

**INSTRUCTIONS FOR APPLYING TO
THE PHOENIX COLLEGE MEDICAL ASSISTING PROGRAM**

This is your application packet for the Phoenix College Medical Assisting Program. Please read all of the information in this packet completely and follow the instructions carefully. **The applicant is responsible for making certain that the application and all required documentation are complete.** Follow the checklist on page 7 carefully; this will help you make sure that your application is complete. Incomplete applications will result in delay in processing the application and may even result in denial of admission.

- Step 1:** Read ALL the material in this packet including the program description, essential skills and functions, requirements for admission, steps for applying, etc, **VERY CAREFULLY.**
- Step 2:** Obtain or complete all of the requirements described on page 9 of this packet. **All of this information MUST be included with the application packet when application is submitted.** You must include copies of immunization records along with your Health and Safety Documentation form.
- Step 3:** Go to the Testing Center at Phoenix College (or any of the other Maricopa County Community Colleges) and take the placement tests for Writing/Sentence Skills, Reading Skills, and Elementary Algebra Skills. Include copies of those results with your application packet.
- Step 4:** If you have a question about the Medical Assisting Program, you may contact the Medical Assisting Program Director at 602-285-7927. If you have a question about Phoenix College in general, you may call the Admissions Office at 602-285-7800, the Advisement Center at 602-285-7110 , or Student Life at 602-285-7231.
- Step 5:** When you are certain that you have assembled all of the required application materials and attached them to the application packet, and signed or initialed all the appropriate places, please review the application packet one last time for completeness. You should then hand-deliver your completed application packet (including this form) by 4:00 pm, Friday, December 2, 2011 to the reception desk at the Phoenix College Advisement Center. Someone at the Advisement Center reception desk must sign or initial the application packet, indicating they have received the application and attached documentation.

I certify by signing below that I have completed this application and that the required documentation is complete and attached.

Signature

Date

Advisement Center: Please sign or initial this form in the box below, indicating receipt of the application and included materials.

For Advisement Use Only:

Name:

T.D.S.

PROGRAM INFORMATION

DESCRIPTION

The Medical Assisting Certificate Programs prepare students for entry-level medical assisting positions. The Medical Front Office certificate is awarded to students who have completed classes that train students to perform clerical/administrative duties in a medical practice. The Medical Assisting Certificate is awarded to students who have completed training in both the clerical/administrative duties and the clinical functions of medical assisting. A list of courses for both certificates is included in this packet.

In addition, an AAS (associates degree) in Medical Assisting is available to students who have completed both certificate programs and the additional coursework required for the degree.

OCCUPATIONAL INFORMATION

Medical assistants perform routine administrative and clinical tasks in the practices of numerous health professionals. Duties can vary but typical duties performed by medical assistants include using various computer software applications, answering telephones, greeting and checking in patients, processing medical records, coding and/or filing insurance forms, scheduling appointments, taking vital signs, obtaining medical histories, preparing patients for examinations, assisting physicians with exams and/or procedures, collecting and/or preparing laboratory specimens, performing laboratory tests, preparing and administering medications (as directed by a physician), performing electrocardiograms, removing sutures, changing dressings, etc. Average starting wages for entry-level medical assistants in the greater Phoenix area is \$13.50 to \$15.50 per hour.

NATIONAL CERTIFICATION

Medical assistants practicing clinical skills are regulated in the state of Arizona. Completing students have a grace period of approximately six months in which to take their national examination. There are two national examinations available for medical assisting. The first is given through the American Medical Technologists (AMT); successful completion of this exam awards the RMA (registered medical assistant) credential. The second is given through the American Association of Medical Assistants (AAMA); successful completion of this exam awards the CMA (AAMA) credential. (Note: This exam is not required of front office medical assistants.)

COST OF THE MEDICAL ASSISTING PROGRAM

The total cost of the Medical Assisting Program, including tuition, fees, books, supplies, and equipment is approximately \$3800. This does not include the cost of a stethoscope, watch with a sweep second hand, closed-toed shoes, and scrubs which students are required to have for the program.

CLASSES IN THE MEDICAL ASSISTING PROGRAM

Prerequisite: HCC145 (3 credits)

Corequisite: HCC130 (3 credits)

Medical Front Office:

MAS126 (previously HCE226) – Administrative Procedures (3 credits)

MAS127 (previously HCE227) – Insurance, Billing, and Coding (3 credits)

MAS128 (new course) -- Electronic Health Records for Medical Assisting (1.5 credits)

MAS129 (previously HCE229) – Automated Computer Systems for Medical Office Management (2 credits)

MAS274 (previously HCE274) – Administrative Medical Assisting Externship (1 credit)

Clinical Medical Assisting (“Back Office”):

MAS102 (previously HCE102) – Orientation to Physiology and Psychology of Body Systems (1 credit)

MAS210 (previously HCE162) – Aseptic Techniques (1 credit)

MAS220 (previously HCE167) – Laboratory Testing in Patient Care Service Centers (1 credit)

MAS230 (previously HCE251) – Emergencies in the Medical Office (1.5 credits)

MAS240 (previously HCE261) – Applied EKG (1 credit)

MAS260 (previously HCE222) – Clinical Procedures (3 credits)

MAS265 (previously HCE221) – Administration of Medication (3 credits)

PLB109 -- Phlebotomy Basic Skills (1 credit)

PLB110 -- Practicum: Fundamental Phlebotomy Skills (0.5 credit)

MAS275 (previously HCE275) – Clinical Medical Assisting Externship (2 credits)

MAS280 (previously HCE280) – Medical Assisting Program Review (1 credit)

HEALTH DECLARATION

All students must provide documentation of compliance with all health and safety requirements in order to protect patient safety. Only students who are in compliance will be considered for enrollment in Medical Assisting courses. These requirements are listed on page 9. Students prove that they meet these requirements by providing the required documentation for all immunizations plus the signed Health and Safety Declaration form.

In addition, students must be able to fully participate in program activities, whether in the classroom, the laboratory, or in clinical settings. Students who have a chronic illness or medical condition must maintain current treatment and be able to participate in direct patient care. This includes the externships which may also have additional requirements and/or restrictions for participation. Should a student become unable to participate, partially or fully, in program activities, he/she may be withdrawn from the program.

The Medical Assisting Program does include invasive procedures (phlebotomy and administration of injectible medications). The performance of exposure-prone procedures includes a recognized risk of percutaneous injury and, should such injury occur, blood is likely to contact a patient's body cavity, subcutaneous tissues, and /or mucous membranes. This can pose a material risk to both patients and other students in the program, should the student have a communicable chronic illness.

Please refer to the following website for the CDC's MMWR for recommendations for **Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure Prone Invasive Procedures**. <http://www.cdc.gov/mmwr/preview/mmwrhtml/00014845.htm>

The Medical Assisting Program Director reserves the right to review on a case by case basis the ability of a student to fully participate in and complete the program.

ESSENTIAL SKILLS AND FUNCTIONAL ABILITIES NEEDED BY MEDICAL ASSISTING STUDENTS

It is essential that Medical Assisting students be able to perform a number of physical activities in the clinical portion of the program. Students will be required to stand for several hours at a time and perform activities that require bending forward and flexing the knees. The clinical medical assisting experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should give careful consideration to the mental and physical demands of the program prior to making application.

Individuals enrolled in the Medical Assisting Program must also be able to perform essential skills. If a student believes that he or she cannot meet one or more of the skill standards without accommodations, the program director will determine, on an individual basis, whether reasonable accommodations can be made.

Essential skills and abilities refer to those physical, cognitive and behavioral abilities required for satisfactory completion of all aspects of the Medical Assisting Program curriculum. Also included is the development of those personal attributes required by both the faculty and the program director of all students by the time of program completion and prior to the externship. Students not exhibiting such attributes will not be placed in externship.

Essential abilities in the following areas are required by the curriculum: Motor, sensory, communication, intellectual abilities for problem-solving and assessment, and the behavioral and social characteristics of a professional medical assistant. These are attributes every medical assistant must possess.

Motor Skills

Students must possess the physical dexterity to master technical and procedural aspects of patient care: Lifting/ standing/sitting for long periods of time; adequate physical stamina and energy to carry out taxing duties over long hours; providing care in confined spaces; motor skills and dexterity sufficient to handle small equipment and instruments safely.

Sensory Abilities

Students must be able to gather information using all senses but especially sight, hearing, and touch in order to perform the duties of a medical assistant.

Communication Skills

Students must be able to communicate effectively in English with accuracy, clarity and efficiency with patients, their families and other members of the healthcare team including verbal (spoken) and nonverbal communication (such as interpretation of facial expressions, affect and body language), and must be able to work cooperatively with instructors, supervisors, fellow students, and healthcare team members. Students must be able to accurately perform patient identification procedures.

Students must be able to communicate effectively with patients, gather information appropriately, explain medical information and procedures in a patient-focused manner, listen effectively, recognize, acknowledge and respond to emotions, and exhibit sensitivity to social and cultural differences.

Computer Skills

Students must possess basic computer skills. Students must understand basic computer language (i.e. “upload,” “download,” “save” as opposed to “save as,” etc.), know how to cut-and-paste or copy-and-paste, how to open multiple windows on the computer and maneuver back and forth between windows, how to save files to a USB drive, how to name and rename files, and how to perform basic email functions.

Intellectual Abilities

Students must be able to comprehend and learn factual knowledge from readings and teaching presentations, to gather information independently, to analyze and synthesize material learned, and to apply learned information to clinical situations.

Students must be able to arrive at sound clinical judgments and demonstrate well-integrated knowledge about the processes of patient care in medical assisting including patient assessment, patient education, and the implementation and evaluation of medical assisting care and services. Students must be comfortable with uncertainty and ambiguity in some clinical situations, and be willing to seek the advice of others when appropriate.

Behavioral, Social and Professional Abilities

Students must possess the emotional maturity and stability to function effectively under the level of stress that is inherent in healthcare professions and to adapt to circumstances which are unpredictable and/or which change rapidly. They must be able to interact productively, cooperatively, and in a collegial manner with individuals of differing personalities and backgrounds, and be an active contributor to the process of providing healthcare by demonstrating the ability to engage in teamwork and team-building. Students must demonstrate the ability to identify and set priorities in patient management and in all aspects of their academic and professional work. They must be punctual and perform work within strict time frames.

Students must be capable of an empathetic response to individuals in various circumstances and be sensitive to social and cultural differences.

Students must exhibit an ethic of professionalism, including the ability to place others' needs ahead of their own. They must exhibit compassion, empathy, altruism, integrity, responsibility and tolerance, as well as the ability to exercise the necessary level of sound judgment required in the practice of medical assisting.

NOTE: For questions regarding any of the above information, please contact the Medical Assisting Program Director (contact information on page 1 of this packet).

ESSENTIAL ABILITIES REQUIREMENTS FOR PROMOTION AND RETENTION SIGNATURE

I have read and have had the opportunity to have all of my questions answered regarding the Essential Abilities Requirements for Promotion and Retention in the Phoenix College Medical Assisting Program. My signature represents that I understand, agree with, and will abide by these requirements.

Signature/Date

*****NOTE:** Your signature on this statement (signifying understanding of, agreement with, possession of, and commitment to the program requirements) is mandatory for admittance into the Medical Assisting Program. If this statement is not signed, the application will not be considered. If this statement is signed and the student later demonstrates that they do not possess the minimum requirements described, he or she may not be able to continue in the program.

READING COMPREHENSION EXERCISE

Even if you have completed the placement tests for Writing and Reading, please complete this exercise as well.

Alternative medicine

Alternative medicine is, by definition, an alternative to something else: modern, Western medicine. But the term 'alternative' can be misleading, even off-putting for some people. Few practitioners of homeopathy, acupuncture, herbalism and the like regard their therapies as complete substitutes for modern medicine. Rather, they consider their disciplines as supplementary to orthodox medicine.

The problem is that many doctors refuse even to recognize 'natural' or alternative medicine, to do so calls for a radically different view of health, illness and cure. But whatever doctors may think, the demand for alternative forms of medical therapy is stronger than ever before, as the limitations of modern medical science become more widely understood. Alternative therapies are often dismissed by orthodox medicine because they are sometimes administered by people with no formal medical training. But, in comparison with many traditional therapies, western medicine as we know it today is a very recent phenomenon. Until only 150 years ago, herbal medicine and simple inorganic compounds were the most effective treatments available.

Despite the medical establishment's intolerant attitude, alternative therapies are being accepted by more and more doctors, and the World Health Organization has agreed to promote the integration of proven, valuable, 'alternative' knowledge and skills in western medicine.

1. Answer the following questions using your own words.

a) Why is the term 'alternative' not entirely appropriate when applied to medicine?

b) Why are alternative therapies often rejected by conventional doctors?

2. Are the following statements true (T) or false (F)?

a) Nowadays, more and more people are asking for alternative medicine.

b) Herbal medicine has been the most effective treatment available for 50 years.

3. Find a word or phrase in the text which, in context, is similar in meaning to:

a) deceptive

b) a group of people who have power and influence

4. Choose a, b, or c, in each question below. Only one choice is appropriate.

Few practitioners of alternative medicine

a) consider their therapies to be complete replacements for modern medicine.

b) reject the term 'alternative'.

c) refuse to recognize alternative medicine.

Alternative therapies

a) are well regarded by the medical establishment.

b) are integrated into western medicine nowadays.

c) are becoming more popular with many doctors.

Western medicine

a) has existed for a comparatively short time.

b) is based on many traditional therapies.

c) is practised by people with no formal medical training.

The World Health Organization

a) has an intolerant attitude towards alternative therapies.

b) agrees with all alternative medicine.

c) will support effective traditional knowledge and skills.

Registration Checklist and Application
Phoenix College Medical Assisting Program

PLEASE NOTE: Materials submitted as part of the application packet will NOT be returned to the applicant. Please submit COPIES ONLY. DO NOT submit originals. All materials received are treated confidentially.

Thank you for your interest in the Phoenix College Medical Assisting Program. Please follow this application checklist carefully to ensure that your application and documentation are complete and in order for the selection committee. **IT IS THE APPLICANT'S RESPONSIBILITY TO VERIFY THE APPLICATION IS COMPLETE.**

The following items **MUST** be submitted with this packet for the application to be processed and the applicant to be considered for admission to the program:

- Completed Medical Assisting Program Application (begins page 11), including the signed "Essential Abilities Requirements for Promotion and Retention" statement (page 6).
- Copy of your high school diploma or GED and/or college transcripts.
- Proof of passing grade in prerequisite course work (HCC145).
- Placement test results showing that you TEST OUT OF ENG101, CRE101 and MAT091 or equivalent .
NOTE: Medical Front Office only students do not need to test for math.
- Completed and signed *Health and Safety Documentation Form* (included in this packet) **PLUS** copies of actual immunization records or laboratory titer results as supporting documentation of:
 - 2 MMR vaccinations or positive titer results
 - 2 varicella vaccinations or positive varicella titer result
 - Negative 2-step TB skin tests or chest x-ray within the last year; NOTE: TB test/chest x-ray must be kept current throughout the duration of the program, including externships.
 - 3 Hepatitis B vaccinations or positive titer results (or signed waiver form – included in this packet)
 - Flu vaccination (or signed waiver form – included in this packet)
 - Tetanus **AND** pertussis vaccinations (**TDaP**) within the last 10 years (must be kept current throughout the duration of the program including externships). **Td alone is NOT sufficient.**
 - Health and Safety Documentation statement signed by an M.D., D.O., N.P., or P.A.
- Copy of current **CPR card for the Healthcare Provider – American Heart Association approved** training program (must be kept current throughout the duration of the program, including externships). **MUST be training for healthcare provider AND American Heart Association approved.**
- Copy of current Level I DPS Fingerprint Clearance Card (must be kept current throughout the duration of the program including externships)
- Clinical Planning Form (initialed) (see page 12)

By signing below, I attest that I have completed this form and attached all of the required documentation listed above.

Signature

Date

IMPORTANT!
PLEASE NOTE

Upon notification of provisional acceptance into the Medical Assisting Program for Spring 2012, all students must submit to a background check to be performed by the Maricopa County Community College District approved vendor. This will be done at the student's own expense.

The Medical Assisting Program Director must receive proof that the student has passed this background check, from the background check vendor, before the student will be permitted to register for medical assisting classes. If this proof is not received, the student will not be given permission to register and will be unable to participate in the Spring 2012 Medical Assisting program.

More information on obtaining the background check will be provided to students who are granted provisional acceptance.

Phoenix College
Medical Assisting Program Application Form – Spring 2012

To be considered for the **Spring 2012** day Medical Assisting Program (NOTE: evening classes are not available at this time), your application must be **hand-delivered to the Phoenix College Advisement Center** by 4:00 pm, Friday, December 2, 2011.

Name: _____ Date of Birth: _____ (must be 18 years
Last First Middle of age or above)

Former name(s) (i.e. maiden name) that transcripts may be under _____

Student ID Number: _____ Telephone _____ (hm) _____ (wk)/(cell)

Mailing Address _____
Street City State Zip

Email: _____

I am applying for acceptance into the:

- Spring 2012 - MA Program (January 2012 to July 2012, 8:15 am to 4:45 pm Tuesdays, Wednesdays, and Thursdays, followed by externship/s).

NOTE: Evening course offerings are not available for Spring 2012.

Healthcare/Work/Educational Experience

Are you currently employed? ____ Yes ____ No

If Yes, what is your current occupation? _____

What days and hours of the week do you work? _____

If you are not currently employed in healthcare, have you ever worked in healthcare? ____ Yes ____ No

Have you taken courses in or enrolled in any other healthcare courses or programs? ____ Yes ____ No

If Yes, which courses or programs? _____

Are you now enrolled in, or on a waiting list for, any other Health Education Program? ____ Yes ____ No

If yes, Program Name and location: _____

Anticipated start date _____

Educational Achievement

Check each level of education you have completed.

____ GED ____ High School Diploma ____ Some College Work ____ AA Degree ____ Other

Prerequisite/Corequisite Course Work

1. **HCC145 is a PREREQUISITE (requirement)** for admission into the Medical Assisting Program. Please indicate the results for your HCC145 course in the table below. (NOTE: Students who are enrolled in HCC145 at the time of application must successfully complete the course before January 2012. .) **NOTE: If you completed medical terminology outside the Maricopa County Community College District, you must provide a transcript for the class.**
2. **HCC130**, Fundamentals of Healthcare, may be taken concurrently with medical assisting course work (a corequisite) but **MUST** be completed prior to the start of externship(s). If you have taken this course, please provide the information in the table below. If you have not taken this course, please plan to register for this course as soon as possible. These classes fill quickly and you may lose a spot.
3. Students must earn a grade of "C" or better in both of these healthcare core courses.

	Course	Grade	College	Date Completed	In Progress(check)
HCC145	Medical Terminology for Healthcare Workers				
HCC130	Fundamentals in Health Care Delivery				

Medical Assisting Program Statement of Interest

Please explain (in at least three full sentences) why you have chosen to apply for the Medical Assisting Program or why you are interested in becoming a medical assistant. NOTE: Spelling, punctuation, and grammar are important considerations in this written statement!

Are you now or might you later be interested in an Associates' Degree (AAS) in Medical Assisting? _____

Future Plans: Please discuss any future career goals beyond medical assisting (i.e. nursing, practice management, etc.)

I certify that (initial next to each item):

_____ I am responsible for providing **ALL** required information to complete my application and that failure to provide all required information may delay my admission into the program or result in denial of admission altogether.

_____ I understand admission into the program is conditional until I successfully complete all requirements and submit all required documentation to the Medical Assisting program director, including updated information on immunizations, CPR, etc. Failure to do so prior to the start date of the program will result in my not being admitted into the program. Additionally, I understand that failure to maintain current status in all requirements may result in my being dropped from the program, even if I am in good standing otherwise.

_____ Upon acceptance into the program, I am responsible for obtaining all textbooks and required materials, remaining current in my registration in classes, keeping current with any payment plans or financial aid agreements, and maintaining good standing in the program and at Phoenix College. I further understand that, should I be dropped from any courses for nonpayment, it is possible that I might not be readmitted to the classes or to the program, at the discretion of the instructor and/or the program director.

_____ I understand I must fully and willingly participate in **ALL** classroom, laboratory, and clinical program activities, including my externship(s).

_____ I understand that I will be required to submit to a drug test prior to my externship and that I am responsible for the expense for this test.

_____ I understand that if I am granted provisional acceptance into the Medical Assisting program, I must submit to and pass a background check with the MCCCDC-approved vendor (to be done at my own expense).

_____ In cooperation and coordination with both the Phlebotomy Clinical Coordinator and the Medical Assisting Clinical Coordinator, I must make myself available to fulfill the externship requirements of the medical assisting program (at least 3 days per week) and that my externship(s) must be accomplished during regular business hours for medical practices (M-F, approximately 8:00 am to 5:30 pm).

_____ **ALL** information provided in this application is true, correct, and complete to the best of my knowledge. If any of my information changes (i.e. name, phone number, address, etc.), it is my responsibility to notify the Medical Assisting Program Director **and** the Phoenix College Admissions Office.

Applicant Signature

Date

Phoenix College, a Maricopa Community College, does not discriminate on a basis of race, color, gender, national origin, religion, handicap or age in application, admission, participation, access and treatment of persons in instructional or employment programs and activities.

All application materials must be delivered to the reception desk of the Phoenix College Advisement Center by 4:00 pm on FRIDAY, December 2, 2011. Packets must be date/time stamped by Advisement Center staff. Application and materials will be reviewed and students notified by email or letter of their provisional acceptance or their non-acceptance by the end of December.



**MARICOPA COMMUNITY COLLEGE DISTRICT ALLIED HEALTH PROGRAMS
HEALTH AND SAFETY DOCUMENTATION**

Student Name: _____ Date: _____

Home Phone: _____ Cell Phone: _____ Student ID Number: _____

A. MMR (Measles/Rubeola, Mumps, Rubella): Requires documented proof of two MMRs in lifetime or a positive titer for each of these diseases.

1st MMR Date: _____ 2nd MMR Date: _____

OR

Date and results of titer: Measles/Rubeola _____ Mumps _____ Rubella _____

B. Varicella (Chickenpox): Requires documented proof of two (2) vaccinations or positive IgG titer.

1st Varicella Date: _____ 2nd Varicella Date: _____

OR

Date & results of IgG titer: _____

C. TDaP immunization within the past 10 years. (Td is NOT sufficient for the Medical Assisting Program).

TDap Date: _____

D. Tuberculosis:

Two-Step Testing** for initial skin testing of adults who will be retested periodically

TWO-STEP TESTING

Use two-step testing* for initial skin testing of adults who will be retested periodically.

- If first test positive, consider the person infected.
- If first test negative, give second test 1-3 weeks later.
- If second test positive, consider person infected.
- If second test negative, consider person uninfected.
- If both parts of Two step test are negative then subsequent testing is done annually with one step procedure

INITIAL TEST:

Test Given _____ Date Read _____ Result _____

SECOND TEST (1-3 weeks after initial test):

Test Given: Date Read: _____ Result _____

OR

Annual TB skin test (PPD):

Test Given _____ Date Read _____ Result _____

OR

Previous Positive PPD test:

Provide documentation of negative chest x-ray/evidence of TB disease free status

Date of chest x-ray _____ Result _____

*If applicant has ever had a positive reaction, the test is not to be repeated. Other evidence that the applicant is free from Tuberculosis will be required.

**Core Curriculum on Tuberculosis What the Clinician Should Know, Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of Tuberculosis Elimination, Atlanta, Georgia, 4th Edition, 2000.

(continued)



MARICOPA COMMUNITY COLLEGE DISTRICT ALLIED HEALTH PROGRAMS
HEALTH AND SAFETY DOCUMENTATION

E. Hepatitis B: Documented evidence of completed series or positive antibody titer or declination. If beginning series, first injection must be according to your Program’s required timeline and the series must be completed within 6 months.

Date of 1st injection: _____ Date of 2nd injection: _____ Date of 3rd injection: _____

OR

Hep B Titer Date: _____ Titer Results: _____

OR

Signed Declination Form attached

F. Influenza: Documented evidence of influenza vaccination within the past year or declination.

Date of injection: _____

OR

Signed Declination Form attached

G. Clearance for Participation in Clinical Practice

It is essential that allied health students be able to perform a number of physical activities in the clinical portion of their programs. At a minimum, students will be required to lift patients and/or equipment, stand for several hours at a time, and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement their assigned responsibilities. The clinical allied health experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients’ lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions.

I believe the applicant WILL _____ or WILL NOT _____ be able to function as an allied health student as described above.

If not, explain:

Licensed Healthcare Provider (MD, DO, NP, or PA) Verification of Health and Safety

Print Name: _____ Title: _____

Signature: _____ Date: _____

Address: _____

City: _____ State: _____

Telephone: _____

Medical Assisting Program Clinical Planning

Clinical site availability is limited. Therefore, in order to participate in your externship, to successfully complete the Medical Assisting Program, you must select one of the following clinical scheduling options.

Classroom training is scheduled from January 2012 to July 2012 on Tuesdays, Wednesdays, and Thursdays from 8:15 am to 4:45 pm. The clinical externship follows the classroom training and must be completed in one of the options described below. **PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS:**

- Option #1:** Five days per week – Monday through Friday – during regular medical office hours (approximately 8:00 am to 5:30 pm). **With this option, externship can be completed in approximately 6-7 weeks.**
- or -
- Option #2:** Three days per week – during regular medical office hours – as above). **With this option, externship requires approximately 9-10 weeks to complete.**

*****If your availability for clinical externship does not fall into one of these options, you will not be able to be placed in a clinical externship, and will not be able to complete the Medical Assisting Program. *****

Applicant Signature

Date

ADDITIONAL INFORMATION / QUESTIONS

Please indicate, in the space below, any additional information you would like to receive or questions you would like to have answered if you are notified of your provisional acceptance into the Medical Assisting Program. Thank you.