



229 Hwy 41 North Suite G
Barnesville, GA 30204
Phone: (706) 780-1700

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Columbus, GA 31901
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MEDICAL ASSISTANT

LENGTH OF COURSE

EIGHT WEEKS

MONDAY - THURSDAY

CLASSROOM HOURS

DAY	Monday-Thursday	9am – 1pm
EVENING	Monday-Thursday	5pm – 9pm

Non-Refundable Application Fee: \$50.00

\$2500.00

\$800.00 TUITION DUE (WEEK BEFORE CLASS BEGINS)

\$600.00 TUITION DUE (THIRD WEEK OF CLASS)

\$600.00 TUITION DUE (SEVENTH WEEK OF CLASS)

\$500.00 TUITION DUE (BEFORE FINAL EXAM IS TAKEN)

*****STUDENTS ARE ENCOURAGED TO TAKE THE NATIONAL EXAM*****

\$160.00 NATIONAL EXAM

\$50.00 SITTING FEE

REGISTRATION IS ON-LINE

ENTRANCE REQUIREMENTS

18 & OLDER • PICTURE I.D. • SOCIAL SECURITY CARD • HIGH SCHOOL DIPLOMA/GED

IMMUNIZATIONS • BACKGROUND CHECK (Provided) • DRUG SCREEN (Provided)

ZÖe Med Tech

Medical Assistant Application



APPLICANT INFORMATION												
Last Name			First			M.I.		Birthdate				
Street Address								Apartment/Unit #				
City			State			ZIP						
Phone			E-mail Address									
Social Security No.				Married <input type="checkbox"/>		Single <input type="checkbox"/>		Widowed <input type="checkbox"/>		Divorced <input type="checkbox"/>		
Sex		Female <input type="checkbox"/>		Male <input type="checkbox"/>								
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Have you ever been found responsible for a disciplinary violation at an educational institution that resulted in your suspension, probation, dismissal, removal, or expulsion?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, what and when?					
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
How did you hear about ZÖe Med-Tech Academy? Family/Friend <input type="checkbox"/> Advertisement <input type="checkbox"/> Other _____												
EDUCATION												
High School			Address									
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College				Address								
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other			Address									

From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
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PREVIOUS EMPLOYMENT

Company				Phone			
Job Title							
Full Time or Part Time							
From		To					
Company				Phone			
Job Title							
Full time or Part Time							
From		To					
Company				Phone			
Job Title							
Full Time or Part Time							
From		To					

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to acceptance, I understand that false or misleading information in my application may result in my dismissal.

Signature Date