



6400 Laurel Canyon Blvd Suite 115  
North Hollywood, CA 91606  
Phone: 818-509-9970  
Fax: 818-509-9935

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

Today's Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

Program: *(check one)*

Program Completion Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

- Medical Assistant    Dental Assistant    Health Claims Examiner    Pharmacy Technician

**What is your current employment status?**

- Employed in the field I studied while at Galaxy Medical College  
 Employed in another field  
 Not employed  
 Unavailable for employment *(please explain)*

\_\_\_\_\_  
\_\_\_\_\_

If employed, please list job title, employer name, and address:

Title: \_\_\_\_\_

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

Employer Address: \_\_\_\_\_

***If you are currently employed or have been employed since completing your training at Galaxy Medical College, please complete the following survey so that we can assess the educational quality and training provided at Galaxy Medical College.***

**1. Upon completion of the program training, were you prepared for the job duties and responsibilities of entry level employment in your program field?**

- Yes    No

Comment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**2. Did the program training provide you with the knowledge and ability to use job site equipment?**

- Yes    No

Comment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**3. Did the program training provide you the ability to meet job demands?**

- Yes    No

Comment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**4. Have you had the opportunity to interact with patients?**

Yes  No

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Are you satisfied with working in the program field of training?**

Yes  No

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Do the employment responsibilities meet your expectation of the field?**

Yes  No

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Did the school assist you with seeking employment?**

Yes  No

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. Are there any areas that could be improved or changed in our training program to better help our graduates on the job? If yes, please explain in comment area.**

Yes  No

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. Would you recommend Galaxy Medical College to a family or friend?**

Yes  No

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you for taking the time to complete this survey. Please return the completed form to:**

**Mail:**  
Galaxy Medical College  
6400 Laurel Canyon Blvd Suite 115  
North Hollywood, CA 91606

**Fax:**  
818-509-9935

**Email:**  
galaxy\_student\_services@yahoo.com