Allied Health West JATC Apprenticeship Application

PO Box 415, Coos Bay OR 97420

During the Medical Assistant Apprenticeship initial contact, you will receive information about employer expectations regarding background checks and drug screening. You will be asked to provide documentation regarding minimum qualifications. Qualifying applications will then be reviewed and scored according to a point system for ranking. (See MA Apprenticeship flyer). Please complete this application and email it to Laura Pumphrey, Apprenticeship Manager.
For questions, contact Laura at lpumphrey@sowib.org

Candidate Information

Full Name: _____ Date: _____
First *Last* *M.I.*

I reside in the city of:

I reside in the county of:

I work in the county of:

Cell Phone:

Email:

How may we contact you? *(check all that apply)*

☐ Phone ☐ Email ☐ Text Message

How did you hear about this opportunity?

Have you completed any of the following credentials? *(You will be asked to provide valid transcripts for ranking)*

☐ CNA/Phlebotomy Credential ☐ Healthcare - Associate Degree (90 credits) ☐ Medical Clerical Certificate (49 credits) ☐ EMT Credential

Have you completed any of these courses in High School Dual Credit Program or in college? *(You will be asked to provide valid transcripts for ranking)*

☐ Introduction to Healthcare Careers ☐ Medical Terminology I ☐ Medical Terminology II
☐ Body Structures and Functions I ☐ Body Structures and Functions II ☐ Medical Law 7 Ethics

Minimum Qualification: High School Diploma or GED *(you will be asked to provide a diploma or certificate)*

☐ High School Diploma ☐ GED ☐ Certification HS Completion
☐ Years of college or a technical or vocational school 1 2 3 (circle one) ☐ Associate degree

Do you have prior experience in a healthcare related field?

☐ Yes ☐ No
If yes, please give name of employer and dates you worked in a healthcare related field:

Do you have other work experience?

☐ Yes ☐ No
If yes, please give name of employer and dates you worked:

Current Employer: *(if applicable)* Position:

Hourly Wage: Date of Hire:

Volunteer Experience: *(Unpaid/Not court-mandated)*

Was your volunteer experience in a Healthcare setting? ☐ Yes ☐ No If yes, number of hours completed:

Other Miscellaneous:

Do you have a valid Class C Driver's License? ☐ Yes ☐ No

Do you have a valid CPR/First Aid Certificate? ☐ Yes ☐ No

Employment Characteristics:

Please check which countries you are willing to travel to for work as an apprentice:

☐Baker ☐ Clatsop ☐ Coos ☐ Curry ☐ Deschutes ☐ Douglas ☐ Grant ☐ Harney ☐ Hood River/Wasco

☐ Jackson/Josephine ☐Linn/Benton ☐ Malheur ☐ Morrow/Umatilla /Union/Wallowa

☐ Multnomah/Clackamas/Washington ☐ Yamhill ☐ Lincoln ☐ Other:

My signature below indicates that I certify the information on this application is true to the best of my knowledge.

Participant Name *(please print)* Participant Signature Date

This Area is for STAFF USE ONLY:

Meets Minimum Qualifications ☐ Yes ☐ No

Copies of Driver's License? ☐ Yes ☐ No

Copies of Diploma/GED? ☐ Yes ☐ No

Documentation Verified for Application Points System

☐ Transcript (credential or classes completed, max 20)	Points:
☐ Military DD214 (max 5)	Points:
☐ Work Experience (max 20)	Points:
☐ Currently employed with registered training agent (max 25)	Points:
☐ Volunteer Experience in Healthcare (max 4)	Points:
☐ Pre-Apprenticeship (max 5)	Points:
☐ Other: CPR/First Aid Certification (max 1)	Points:
Total Possible: 80	**Total:**

Allied Health West (AHW) will not discriminate against apprenticeship applicants or apprentices based on race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, genetic information, or because they are an individual with a disability or a person 18 years old or older. AHW shall take affirmative action to provide equal opportunity in apprenticeship and shall operate the apprenticeship program as required under the Oregon Plan for Equal Employment Opportunity in Apprenticeship and Title 29 of the Code of Federal Regulations, part 30. This is an equal opportunity program, and auxiliary aids and services are available upon request to individuals with disabilities.