



Medical Assistant Fundamentals

Student Application

Year: 2024-2025

Applications will be accepted through mail or e-mail:

Cumberland Campus

3322 College Drive
Vineland, NJ 08360

cte@rcsj.edu

For further information, please contact 856-776-2373.

APPLICATION STEPS

Eligibility

1. Submit the Medical Assistant Fundamentals Application (all pages must be completed).
2. Must be at least 18 years of age.
3. Must be a New Jersey Resident
4. Must have a valid New Jersey Driver's License.
5. Must have a GED or working towards GED completion.

Personal Information:

Date ___/___/___

Name: Last _____ First _____ Middle _____

Address: Street _____ City _____ State _____ Zip Code _____

Date of Birth: _____ Age: _____ Sex: Male ___ Female ___ Other ___

Home Phone () _____ Work Phone () _____ Mobile Phone () _____

Email Address: _____

I have a valid driver's license. Yes No

Have you participated in a grant-funded training program at RCSJ within the past 12 month? Yes ___ No ___

EDUCATION HISTORY	Name of School/College Attended	Course of Study
GED or High School Diploma		
Technical Training Schools		
Two Year Degree		
Four Year Degree		
Graduate School		

Have you earned any occupational licenses or certificates? Yes ___ No ___
If yes, list them here:

I am a citizen of the United States. Yes ___ No ___

I have served in the Military Yes ___ No ___
If yes, please list the Branch: _____

How did you hear about this program? _____

Release of Information

I, _____, hereby authorize the release, exchange and/or discussion of my educational and vocational records or other pertinent information which include my name, social security number, student ID number, address, and date of birth relevant to the Medical Assistant Fundamentals at Rowan College of South Jersey.

My Signature is an acknowledgment that I have read and voluntarily consent to the release of the above-mentioned information.

Signature of student: _____

Date: _____

Signature Page:

I affirm that all information provided by me to RCSJ is complete, true, and accurate to the best of my knowledge and belief. Such information contains no omissions, misrepresentations, or concealment of facts.

I am aware that all information given, and statements provided during the application process are subject to investigation. I give my permission for RCSJ to contact my references and former employers to obtain additional information regarding my background for the purpose of responding to my request for admission to the program.

Print Full Name

Signature of Applicant

Date

Please either mail or e-mail your completed application to:

Rowan College of South Jersey
Career and Technical Education
Medical Assistant IET
3322 College Drive
Vineland, NJ 08360

cte@rcsj.edu