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### **MEDICAL ASSISTANT**

LENGTH OF COURSE

EIGHT WEEKS

CLASSROOM HOURS

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

Non-Refundable Application Fee: \$50.00

\$1750.00

\$750.00 TUITION DUE (WEEK BEFORE CLASS BEGINS)

\$400.00 TUITION DUE (THIRD WEEK OF CLASS)

\$300.00 TUITION DUE (SEVENTH WEEK OF CLASS)

\$300.00 TUITION DUE (BEFORE FINAL EXAM IS TAKEN)

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

\$155.00 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			

**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
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