# Medical Assisting

# **Program Application**

Applications due June 1<sup>st</sup> before 5 pm. Drop off packet to building 6 room #201.



## Welcome to the CEI Medical Assisting Program and the beginning of your healthcare career!

The Medical Assisting Program at CEI provides a comprehensive medical assisting education. The intent of the program is to provide quality, job-relevant career training.

Prior to completing an application to the medical assisting program, individuals should give careful thought and consideration to the physical and mental demands of the medical assisting program and the pressures involved in undertaking the responsibilities of being a healthcare student. Medical Assisting is a demanding discipline. We urge you to recognize the commitment that is essential to be successful in the program.

#### **Application Deadline, Requirements and Instructions**

Completed applications are **due June 1**<sup>st</sup> before 5 pm for acceptance into the following fall semester. Drop off packets in building 6 room #201.

A mandatory orientation will be held the last Monday in June from 9-10 am for all students accepted into the program. More information will be provided upon acceptance into the medical assisting program.

Begin the application process as early as possible so that you have ample time to complete all of the requirements. Meeting the minimum criteria for admission does not guarantee admission into the program. Candidates for admission are selected based on available space, completion of packet, and day and time your packet was received. Those that have met entrance requirements, submit application, and are not admitted, will be placed on an alternate list. Applicants will need to reapply each year if not admitted.

#### You must submit the following with your completed application:

- 1. Submit IRIS report showing required immunizations and positive/reactive titers:
  - MMR (2 shots) or positive/reactive titers
  - HEP A (2 shots)
  - HEP B (3 shots) or positive/reactive titer
  - HEP B Titer REQUIRED
  - Tdap (Expires every 10 years. Must be current)
  - Varicella (2 shots) or positive/reactive titer
  - COVID (2 Moderna or Pfizer shots or 1 J&J shot)
- 2. Copy of completed background check from Pre-Check. (See separate instruction sheet in packet.)
  - Background checks must be less than a year old at the time you start the program.
  - Applicants are required to disclose any new misdemeanor or felony convictions, other than minor traffic violations within 5 days of.

- 3. Submit copy of completed physical form.
  - Physical form is located on the CEI Medical Assisting Webpage and in the application.

#### **Program Description**

The Medical Assistant (MA) program prepares graduates to assist physicians in outpatient settings and perform administrative and/or clinical tasks. Medical Assistants are multi-skilled, allied health workers who demonstrate multidisciplinary skills while behaving in a professional and ethical manner.

#### Length of Program

The MA program is 2 semesters and starts each fall. There is an optional 3<sup>rd</sup> semester if you choose to complete the externship in the summer rather than the spring.

#### **Program Progression**

All core and program specific courses must be passed with a minimum of a C and must be passed consecutively before continuing on to the next courses.

#### Degree

Upon successful completion of the program, students will receive an Intermediate Technical Certificate (ITC).

#### **Program Costs**

In addition to tuition fees, students can expect to spend approximately \$2000 on books, supplies and miscellaneous fess. Graduates are required to sit for the national proficiency exams at the conclusion of their program. Information regarding costs and dates for the exams will be available from the program instructor.

#### Personal Appearance/Hygiene Requirement

Students are required to maintain a professional appearance at all times.

#### **Post Acceptance Requirements**

After acceptance into the Medical Assisting program, proof of the following additional requirements will be due by July 1<sup>st</sup>. More information and direction will be provided after acceptance.

#### **TB Skin Test**

TB test must be dated after January 1<sup>st</sup> of application year. TB results are good for one year. If it expires during the program, you will need to complete a new test before the one-year mark.

- QuantiFERON-TB Fold Plus Test results
- Chest x-ray (ONLY for previous positive TB results.)

#### **Proof of Health Insurance**

Provide a copy of health insurance card or proof of health insurance coverage. If coverage lapses while in the program, you will not be eligible to perform clinical procedures and/or externship.

## Students are responsible for their own insurance and all medical costs during the course of the program.

#### **BLS CPR & First Aid Certification**

Must be one of the 2 options below:

- American Heart Association BLS provider and First Aid
- American Red Cross BLS provider and First Aid

#### Americans with Disabilities

Students with disabilities who think they may require accommodation(s) in meeting the technical standards should contact CEI Disability Resources and Affairs Coordinator at 535-5438. When possible, students should seek accommodations advising prior to admission to the Medical Assisting program so that a plan can be in place at the beginning of the program. Applicants seeking admission into the program who may have questions about the technical standards and appropriate reasonable accommodations are invited to discuss their questions with the Disability Coordinator. Reasonable accommodations will be directed toward providing an equal educational opportunity for students with disabilities while adhering to the standards of medical assisting practice for all students. Disability accommodation letters should be turned into faculty as soon as possible, as accommodations are not retroactive.

#### **Essential Abilities for Medical Assistants**

Certain functional abilities are essential for the delivery of safe, effective patient care. These abilities are essential in the sense that they constitute core components of the Medical Assisting student, and there is a high probability that negative consequences will result for patients/clients under the care of a Medical Assistant who fails to demonstrate these abilities.

The Medical Assistant program requires the following functional abilities with or without reasonable accommodations:

#### Visual Acuity

Must be sufficient to assess patients in a clinical or office environment setting. Examples of relevant activities:

- Detect changes in skin color or condition
- Collect data from recording equipment and measurement devices used in patient care
- Detect a fire in a patient area and initiate emergency action
- Draw up the correct quantity of medication into a syringe

#### Hearing Ability

Must be sufficient to assess patients in a clinical or office environment setting. Examples of relevant activities:

• Detect sounds related to bodily functions using a stethoscope

- Detect audible alarms within the frequency and volume ranges of the sounds generated by mechanical systems that monitor bodily functions
- Communicate clearly in telephone conversations
- Communicate effectively with patients and with other members of the healthcare team

#### **Olfactory Ability**

Must be sufficient to assess patients in a clinic or office environment setting. Examples of relevant activities:

- Detect foul odors of bodily fluids
- Detect smoke from burning materials

#### Tactile Ability

Must be sufficient to assess patients and to implement care in a clinical or office environment setting. Examples of relevant activities:

- Detect changes in skin temperature
- Detect unsafe temperature levels in heat-producing or cold pack devices used in patient care

#### Strength and Mobility

Must be sufficient to perform patient care activities and emergency procedures. Examples of relevant activities:

- Safely transfer patients and assist them with ambulation using appropriate assistive devices
- Safely control fall of a patient, by slowly lowering the patient
- Perform cardiopulmonary resuscitation

#### Fine Motor Skills

Must be sufficient to perform psychomotor skills integral to patient care. Examples of relevant activities:

- Safely dispose of needles in sharps containers
- Accurately place and maintain position of stethoscope for detecting sounds of bodily functions
- Manipulate small equipment and containers, such as syringes, vials, ampules, and medication packages, to administer medications

#### **Physical Endurance**

Must be sufficient to complete assigned periods of clinical practice. (8hr clinical days)

#### Ability to speak, comprehend, read, and write English

At a level that meets the need for accurate, clear, and effective communication.

#### **Emotional Stability**

Must be sufficient to function effectively under stress, to adapt to changing situations, and to follow through on assigned patient care responsibilities. Students must possess the emotional health required to utilize their intellectual abilities fully exercise good judgment, complete all responsibilities, diagnosis and care of patients promptly, and the development of mature, sensitive and effective relationships with patients and their families. Students must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for other, interpersonal communication skills, interest and motivation are all personal qualities that will be assessed during the education process. As a component of the Medical Assisting education, a student must demonstrate ethical behavior including adherence to the professional Medical Assisting code and the CEI Medical Assisting Program policies and procedures.

#### **Cognitive Ability**

Must be sufficient to collect, analyze, and integrate information and knowledge to make clinical judgments and management decisions that promote positive patient outcomes.

#### **Application for Admission**

Name						
	First	Middle				ne (if applicable)
Home Address						
	Street		City		State	
Permanent Addre	ss <i>(if different fron</i>	1 above)				
CEI Student ID #			Home Phor	ie		
Business Phone _		N	Male	Female		
In Case of Eme	ergency, Notify	:				
Name					_ Phone	
Street Address _			City			State

#### **EDUCATION**

Official transcript(s) must be received by the office of admissions and records.

Name of School	Location of School	From Month/Year	To Month/Year	Diploma or degree rec'd?	Major/Minor
	301001	Monun/ real	Month/ real	degree rec u?	
High School					
College					
_					

#### Professional Licenses or Certification

Туре	Issued by Which State or Agency	License Number	Date

#### Follow Up Information

It is important that we follow up our students after graduation to be sure they obtain appropriate employment. Please provide information about two people who will always know where to locate you.

Name	Mailing Address	Telephone

#### Please Read and Sign the Following

I hereby certify that I have read and understand the program and application requirements. I hereby certify that I have read and agree to the American with Disabilities section. I hereby certify that I have read and understand the essential abilities section.

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misinterpretation or falsification of information is cause for denial of admission or expulsion from the college. I understand that illegal use, possession, and/or misuse of drugs are reasons for immediate dismissal from the Medical Assisting program. I understand that a felony conviction may prevent me from obtaining a Medical Assisting certification.

I acknowledge that I have reviewed the packet and understand the program descriptions and requirements as outlined in the application.

Signature	of Applicant	
Jignature	or Applicalle	

\_\_\_\_\_

Date

Printed Name of Applicant

#### BACKGROUND CHECK

**Criminal background checks** are a requirement of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Criminal background checks are necessary to meet clinical practicum site requirements during Eastern Idaho Technological Colleges' (CEI) Health Professions programs. Because the report expires every year, run the report on or after Jan 1<sup>st</sup>.

Individuals who have been charged and/or convicted of a felony or misdemeanor for battery, assault, substance abuse and theft will not be accepted in CEI's Health Professions programs.

PreCheck is the only approved company that meets HCA requirements.

To register for the background check, see the instructions on the CEI website. These instructions are available on the CEI website – click Programs of Study, then Health Professions, choose MA program – look on the right side of screen for <u>LPN, SRT, DTL, MA Student</u> <u>Background Check Instructions</u>.

### **\*\*** You will need to print out your official completed <u>results</u> and provide a copy with your completed application packet.

#### **IMMUNIZATION RECORDS**

Read and print the following enrollment form. You will need to provide the records that you currently have to Eastern Idaho Public Health Department. If you are not obtaining immunizations at EIPHD, you will be charged a **\$10.00 fee** to complete your IRIS. Your records will be uploaded to the database. Once the records are complete you may request a print out of your records. **\*\* A copy of your IRIS record must be included in your packet.** 

You may mail your records along with the enrollment form and a check for \$10.00 to:

#### EIPHD Attn: Immunizations Program 1250 Hollipark Drive Idaho Falls, Idaho 83401 533-3235

You may also go directly to the facility. If you chose to go to the facility in person please identify yourself as a CEI student. **Do not wait until the last minute to do this. The Eastern Idaho Public Health Department is not obligated to provide you with this information at your convenience.** 

Note: Titers are now able to be filed on the IRIS form. You need to have them drawn at Express lab and submit a copy of the results demonstrating immunity. Tell them it is for CEI program entrance.

Express Lab Washington Pkwy Idaho Falls, ID 83404 (208) 529-8330

Health Professions Program Packet checklist for applicants						
Late & Incomplete packets will NOT be accepted for review. ALL Immunizations MUST BE finished, as specified below, before turning in your packet.						
Stud	lent Name			Office Use Only:		
Suuchi I unic			Entry Date:	J.	Packet #	
Immunization or Titer	Date Given			Colleague ID #		
	Dute Green		Elig		gible:	
Application		IRIS report/ Incl	lude in packet			
MMR #1		IRIS report/ Incl	lude in packet			
MMR #2		IRIS report/ Incl	lude in packet	Yes	No	
Hep A #1		IRIS report/ Incl	lude in packet			
Hep A #2		IRIS report/ Incl	lude in packet			
Hep B #1		IRIS report/ Incl		]		
Hep B #2		IRIS report/ Incl	lude in packet			
Hep B #3		IRIS report/ Incl				
Varicella #1		IRIS report/ Incl		1		
Varicella #2		IRIS report/ Incl		1		
COVID Series			DC card/ Include	1		
		in packet				
		1 J&J or 2 Mode	erna/Pfizer			
Tdap		IRIS report/ Incl				
1		Include in packe				
Background check		Include in packe	et.			
C		Must be less tha	n a year old at the			
		time you start th	e program.			
Physical Exam		Include in packe	et			
The following will only						
be required after						
acceptance into the MA						
program						
Flu Shot		Due October 1st				
Proof of Health				]		
Insurance						
Drug Test		Random Test du				
BLS CPR & First Aid			Association BLS			
Certification		provider and Fir	st Aid			
		OR				
		American Red C				
		provider and Fir	st Aid			