



CAREER INFORMATION

Medical Assistants are multi-skilled health professionals specifically educated to work in ambulatory settings performing administrative and clinical duties. The practice of medical assisting directly influences the public's health and well-being and requires mastery of a complex body of knowledge and specialized skills requiring both formal education and practical experience. They work in many types of ambulatory care settings, including physicians' offices, clinics, and laboratories. Medical Assistants' duties vary from office to office. In small practices, they are "generalists," handling both administrative and clinical duties. In larger practices, they tend to specialize within a wide range of areas from clinical to administrative.

Good written and oral communication skills, knowledge of anatomy and physiology, microbiology, medical terminology, disease pathology, pharmacology, emergency procedures, and medical front office duties are important skills for successful job placement. Medical Assistants must respect the confidential nature of medical information, adhere to the ethical and legal standards of medical practice, demonstrate professionalism, and be capable of responding to medical emergencies.

Some of the material above has been quoted and adapted from the Occupational Outlook Handbook, January 2014.
<http://stats.bls.gov/oco/ocos164.htm>

COMPUTER COMPETENCE

Students are strongly advised to possess computer skills that include word-processing, file-saving and transfer, internet and e-mail use. Lack of competence in these skills may result in inability to complete program requirements. Students who wish to improve their skills may benefit from successfully completing CL 101, Computer Literacy.

SUMMARY OF OCCUPATIONAL EXPOSURE

Students planning to enter the Medical Assistant program are advised that as a health care provider they are at risk for exposure to blood borne pathogens. Tasks and procedures performed by the health care professional involve risks classified by the Center for Disease Control in the following way:

- *Category I* – Direct contact with blood or other bodily fluids to which universal precautions apply.
- *Category II* – Activities performed without blood exposure but exposure may occur in emergencies.
- *Category III* – Task/activity does not entail predictable or unpredictable exposure to blood.

Approved May 25, 2017 Instructional Council

PROGRAM OPTIONS

Our program has attained accreditation from the Commission on Accreditation of Allied Health Education Programs* in cooperation with the American Association of Medical Assistants. Upon successful completion of an accredited Medical Assistant certificate program the graduate is eligible to write for national certification. Although there is no licensing for Medical Assistants, employers prefer to hire certified workers who have passed the national examination indicating that the Medical Assistant meets defined standards of competence.

EvCC offers a **nationally accredited** Medical Assistant certificate program. Medical Assistants work under the supervision of a physician or other licensed health care provider. As defined by Washington State law, a Medical Assistant is an unlicensed person who assists a licensed health care practitioner in providing health care to patients.

The Medical Assistant program has three options:

- **Certificate in Medical Assisting – 85 credits**
- **Associate in Technical Arts (ATA) – 90 credits**
- **Associate in Applied Science (AAS-T) – 110 credits**

Though the certificate and degree are designed for direct career entry, the degree may also be transferable to certain bachelor's degree programs. On EvCC's campus, Central Washington University offers the Bachelor of Applied Science in Information Technology and Administrative Management (ITAM), and accepts the AAS-T in Medical Assisting in transfer. Please check with an advisor.

PROGRAM ADVISING

Please attend a Medical Assistant information session, held frequently during the year. For the dates and times of information sessions, go to: www.everettcc.edu/ma or call 425-388-9461. Program advising is available during quarterly advising days known as "Advisapalooza" or by scheduling an appointment with:

Beth Adolphsen, BA, CMA (AAMA), CCMA (NHA) Liberty Hall 364
 425-388-9467, eadolphsen@everettcc.edu
 Christine Malone, MBA, MHA, CMPE, CPHRM, FACHE,
 Liberty Hall 362, 425-259-8294, cmalone@everettcc.edu

*The Everett Community College Medical Assisting Certificate program is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Medical Assisting Education Review Board (MAERB). Commission on Accreditation of Allied Health Education Programs (1361 Park Street, Clearwater, FL 33756. 727-210-2350.

The Health Sciences programs have implemented an online background check and immunization records system. Your immunization must be complete and uploaded prior to taking HLTH 211 and HLTH 212. The background check must be completed prior to taking HLTH 251. Instructions are available at www.everettpassport.com

Program Content & Entry-Level Competencies
Notification to Entering Students

Students who successfully complete the Certificate in Medical Assisting will be provided instruction in the following content and competency/skill areas (complies with AAMA-MAERB 2015 standards). The following is a representative listing. The entire document may be found on the EvCC website (Medical Assisting), the MA Student Handbook or on the AAMA website..

<i>I. Anatomy and Physiology</i> <i>Anatomy and physiology</i> <i>Pharmacology</i> <i>Medical terminology</i> <i>Disease & Pathology</i> <i>Life span issues in health & well being</i>	<i>II. Applied Mathematics</i> <i>Apply computations to solve equations</i> <i>Dosage calculations</i> <i>Analyze data for healthcare results</i>	<i>III. Infection Control</i> <i>Asepsis and infection control</i> <i>Specimen collection & processing</i> <i>Explore OSHA CLIA regulations</i>
<i>IV. Nutrition</i> <i>Describe dietary nutrients</i> <i>Define functions of dietary supplements</i> <i>Identify the special dietary needs for various chronic health conditions</i>	<i>V. Concepts of Effective Communications</i> <i>Styles and types of communication</i> <i>Adapt to individual communication needs</i> <i>Professional writing skills</i> <i>Identify professional roles & boundaries</i>	<i>VI. Administrative Functions</i> <i>Appointment Management Systems</i> <i>Medical Records Management</i> <i>Electronic Medical Records</i> <i>Office Management Issues</i>
<i>VII. Basic Practice Finances</i> <i>Basic bookkeeping computations</i> <i>Accounting procedures</i> <i>Billing and payment procedures</i> <i>Legislation affecting practice finances</i>	<i>VIII. Third Party Reimbursement</i> <i>Types and models of insurance</i> <i>Referral processes</i> <i>Describe periodic financial reports</i> <i>Discuss physician fee schedules</i>	<i>IX. Procedural & Diagnostic Coding</i> <i>Use current procedure coding systems</i> <i>Discuss coding procedures to be avoided</i> <i>Use current diagnostic coding systems</i> <i>Use the most current HCPCS coding</i>
<i>X. Legal Implications</i> <i>Discuss legal scope of practice</i> <i>Explore issues of confidentiality</i> <i>Describe HIPAA implications</i> <i>Describe legal aspects of patient care</i>	<i>XI. Ethical Considerations</i> <i>Describe legal, ethical and moral concepts</i> <i>Compare personal and professional ethics</i> <i>Discuss cultural & social influences on ethics</i>	<i>XII. Protective Practices</i> <i>Identify preventative safety techniques</i> <i>Explore elements of emergency planning</i> <i>Describe CPR & Basic First Aid principles</i>

Sample of Competencies - 2015 MAERB Core Curriculum

The entire document may be found on the EvCC website (Medical Assisting), the MA Student Handbook or on the AAMA website.

I Anatomy & Physiology	VII Basic Practice Finances
Measure/record vital signs Administer medications Perform EKG/spirometry Perform first aid procedures	Perform accounts receivable procedures Obtain accurate patient billing information
II Applied Mathematics	VIII Third Party Reimbursement
Calculate dosages Review lab results Growth chart documentation	Verify eligibility for services Obtain precertification Complete an insurance claim form
III Infection Control	IX Procedural and Diagnostic Coding
Bloodborne pathogen training Handwashing/Gloving CDC healthcare regulations Prepare surgical trays	Perform procedural coding Perform diagnostic coding Utilize medical necessity guidelines
IV Nutrition	X Legal Implications
Explain special dietary plans Work with patient concerns regarding dietary changes	Apply HIPAA rules Locate WA State's MA scope of practice Document patient care Protect the integrity of the medical record
V Concepts of Effective Communication	XI Ethical Considerations
Demonstrate respect for diversity Coach patients Respond to verbal and nonverbal messages	Recognize the impact of personal ethics Demonstrate appropriate response(s) to ethical issues
VI Administrative Functions	XII Protective Practices
Create/maintain patient files Schedule appointments Utilize an EMR Schedule procedures	Participate in a mock exposure event Use proper body mechanics Comply with safety signs/symbols Use proper equipment safely

MEDICAL ASSISTANT CERTIFICATE AND DEGREE CHECKLIST

Students should meet with an advisor and maintain this certificate checklist while at Everett Community College. Instructor permission and/or prerequisites are required for many courses. A full description of the College's requirements for earning a certificate or degree is contained in the College catalog. Courses listed with an ampersand in the course number (e.g. ENGL&101) reflect the Common Course Numbering System. For more information, go to www.everettcc.edu/ccn

Student Name: _____ **Advisor Signature:** _____ **Date:** _____

7 Hour HIV Certificate (Health 80 or equivalent) _____
Where completed/Course Title Date Completed Grade

Course Number	Course Title	Credits	Quarter Completed	Grade
LEVEL I – Must be completed prior to Level III				
ENGL& 101	English Composition I	5	_____	_____
MATH 80 (or higher) or BUS 130	Prep for Algebra or Business Math	5	_____	_____
HLTH 100	Medical Terminology	5	_____	_____
HLTH 102	Applied A&P	5	_____	_____
HLTH 104	Critical Inquiry in Healthcare	3	_____	_____
HLTH 130	Disease and Pathology	5	_____	_____
LEVEL II: Anytime Courses (Courses require completion of ENGL& 101. All courses must be completed prior to Clinical Externship.):				
HLTH 106	Administrative Skills – Office Management	5	_____	_____
HLTH 107	Administrative Skills – Computer Applications	3	_____	_____
HLTH 108	Administrative Skills – Practice Finances	4	_____	_____
HLTH 140	Emergency Care Procedures	2	_____	_____
HLTH 150D	Intercultural Communication in Health Care	5	_____	_____
HLTH 205	Medical Law and Ethics	4	_____	_____
LEVEL III (All Level I courses completed / MA application on file)				
HLTH 191	Clinical Skills: Surgical	4	_____	_____
HLTH 192	Clinical Skills: Clinical Microbiology	5	_____	_____
HLTH 210	Principles of Pharmacology	4	_____	_____
LEVEL IV: PEG Courses (Instructor permission required.)				
HLTH 211	Medication Administration	4	_____	_____
HLTH 212	Principles of Phlebotomy	4	_____	_____
HLTH 213	Medical Charting & EMR	2	_____	_____
HLTH 214 [formerly HLTH 190]	Clinical Skills – Ambulatory	5	_____	_____
LEVEL V (Instructor permission required)				
HLTH 251	Medical Assisting Clinical Practicum	6	_____	_____

MINIMUM REQUIRED CREDITS FOR CERTIFICATE: **85** (minimum 2.0 GPA required in each course)

To earn an ASSOCIATE IN TECHNICAL ARTS (ATA), you must successfully complete all of the above requirements, plus additional credits as listed below. A minimum of 90 credits is required. The following courses can be taken at any time.

Electives (100 level or above to total 90 credits):

_____	_____	_____	_____
_____	_____	_____	_____
MINIMUM REQUIRED CREDITS FOR ATA DEGREE:		90	(minimum 2.0 cumulative GPA required)

MEDICAL ASSISTANT ~ ASSOCIATE IN APPLIED SCIENCE - T

This checklist provides a guide to students who wish to transfer to **Central Washington University's Information Technology and Administrative Management (ITAM) program, leading to a Bachelor of Applied Science**. Students should meet with an advisor and maintain this checklist while at Everett Community College. Instructor permission and/or prerequisites are required for many courses. A full description of the College's requirements for earning a certificate or degree is contained in the College catalog. Courses listed with an ampersand in the course number (e.g. ENGL&101) reflect the Common Course Numbering System. For more information, go to www.everettcc.edu/ccn

Student Name: _____ **Advisor Signature:** _____ **Date:** _____

7 Hour HIV Certificate (Health 80 or equivalent) _____
Where completed/Course Title Date Completed

Declared '381' with Enrollment Services (Must be done after completing 30 HLTH credits) Date Completed: _____

Course Number	Course Title	Credits	Quarter Completed	Grade
LEVEL I – Must be completed prior to Level III				
ENGL& 101	English Composition I	5	_____	_____
MATH 80 (or higher) or BUS 130	Prep for Algebra or Business Math	5	_____	_____
HLTH 100	Medical Terminology	5	_____	_____
HLTH 102	Applied A&P	5	_____	_____
HLTH 104	Critical Inquiry in Healthcare	3	_____	_____
HLTH 130	Disease and Pathology	5	_____	_____

LEVEL II: Anytime Courses (Courses require completion of ENGL& 101. All courses must be completed prior to Clinical Externship.):				
HLTH 106	Administrative Skills – Office Management	5	_____	_____
HLTH 107	Administrative Skills – Computer Applications	3	_____	_____
HLTH 108	Administrative Skills – Practice Finances	4	_____	_____
HLTH 140	Emergency Care Procedures	2	_____	_____
HLTH 150D	Intercultural Communication in Health Care	5	_____	_____
HLTH 205	Medical Law and Ethics	4	_____	_____

LEVEL III (All Level I courses completed / MA application on file)				
HLTH 191	Clinical Skills: Surgical	4	_____	_____
HLTH 192	Clinical Skills: Clinical Microbiology	5	_____	_____
HLTH 210	Principles of Pharmacology	4	_____	_____

LEVEL IV: PEG Courses (Instructor permission required.)				
HLTH 211	Medication Administration	4	_____	_____
HLTH 212	Principles of Phlebotomy	4	_____	_____
HLTH 213	Medical Charting & EMR	2	_____	_____
HLTH 214 [formerly HLTH 190]	Clinical Skills – Ambulatory	5	_____	_____

LEVEL V (Instructor permission required)				
HLTH 251	Medical Assisting Clinical Practicum	6	_____	_____

MINIMUM REQUIRED CREDITS FOR CERTIFICATE: **85** (minimum 2.0 GPA required in each course)

Additional requirements for ITAM transfer, listed from A-G below. May be taken at any time

A) ENGL &102 or 103	5	_____	_____
B) Choose one from : MATH 100, &107, &141, &142, &144, &151	5	_____	_____
C) Choose one from CS& 131 or PHIL& 120	5	_____	_____
D) Choose one from: BIOL&100, CHEM &121, &161, GEOL 102, NAT S 107, PHYS& 114, 241/231	_____	_____	_____
Choose one from E, F or G below:			
E) BUS& 101 (preferred)	5	_____	_____
F) ART& 100, DRMA& 101, ENGL& 111, FILM 100, HUM& 101, MUSC &105, 110D, 115, 116	_____	_____	_____
G) Any course that meets CWU General Education requirements and approved by your advisor	_____	_____	_____

Total for the AAS-T degree **110 credits**

NOTES: A 2.3 minimum GPA is required for consideration for admission to the ITAM program. CWU accepts up to 105 community college credits. Requirements A-G satisfy general education and ITAM program requirements despite adding up to over 105 credits.

Medical Assistant Application

Instructions:

1. Apply for admission to Everett Community College and complete Online Orientation. Visit www.EverettCC.edu/enrollment/future-students/get-started for all necessary steps.
2. Declare Medical Assisting as intended program of study. The program code is 381.
3. Pay the current program application fee to the EvCC Cashier. Provide a copy of the receipt along with this completed 2-page application to the Health Professions Service Center, Liberty Hall, Rooms 251 & 253.

Name: _____
Last
First
Middle
Previous Last Names

Address: _____ Phone: (____) _____
Street
City/State
Zip

Student ID Number (SID): _____ **Date of Birth:** ____/____/____ **Personal Email:** (EvCC communicates mainly via email) _____

In case of emergency, contact:
 Name: _____
 Relationship: _____ Phone: _____

Education:

High School: _____ Year: _____ GED completion date: _____ Location: _____

Previous College/University:

Name: _____ Location: _____

Official Transcript evaluations are required for any courses transferred to EvCC. Submit requests to Enrollment Services.

Review the following statements and sign below:

- I attest that the information presented on this form is correct as stated.
- I request and authorize the Health Professions Service Center to obtain and release, on my behalf, information needed for entry into and completion of the Medical Assisting Program.
- I am aware and agree that this information will be shared with clinical sites as a requirement of the MA program.
- I understand that I will need to complete the online criminal background check the quarter prior to Externship.
- I further understand that having a criminal record may limit my ability to pursue a career in health care.
- I declare that I have a High School diploma or GED.
- I am aware the Medical Assisting Student Handbook is available on Everett Community College website.
- I acknowledge that I am obligated to comply with all policies and procedures contained in the MA Handbook.
- I am aware that all program information forms are available on the Everett Community College website.
- In order to complete my clinical externship, I am aware that I may have to travel, at my own expense, up to 35 miles to and from my assigned site.
- I also acknowledge it is EvCC's responsibility to secure an appropriate clinical site for me.
- I am aware the clinical externship requires 160 unpaid hours, that I am expected to be available Monday through Friday, up to 8 hours per clinical day.

Signature: _____ **Date:** _____

Medical Assistant Application page 2 of 2
Everett Community College Health Science
Criminal History/ Conviction Information

Criminal history/conviction records for current Health Science Students are reviewed as they relate to the content and nature of the curriculum and the safety and security of patients and the public. Such records may be required to be verified by background check in order to continue enrollment. Please complete this record to include previous information and any information which would not have been known when you entered the Health Sciences Department.

Name (Last) _____ (First) _____ (MI) _____ Social Security Number _____

Date of Birth (Mo, Day, Yr) _____

1. Crimes against persons and crimes related to financial exploitation:

Have you ever been convicted of any of the crimes listed below.

Yes No If yes, check all that apply and describe in the box below.

- | | | |
|---|---|--|
| <input type="checkbox"/> Arson, (1 st degree) | <input type="checkbox"/> Custodial Interference (1 st /2 nd Degree) | <input type="checkbox"/> Promoting Prostitution (1 st Degree) |
| <input type="checkbox"/> Assault, Custodial | <input type="checkbox"/> Extortion (1 st /2 nd /3 rd * Degree) | <input type="checkbox"/> Prostitution |
| <input type="checkbox"/> Assault, Simple (or 4 th degree) | <input type="checkbox"/> Forgery* | <input type="checkbox"/> Robbery (1 st /2 nd Degree) |
| <input type="checkbox"/> Assault (1 st /2 nd /3 rd degree) | <input type="checkbox"/> Incest | <input type="checkbox"/> Rape (1 st / 2 nd /3 rd Degree) |
| <input type="checkbox"/> Assault of a child (1 st /2 nd / 3 rd degree) | <input type="checkbox"/> Indecent Exposure-Felony | <input type="checkbox"/> Rape of a Child (1 st /2 nd /3 rd Degree) |
| <input type="checkbox"/> Burglary (1 st degree) | <input type="checkbox"/> Kidnapping (1 st /2 nd Degree) | <input type="checkbox"/> Selling/Distributing Erotic Material to a Minor |
| <input type="checkbox"/> Child Abandonment | <input type="checkbox"/> Malicious Harassment | <input type="checkbox"/> Sexual Exploitation of a Minor |
| <input type="checkbox"/> Child Abuse or Neglect
(RCW 26.44.0200) | <input type="checkbox"/> Manslaughter (1 st /2 nd Degree) | <input type="checkbox"/> Sexual Misconduct with a Minor
(1 st /2 nd Degree) |
| <input type="checkbox"/> Child Buying or Selling | <input type="checkbox"/> Murder, Aggravated | <input type="checkbox"/> Theft (1 st , 2 nd , 3 rd Degree) |
| <input type="checkbox"/> Child Molestation (1 st , 2 nd , 3 rd Degree) | <input type="checkbox"/> Murder (1 st /2 nd Degree) | <input type="checkbox"/> Unlawful Imprisonment |
| <input type="checkbox"/> Communication with a Minor | <input type="checkbox"/> Patronizing a Juvenile Prostitute | <input type="checkbox"/> Vehicular Homicide |
| <input type="checkbox"/> Criminal Abandonment | <input type="checkbox"/> Promoting Pornography | <input type="checkbox"/> Violation of Child Abuse Restraining Order |
| <input type="checkbox"/> Criminal Mistreatment (1 st , 2 nd Degree) | | |

2. Drug Related Crimes

Have you ever been convicted of a crime related to the manufacture, delivery of, or possession with intent to manufacture or deliver a controlled substance?

Yes No

3. Related Proceedings

Have you ever been found in a dependency action, domestic relations proceeding, disciplinary board hearing, or protection proceeding to have: sexually assaulted or exploited, sexually or physically abused, a minor or developmentally disabled person OR to have financially exploited or abused a vulnerable adult?

Yes No

4. Medicare-Medicaid/Healthcare Related Crimes

Have you ever been convicted of any crime related to the delivery of service under Medicare/Medicaid or any state or federal healthcare program, or convicted of any crime connected with the delivery of a healthcare item or service?

Yes No

Have you ever been judged liable for civil monetary penalties for conduct related to the delivery of services, supplies, or other participation in Medicare/Medicaid or any other state or federal healthcare program?

Yes No

Have you ever been excluded from providing services or supplies under Medicare, Medicaid or any other federal funded healthcare program?

Yes No

5. For all items checked in 1, 2, or 3 above, specify the conviction or action date(s), sentence(s), or penalty(ies) imposed, prison release date(s) and current standing. For all items with an asterisk (*) above, provide a description of the victim including the victim's age. Write on the back of this paper if needed.

6. General Conviction Information:

Aside from those crimes listed above, within the past 10 years have you been convicted of or released from jail/prison for any crimes (including misdemeanors and felonies), excluding parking tickets/traffic citations?

Yes No If Yes, indicate all conviction dates, jail/prison release date(s), and the nature of the offense(s). (Use back of page)

Signature

Under penalty of perjury, I certify that the above-stated information is true, correct, and complete. I understand that I can be required to support the information with background checks and that I can be discharged from the Program for any misrepresentation or omission in the above-stated information.

Signature _____ Date _____