



Lively
Technical
College

**Medical Assisting Program
Application Packet
2026-2027**

MEDICAL ASSISTING PROGRAM APPLICATION PACKET

PROGRAM DESCRIPTION

The Medical Assisting (MA) program is designed to prepare students for employment in various medical settings, such as a physician's office, clinics, and certain hospital settings. This program will prepare the student to function in a medical office or clinical environment as a medical receptionist, administrative assistant, insurance coder/biller, Phlebotomist, EKG Technician, and as a back office clinical assistant/patient educator.

PROGRAM OFFERINGS

Fall Program: July, Full-time Spring

Program: January, Full-time

PROGRAM LENGTH

This is a 900 clock hour program, based on DOE and accrediting body.

PROGRAM HOURS

Fall and Spring Programs:

Full-time Days Monday – Thursday 8:00 a.m. – 4:00 p.m.

Clinical and Externship hours may vary

PROGRAM LOCATION

Lively Technical College (LTC)

Health Education Department, Building #15

500 North Appleyard Drive

Tallahassee, FL 32304

(850) 487-7449

Note: Please consult another resource for more specific information like a Health Program Schedule of Start and End Dates or reach out to the Health Education Office at 850-487-7449 for details.

No person shall on the basis of sex, gender identity, marital status, sexual orientation, race, religion, ethnicity, national origin, age, color, pregnancy, disability, military status or genetic information be denied employment, receipt of services, access to or participation in school activities or programs if qualified to receive such services, or otherwise be discriminated against or placed in a hostile environment in any educational program or activity including those receiving federal financial assistance, except as provided by law." No person shall deny equal access or a fair opportunity to meet to, or discriminate against, any group officially affiliated with the Boy Scouts of America, or any other youth group listed in Title 36 of the United States Code as a patriotic society.

HEALTH EDUCATION APPLICATION COVER SHEET/CHECKLIST

Name: _____
Phone: _____ Email: _____
Program: _____ Day Night Program Date: _____

STEP 1. REGISTER FOR LIVELY TECHNICAL COLLEGE

- COMPLETE THE LTC STUDENT ONLINE APPLICATION** Apply at www.livelytech.com
- MEET WITH ADMISSIONS ADVISOR**
Must bring:
 - Two proofs of Florida Residency
 - Official transcripts for High School/College/GED (For copy of GED go to www.myged.com)
- SKILLS ASSESSMENT TEST OFFICIAL RESULTS** (if needed)
- MEET WITH FINANCIAL AID**
Financial Aid is available based on eligibility.

Completed required enrollment process to LTC with Admission Advisor Initials: _____

STEP 2. COMPLETE THE PROGRAM APPLICATION PACKET

- HEALTH EDUCATION STUDENT INFORMATION SHEET**
 - THREE CURRENT REFERENCE LETTERS:**
 - Two professional references (recent employers, former teachers, counselors, etc.)
 - One personal reference (may not be family member)
 - STUDENT HEALTH ASSESSMENT FORM**(Must be completed by Health Provider)
 - WRITING SAMPLE**
 - RECEIPT OF PAYMENT FOR A LEVEL 2 CRIMINAL BACKGROUND TO LEON COUNTY SCHOOLS**
 - VACCINATION ACKNOWLEDGMENT**
- LATE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

OFFICE USE ONLY:

BACKGROUND RESULTS APPROVE/ACCEPTANCE LETTER ORIENTATION

GENERAL REQUIREMENTS

Applicants seeking admission to the MA Program must:

- Be at least 18 years of age at projected time of program completion.
- Have a high school diploma or equivalent.
- Pass random drug screenings throughout the program. Students with positive drug screen results will be withdrawn from the program.

To apply for acceptance into the MA Program students must:

- **STEP 1 - COMPLETE THE LTC STUDENT ONLINE APPLICATION.** (This application is required for all LTC students) This application can be completed at: www.livelytech.com
- **STEP 2 - MEET WITH ADMISSIONS ADVISOR-** Admissions will review your online enrollment information. You will need to provide:
 - Two proofs of Florida Residency
 - Official Transcripts for High School and College (if applicable). For copy of your GED transcript go to www.myged.com
 - Academic Skills Test Official Results or exemption (see below for more information).
- **STEP 3 - MEET WITH FINANCIAL AID** – Meet with Financial Aid. They will check for all needed financial aid documents (ISIR, verification letter, etc.) Bring proof of any additional grants, scholarships, or waivers in order to receive your deferment. (If you are self-pay, you may skip this step.). Federal Pell Grant information is at www.studentaid.gov. School code: 013997

COMPLETE THE MA APPLICATION PACKET

The MA Application Packet must include:

- **Health Education Student Information Sheet.** A printed copy must be submitted with the application packet.
- **Writing Sample**
- **Three current reference letters:**

- Two professional references (recent employers, former teachers, counselors, etc.)
- One personal reference (may not be family member)
- **Student Health Assessment Form signed by a healthcare provider.** Submit with the application packet. A physical is not required.
- **Receipt of payment for a Level 2 criminal background to Leon County Schools.** This must be completed prior to submitting the application, at the student's expense*. In order to participate in the mandatory clinical practicum, as well as to obtain licensure, students must have a clear background.
- **Vaccination Acknowledgment**

***No refunds will be issued.**

LATE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

TESTING INFORMATION – REQUIRED TESTS & SCORE

Academic Skills Test (Academic Skills)

State Board Rule 6A-10.040, FAC states the following: “Students who are enrolled in a postsecondary vocational certificate program shall complete a basic skills examination.”

LTC admission policies require that all students that enroll in Workforce Education Certificate Programs of 450 hours or more must take the Academic Skills assessment test or provide proof of acceptable forms of exemption from testing.

You may be exempt from the Academic Skills test if you:

- Possess a college degree at the associate in applied science level or higher.
- Demonstrate readiness for public postsecondary education pursuant to F.S. 1008.30 (See acceptable exemptions list in admissions.)
- Earned a standard Florida public high school diploma (Student entered 9th grade in the 2003-

- 2004 school year or any year thereafter) or earned a GED in 2014 or any year thereafter.
- Student serves as an active duty member of any branch of the United States Armed Services
- Passed a state or national industry certification or licensure examination identified in State Board of Education rules and aligned to the career education program, which they enroll.
- Proof of exemption status is required. Please see an advisor for further details in Student Services.

You must be in the Testing area by 9:00 am to start the test, Monday – Thursday by appointment only. For more information, please contact The Testing Center: 850-487-7410

The academic skills test passing score for the MA Program is a 10 in Reading, Language and Math. These scores are valid for two (2) years.

If you do not meet your exit scores, you will need to enroll in Academic Skills Building at a cost of \$30 per semester. The Academic Skills Building instructor evaluates your test scores and an individualized learning plan will be designed based on your Academic Skills results. Students work individually, at their own pace, and seek the assistance of an instructor when needed.

There is a \$25.00 fee for this exam. Applicants must go to the Registration window in Building 8 to pay for the exam then report to the Testing Center.

For more information, please contact The Testing Center: 850-487-7410

Regular Hours of Operation: Monday-Friday, 8:00 am-4:00 pm

HEALTH REQUIREMENTS

Applicants are required to complete a Student Health Assessment Record by a Healthcare Provider (not more than 6 months old). If, after acceptance, a student's health status changes, further documentation may be required stating the student is physically able to continue the program. As stated on the Student Health Assessment Form, applicants are required to provide proof of the following current immunizations:

- Tetanus, within the past 10 years (Td or Tdap)
- MMR x2 (given on or after the applicant's first birthday).
- Hepatitis B series.
- Varivax x2
- PPD/Tuberculin skin test within past 12 months. PPD/Tuberculin skin testing is valid for one (1) year from date of administration. Students will be required to maintain current PPD/Tuberculin skin testing throughout the duration of the program. Students who test positive for tuberculosis must show proof of a negative chest x-ray taken within the past five years to satisfy this requirement.
- COVID-19 Vaccines and Booster or Declination
- Seasonal Flu Vaccine (August-March) or Declination.

CHECK

All applicants must undergo a Level 2 criminal background through Leon County Schools in order to participate in the mandatory clinical practicum, as well as to obtain licensure, students must have a clear background. The cost for both is \$61.00.

DRUG SCREENING

Drug screening is not required prior to admission into the program. However, all students must submit to and pass three random drug screenings after entering the MA Program and prior to having access to the clinical health care facilities utilized in the Program. This is a Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requirement demanded of all acute care facilities in Florida. Students who do not pass a random drug screening will be withdrawn from the program.

DISABILITY SUPPORT SERVICES

If you have question regarding adult students with disabilities and accommodations, please contact LTC Admissions located in Building 9 or at 850-487-7473.

FINANCIAL AID

Financial Aid is available for this program based on eligibility. Qualifying students may be awarded a Federal Pell Grant based on their current FAFSA submission provided through the Federal Student Aid, U.S Department of Education. LTC does not provide loans. Third party loans and other personal financial arrangements are a personal decision of the student and not handled at LTC. Additionally, LTC accepts other funding options (Florida Prepaid, CareerSource, VA, etc.). The Financial Aid Office is located in Building 8, phone number 850-487-7421 or 850-487-7621 and/or via email at LTCFinAid@leonschools.net. Please direct all financial aid questions directly to their office.

ACCEPTANCE INTO PROGRAM / REGISTRATION

LTC accepts applicants into all Health Education programs on a rolling admission basis. As we receive applications, potential students are scheduled for an interview with the Health Education Program Director or their designee. Once an applicant has completed the interview, they will be notified of their admission status. Accepted applicants will be given an acceptance letter, which will allow them to register

for the program they have applied to. LTC Health Education programs may be closed prior to the posted application deadline date once that program has reached capacity. Questions regarding the application process should be directed to the Health Education Program at 850-487-7449.

ORIENTATION

After being accepted into the LTC MA Program, applicants will be notified about attending a mandatory orientation. The date(s) and time(s) of this meeting will be given to all accepted students within their acceptance letter. For further information, please contact the Health Education Department at 850-487-7449.

UNIFORMS

Upon acceptance students are expected to wear the specified program uniform (teal) whenever they are in the classroom, clinical simulation or clinical facility. Uniforms may be purchased in the LTC Bookstore in Building 8. Questions regarding proper attire and uniforms should be directed to the Health Education Department at 850-487-7449.

LATE AND/OR INCOMPLETE PACKETS WILL NOT BE CONSIDERED.

Lively Health Education Student Information Sheet PERSONAL INFORMATION



Date _____
Last Name _____ First Name _____ MI _____
Address _____ City/State _____ Zip _____
Home # _____ Work # _____ Cell # _____
Email Address _____ Date of Birth _____
Emergency Contact _____ Phone# _____

Health Education Program applying for:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Central Sterile Processing | <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Medical Assisting | <input type="checkbox"/> Nursing Assistant |
| <input type="checkbox"/> Patient Care Technician | <input type="checkbox"/> Phlebotomy | <input type="checkbox"/> Practical Nursing | <input type="checkbox"/> Professional Nursing |

EDUCATION

High School _____ City/State _____
Highest grade completed _____ Year: _____ Choose one: High School Diploma GED
Previous Nursing School _____ City/State _____
College _____ Degree Awarded _____ City/State _____
Military _____

Have you attended any previous HED programs whether you completed or not?

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Central Sterile Processing | <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Medical Assisting | <input type="checkbox"/> Nursing Assistant |
| <input type="checkbox"/> Patient Care Technician | <input type="checkbox"/> Phlebotomy | <input type="checkbox"/> Practical Nursing | <input type="checkbox"/> Professional Nursing |
| <input type="checkbox"/> LTC | <input type="checkbox"/> Name of Institution if other than LTC: _____ | | |

Program Attended _____ Date Attended _____

Certification Awarded Yes No Date the Certificate Awarded _____
Proof required at time of application.

EMPLOYMENT RECORD

Present _____ Title/Position _____

Dates of Employment: From _____ to _____

Previous _____ Title/Position _____

Dates of Employment: From _____ to _____

Previous _____ Title/Position _____

Dates of Employment: From _____ to _____

The information on this application is true and factual.

Signature: _____ Date: _____

THIS FORM MUST BE COMPLETED BY YOUR HEALTH CARE PROVIDER

NAME (please print): _____
Last First MI

DATE OF BIRTH: ___ / ___ / ___ Male ___ Female ___

1. MMR (Need proof of two MMR vaccines or one mumps, two measles, and one rubella. Any person born before 1/1/57 will need proof of rubella immunization or positive titer.)
 Date of MMR #1: _____ Date of MMR #2: _____
 OR
 Antibody titers:
 Mumps titer date: _____ Results: Immunity Not immune
 Rubeola titer date: _____ Results: Immunity Not immune
 Rubella titer date: _____ Results: Immunity Not immune
 If not immune, will require MMR x2.

2. Tetanus (Td or Tdap with the last ten years): Date: _____

3. Hepatitis B series:

 Hepatitis B #1 date Hepatitis B #2 date Hepatitis B #3 date
 OR
 Antibody titer date: _____ Results: Immunity Not immune

4. Varicella: **History of having Chicken Pox is not accepted.**
 Date of 1st dose: _____ Date of 2nd Dose: _____
 OR
 Varicella titer date: _____ Results: _____ (Lab value)

5. PPD (TB Skin Test): _____ Date taken: _____
 Results: _____ Positive ___ Negative ___
 Chest x-ray, if positive PPD: _____ Date: _____ Results: _____

6. Seasonal Flu Vaccine: Date of Vaccine: _____ Injection Site: _____
 (August - March) Lot Number Expiration: _____ Examiner's Initials: _____

Verified by:

 Name of Physician's Office/Health Center

 Physician's Signature

 Address of Office

 Date



Vaccination Acknowledgment Form

Please check the box for the program in which you are seeking admission.

- | | | |
|--|---|--|
| <input type="checkbox"/> Central Sterile Processing Technician | <input type="checkbox"/> Medical Assisting | <input type="checkbox"/> Nursing Assistant |
| <input type="checkbox"/> Patient Care Technician | <input type="checkbox"/> Phlebotomy | <input type="checkbox"/> Practical Nursing |
| | <input type="checkbox"/> Professional Nursing | |

During these times, guidance and regulations around mandatory vaccines continue to change. As a clinical requirement, some of our contracted healthcare facilities may be authorized under law to require specific vaccinations. We are committed to closely monitoring the situation in order to communicate these changes to you in a timely manner.

By signing this agreement, I hereby acknowledge that I may be required to obtain a COVID vaccine at any point in the program to be in compliance with my clinical site requirements. I acknowledge that failure to be in compliance may result in withdrawal from my program.

Student Signature Date

Print Name Witness Signature

Declination of Influenza Vaccination

My employer or affiliated health facility, _____, recommends that I receive influenza vaccination to protect myself, patients, staff, and others in the healthcare facility.

I acknowledge that I am aware of the following facts (please read and check each box):

- Influenza is a serious respiratory disease. Each year in the United States, influenza kills thousands of people and causes hundreds of thousands of hospitalizations.
- Influenza vaccination is recommended for me and all other healthcare personnel to protect our staff and our facility's patients from influenza, its complications, and death.
- If I contract influenza, I can shed the virus for 24 hours before any influenza symptoms appear. During the time I shed the virus, I can transmit influenza to patients and staff in this facility.
- If I become infected with influenza, even if my symptoms are mild or non-existent, I can spread influenza to others. Symptoms that are mild or non-existent in me can cause serious illness and death in others.
- I understand that the strains of virus that cause influenza infection change almost every year and, even if they don't change, my immunity declines over time. This is why vaccination against influenza is recommended every year.
- I understand that it is impossible to get influenza from influenza vaccine.
- The consequences of my refusal to be vaccinated could have life-threatening consequences for my health and the health of everyone with whom I have contact, including my coworkers and all patients in this healthcare facility.

Despite these facts, I am choosing to decline influenza vaccination for the following reasons:

- I understand that I can change my mind at any time and accept influenza vaccination.

I have read and fully understand the information on this declination form.

Signature _____ Date _____

Name (PRINT) _____

Department _____

REFERENCE: CDC. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices – United States, . . . Access links to current ACIP recommendations at www.cdc.gov/acip-recs/hcp/vaccine-specific/flu.html





LEVEL 2 BACKGROUND SCREENING INSTRUCTIONS

Level 2 screening standards (Fingerprints) return criminal history results on arrests (including juvenile) nationwide. Under Florida Statute 1012, persons with specified access require level 2 screening. Offences outlined in Florida State Statute 435.04 (crimes of moral turpitude) can be disqualifying when persons have been found guilty of or entered a plea of nolo contendere (no contest).

Instructions:

1. Go to the Fingerprinting Office at the Leon County Schools District main office, located at **2757 W. Pensacola St., Building I** (to the right of the main district office). The hours for the Fingerprinting Office are: Monday-Friday, 8:00 am-5:00 pm - **Take this form with you.**
2. Submit payment for screening. Payment can be via credit card or money order.
3. **Obtain a receipt for the screening.**

Submit the receipt of the background screening along with the Health Education program application.

If your background screening does not come back "clear," you will be notified.

Additional information may be required.

LEVEL 2 BACKGROUND SCREENING REQUEST FORM

The following individual needs to obtain a Level 2 Background Screening, per Florida Statute 1012:

IMPORTANT:

The ORI number for the screening is **V37020031**

PLEASE PRINT

LAST NAME: _____

FIRST NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

DRIVER LICENSE NUMBER: _____

PHONE: _____

The above individual will be at Lively Technical College/Externship/
Clinical Site for the following purpose:

___ Student

Entity/Individual from Lively Technical College making this request:
Lively Administration

Please submit print results to:

ATTENTION:

BJ Van Camp, CTE Director
Lively Technical College
500 North Appleyard Drive,
Tallahassee, Florida 32304
Fax: 850.487.7478

Any questions regarding this request, should be directed to Health Education at 850.487.7449



850-487-7555

www.livelytech.com

Main Campus:
500 North Appleyard Drive
Tallahassee, FL 32304