

## RSU 24 Adult Education Medical Administrative Assistant / Office Skills Application

- Schedule and attend an interview with the director, Ander Thebaud.** To schedule an appointment, please call 422-4794.
- Submit to us a completed, signed Release of Records form (attached),** so we can request your high school transcript.
- Take a reading and math assessment (CASAS - Comprehensive Adult Student Assessment System)** Contact us at 422-4794 to schedule this assessment at our Sullivan office or remotely. When you call, please let them know you need the CASAS assessment for entrance into our Medical Administrative Assistant program. If you have scores on file with another institution and wish to have scores considered—they must have been administered within the last 6 months. Please request this information is sent electronically to [adutledinfo@rsu24](mailto:adutledinfo@rsu24). The information should include the date the test was taken and the level administered.
- Complete Medical Administrative Assistant / Office Skills Application**
- Submit two sealed written references.** At least one of these references must be from an employer. The other can be an employer or someone who can give a personal reference. These individuals cannot be family members or significant others.

**It is the responsibility of the MAA Office Skills candidate to maintain communication with the adult education office to ensure all the required documentation has been received and that their application process is complete and up-to-date with current admission requirements.**

***If you have questions about RSU #24 Adult Education's Office Skills Certificate Program please contact our office:***

RSU 24 Adult Education, 1888 US Highway 1 Sullivan, ME 04664 (207) 422-4794

Residents of RSU #24 towns receive priority for acceptance until three months before the start date of the course.

# RSU 24 Adult Education

## Medical Administrative Assistant / Office Skills Application



Academic Year: 24/25

Local Program: Workforce Training / SMW

Date:

### Student Bio Information

|                                   |  |                 |            |  |  |
|-----------------------------------|--|-----------------|------------|--|--|
| <b>Full Name:</b>                 | First  | Middle          | Last       | (Prev. Name(s):  |  |
| <b>Date of Birth:</b>             |  |                 |            | <b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F                             | <b>Social Security #</b>   |
| <b>Mailing Address:</b>           |  |                 |            |  |  |
| <b>Town/State/Zip:</b>            |  |                 |            | <b>County:</b>   |  |
| <b>Permanent/Physical Address</b> | (if different from above)  |                 |            |  |  |
| <b>Phone(s):</b>                  | Home _____   | Emergency _____ | Work _____ | Cell _____   |  |
|                                   | Which is your preferred number that we call? _____   |                 |            | Do you receive texts on your cell phone? ? <input type="checkbox"/> Y <input type="checkbox"/> N |  |
| <b>Email:</b>                     |  |                 |            |  | Is e-mail a good way to reach you? <input type="checkbox"/> Y <input type="checkbox"/> N |
| <b>Data Matching:</b>             | Do you give us permission to release your SSN? <input type="checkbox"/> Y <input type="checkbox"/> N |                 |            |  |  |

### Student Contact Information

Please provide information about three people who will always know where to locate you. These can be a spouse, grandparent, parent, best friend, partner, etc.

| Name | Relationship to you | Address | Phone Number |
|------|---------------------|---------|--------------|
|      |                     |         |              |
|      |                     |         |              |
|      |                     |         |              |

## Education

Official transcript(s) must be sent to the Adult Education Office. Please fill out the attached Release of Records form and return to us. We will send it to your high school or educational institution.

| Name of High School and/or<br>receive a adult education program<br>diploma or GED? | City, State | From<br>Month/Year | To<br>Month/Year | Did you |
|--|-------------|--------------------|------------------|---------|
|  |             |                    |                  |         |

College classes or certifications:

## Work and Volunteer History

Please share your work and volunteer history, including where you worked and your responsibilities there.

## References

Please provide your references with the enclosed written reference forms (see end of packet for forms). Your references should have worked with you in a supervisory capacity or have extensive knowledge of your appropriateness for the program. At least one references should be from an employer. The other can be an employer or someone who can provide a personal reference. These individuals cannot be family members or significant other.

## Dismissal Policy & Probationary Status

For the health and safety of our students and staff and the patients in our clinical setting we have a strict dismissal policy and protocol. After the start of the course you will receive written notice of probationary status if you are not meeting all the criteria for the program. Please read the attached **Dismissal Policy**. The possible reasons for dismissal include:

Absenteeism  
Confidentiality  
Misuse of property  
Dishonesty  
Cheating  
Substance abuse

I have read and fully understand the **Dismissal Policy** and the meaning of 'probationary status' and the consequences outlined. I understand that if I do not meet the expected criteria I could be subject to dismissal from this program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Course Fees & Expenses

1. This program is funded by a Strengthening Maine's Workforce grant. The program includes: Career Opportunities and Responsibilities (CORe), Medical Office Technology, Math for Health Care, and Medical Office.
2. We encourage and support all students in applying to work with local partners and Career Centers to assist with any external program expenses, for example: travel reimbursement, tech. devices, child care, etc... If you have questions about this opportunity for financial support, PLEASE contact the adult education office as soon as possible.
3. RSU 24 Adult Education covers all expenses related to instruction, course materials and supplies, field trips.

Name: \_\_\_\_\_

## Personal Statement

Please write a statement in the space below stating why you wish to take the Certified Medical Administrative Assistant program and your employment goals after completing the program.

Please briefly describe a customer service experience you have had related to the medical field. How was it handled? Please comment.

*Please use the back of the page as needed.*



## Reference Request

\_\_\_\_\_ is applying to participate in RSU 24 Adult Education's Office Skills Certificate Program. We would appreciate information concerning the following.

1. In what capacity have you known this applicant? And for how long?
  
  
  
  
  
  
  
  
  
  
2. What do you consider to be the applicant's major strengths and weaknesses?
  
  
  
  
  
  
  
  
  
  
3. Please describe the work habits of this applicant?
  
  
  
  
  
  
  
  
  
  
4. Would you recommend the applicant for office work? Why or why not?

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Your Name

Telephone Number

Date

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Mailing address

**Thank you for taking the time to complete this form.**

**Please send, fax or email this form to:**

***RSU24 Adult Education, 1888 US Highway 1, Sullivan, ME 04664, Fax: 422-3612, [athebaud@rsu24.org](mailto:athebaud@rsu24.org)***

## Release of Records Request

TO: School/Program \_\_\_\_\_

Address \_\_\_\_\_

Town/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Date: \_\_\_\_\_

RSU #24 Adult Education has my permission to request the records checked below:

- |  |  |
|--|--|
| <input type="checkbox"/> High school transcript  | <input type="checkbox"/> Adult diploma transcript                      |
| <input type="checkbox"/> Relevant Special Services report<br>(IEP, 504, etc.... reports) | <input type="checkbox"/> GED Official Transcript<br>College Transcript |
| <input type="checkbox"/> Adult education transcript                                      |  |

The information below should assist you in locating my records. If you need further information feel free to contact RSU #24 Adult Education's Student Advisors listed below.

Name (at time of involvement) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Last Year Attended \_\_\_\_\_ Last Grade Attended \_\_\_\_\_

**Please email, fax, or mail the records to:**

RSU24 Adult Education  
1888 US Highway 1, Sullivan, ME 04664  
207-422-4794 (phone) 207.422.3612 (fax)  
email: [athebaud@rsu24.org](mailto:athebaud@rsu24.org)  
[www.rsu24.maineadulted.org](http://www.rsu24.maineadulted.org)  
Attn: Medical Admin. Assist. / Office Skills Program

**Additional Comments:**

\_\_\_\_\_  
**Candidate Signature**

\_\_\_\_\_  
**Date**