**Medical Assistant Checklist**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_ Rep: \_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Session: Day\_\_\_\_\_\_\_\_ Eve: \_\_\_\_\_\_\_\_\_\_\_\_

* Enrollment Agreement
* Proof of High School Graduation or its equivalency
* HS/GED Transcript or JSA Evaluation (if applicable)
* Driver’s License or Photo Identification
* Student Acknowledgement Form
* Name/Photo/Recognition Release Form
* Allied Health Program Disclosure Form
* Laboratory Policy and Consent Form
* Background Notice and Acknowledgement Form
* Clear Background Check
* Family Rights and Privacy Act (FERPA) Release Form
* Emergency Contact Form
* Hepatitis B Immunizations (prior to start of externship if applicable)

Completed by: \_\_\_\_\_\_\_ (Initial)

DOA review: \_\_\_\_\_\_\_\_ (Initial)