-4 week span between July 2027 and August 2027

Class Schedule:

Virtually Monday & Wednesday 5:30pm - 9:30pm (Camera Required) *
Hybrid Saturday 8:00am - 5:00pm

Monday and Wednesday via live Zoom
Saturday hybrid online and in-person

Class Location:

VCC: North River
4700 North River Road
Oceanside, CA 92054