



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, October 2009. <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.

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 two options:

- **Certificate in Medical Assisting – 83 credits**
- **Associate in Technical Arts (ATA) – 90 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 ATA 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, CMA (AAMA), Index 141
425-388-9467, eadolphsen@everettcc.edu

Karla Pouillon, RN, Index 141
425-388-9571, kpouillon@everettcc.edu

Christine Malone, MHA, CMPE, Index 139
425-259-8294, cmalone@everettcc.edu

The current version of the curriculum guide along with the Medical Assistant Application, Criminal History Information Form and the Health Sciences Required Documentation are available online at:
www.everettcc.edu/cguides
Click "Medical Assisting"

*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)

Health Sciences Required Documentation

Instructions: Using this checklist, provide appropriate documentation of each requirement. Incomplete immunization records may result in a student being ineligible for externship placement. A full description of the College's requirements for earning a certificate or degree is contained in the College catalog. For more information, go to www.everettcc.edu.

NAME: _____

DATE: _____

	Requirement	Guideline
<input type="checkbox"/>	Advisapaloza or Information session	Faculty review of Everett Community College transcripts and degree plan
<input type="checkbox"/>	7 Hour HIV Certificate	Must be completed prior to Externship
<input type="checkbox"/>	Transcript evaluation	If applicable, all official transcripts must be evaluated for credit by Enrollment Services.
<input type="checkbox"/>	Declared Program Code	Must declare program code with Enrollment Services: Medical Assisting: 381 Healthcare Risk Management: 315 Phlebotomy Technician: 382 Medical Spanish Interpreter: 438
<input type="checkbox"/>	Certified Background Check	Completed through www.CertifiedBackground.com . Must be completed no earlier than one quarter prior to externship.
<input type="checkbox"/>	CPR for the Healthcare Provider	Must be updated every 12 months
<input type="checkbox"/>	Medical Insurance	Documentation of injury coverage during clinical/externship quarter(s)
<input type="checkbox"/>	Influenza	Documentation of annual injection. Availbale October through March only. <i>Immune status is required</i>
<input type="checkbox"/>	PPD (Tuberculosis test)	Tuberculin skin test must be repeated every 12 months with a negative result report from MD or clinic. If your PPD is due to expire during your externship, it must be updated prior to the start of your externship. If your 1 st PPD occurred more than 24 months ago, you will need 2 step testing and 2 negative test to be considered negative. If any of your PPDs are positive, a chest xray with written results, and physician's statement of no symptoms of TB is required.
<input type="checkbox"/>	Diphtheria/Tetanus OR Tdap	A booster every 10 years is required. If tetanus is more than 2 years old, a Tdap is required
<input type="checkbox"/>	Hepatitis B Immunization Series and Titer	1 st Hepititis B dose must be completed prior to beginning program 2 nd Hepititis B dose is administered at least 30 days after the 1 st dose 3 rd Hepititis B dose is administed 5 months after 1 st dose and at least 2 months after 2 nd dose Final evidence of immunity must be provided with titer results and interpretation from physician or clinic. ** MA students: All 3 Hepititis B immunizations and titer must be completed prior to Clinical or needle invasive courses ** Phlebotomy Technician students: All 3 Hepititis B immunizations and titer must be completed piror to enrollment in externship. <i>Immune status is required</i>
<input type="checkbox"/>	Varicella Immunization Series OR Titer	Varicella injections or titer is required prior to the start of externship <i>Immune status is required</i>
<input type="checkbox"/>	MMR Immunization Series OR Titer for each Measels, Mumps ad Rubella	Injection and booster or positive titer are required prior to the start of your externship. <i>Immune status is required</i>

**If you have a medical condition that prevents you from completing one or more of the immunizations above, please attach a separate letter of explanation for review.

Anti-Discrimination Policy

Everett Community College does not discriminate on the basis of race, religion, creed, color, national origin, age, sex, sexual orientation, marital status, the presence of any physical, sensory or mental disability, genetic information or status as a disabled or Vietnam era veteran in its program and activities, or employment. The Vice President of Instruction and Student Services has been designated to handle inquiries regarding student-related non-discrimination policies and can be reached at 2000 Tower Street, Everett, WA 98201, or by phone at (425)388-9216. The Vice President of Administrative Services/Human Resources has been designated to handle employment-related inquiries regarding the non-discrimination policies and can be reached at 2000 Tower Street, Everett, WA 98201, or by phone at (425)388-9232. This publication is effective **DECEMBER 2011**. The College reserves the right to change courses, programs, degrees and requirements. It is the student's responsibility to be aware of correct information by routinely checking with Enrollment Services and/or the advisors listed in this publication. Requirements applicable to all certificates and degrees are published in the College Catalog. Nothing contained herein shall be construed to create any offer to contract or any contractual rights. For more information, call 425-388-9219, Everett Community College, 2000 Tower Street, Everett, WA 98201, www.everettcc.edu

Instructions:

1. Apply for admission to Everett Community College and complete the application process. Visit www.EverettCC.edu/enrollment for all necessary steps
2. Complete and sign the following application, printing clearly or typing.
3. Attend a Medical Assistant program information session and/or meet with a program advisor.
4. Pay the \$35 program application fee to the Everett Community College cashier and provide a copy of the receipt to the Health Sciences records department

Name: _____
last first middle other last names

Address: _____ Phone: () _____
street city/state zip

Cell Phone: () _____

Student ID Number (obtained from the Enrollment Services Office):

Date of Birth:

In case of emergency, contact:

Name: _____ Phone: () _____

Education

GED completion date: _____

High School:

_____ Name Location Graduation date

College/University: (Please list all; use back of sheet if necessary)

Name	Location	Dates attended	Degree earned (if any)
_____	_____	_____	_____
_____	_____	_____	_____

SIGNATURE: Please read the following statements and sign in the space provided.

- 1) I have reviewed the information presented on this form and I agree that it is correct as stated
- 2) I request and authorize the Health Sciences Office to obtain and release, on my behalf, information needed for entry into and completion of the Medical Assistant Program.
- 3) I am aware and agree that this information may be shared with the clinical sites that are a required part of this educational program.
- 4) I understand that I will need to submit the appropriate documentation for a criminal background check the quarter prior to the clinical externship. I further understand that having a criminal record will limit the possibility of a career in the healthcare field and externship placement.
- 5) I declare that I have a High School diploma or GED.
- 6) I am aware the Medical Assisting Student handbook is available online at the Everett Community College website. I further acknowledge that I am obligated to comply with all policies and procedures.
- 7) I am aware that all program information forms are available on the Everett Community College website.

Signature _____ Date _____

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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-CRB 2008 standards). The following is a representative listing. The entire document may be found on the EvCC website (Medical Assisting information page) or on the AAMA website.

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

Entry-Level Competencies

I. Anatomy and Physiology	II. Applied Mathematics
1. Assist physician with patient care 2. Perform venipuncture 3. Perform electrocardiography 4. Administer parenteral and oral medications 5. Apply critical thinking skills in performing patient care	1. Prepare proper dosages of medications for administration 2. Maintain laboratory test result flow sheets 3. Maintain growth charts 4. Verify ordered doses/dosages prior to administration 5. Distinguish between normal, abnormal & urgent test results
III. Applied Microbiology	IV. Concepts of Effective Communication
1. Practice Standard Precautions 2. Wrap items for autoclaving 3. Perform sterilization techniques 4. Obtain specimens for microbiological testing 5. Display sensitivity to patients in collecting specimens	1. Report relevant information to others accurately 2. Demonstrate empathy and active listening skills 3. Instruct patients according to their needs (language, culture, personal boundaries, coping mechanisms, gender, age, etc) 4. Advocate on behalf of patients
V. Administrative Functions	VI. Basic Practice Finances
1. Schedule and manage appointments 2. Schedule patient admissions and procedures 3. Organize a patient's medical record 4. File medical records 5. Perform maintenance of office equipment	1. Prepare a bank deposit 2. Post entries on a daysheet 3. Perform accounts receivable procedures 4. Perform billing and collection procedures 5. Post adjustments and credit balances
VII. Managed Care/Insurance	VIII. Procedural and Diagnostic Coding
1. Apply managed care policies and procedures 2. Apply third party guidelines 3. Perform procedural and diagnostic coding 4. Complete insurance claim forms	1. Perform procedural coding 2. Perform diagnostic coding 3. Work with physician to achieve the maximum reimbursement
IX. Legal Implications	X. Ethical Considerations
1. Identify and respond to issues of confidentiality 2. Perform within scope of practice 3. Document accurately in a patient record 4. Complete an incident report 5. Demonstrate knowledge of federal and state health care legislation and regulations	1. Report illegal and/or unsafe activities and behaviors 2. Apply ethical behaviors, including integrity in performance of medical assisting practice 3. Examine the impact of personal ethics on professionalism 4. Demonstrate diversity awareness in providing patient care 5. Develop plan for separating personal & professional ethics
XI. Protective Procedures	
1. Develop a personal safety plan 2. Demonstrate self awareness in emergency situations 3. Participate in a mock environmental event 4. Maintain professional level CPR/First Aid 5. Develop list of emergency community resources	

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 _____
- Transcript evaluation completed through Enrollment Services _____
Date Completed _____
- Declared '381' with Enrollment Services (Must be done after completing 30 HLTH credits) _____
Date Completed _____
- Certified Background Check (Must complete no earlier than one quarter prior to externship) _____
Date Completed _____

Course Number	Course Title	Credits	Quarter Completed	Grade
LEVEL I – Prerequisites for MA Core Curriculum				
HLTH 104	Critical Inquiry in Healthcare	3	_____	_____
ENGL& 101	English Composition I	5	_____	_____
MATH 120 or BUS 130	_____	5	_____	_____

LEVEL II - (Courses must be completed prior to Level III):

HLTH 100	Medical Terminology	5	_____	_____
HLTH 102	Applied A&P	5	_____	_____
HLTH 130	Disease and Pathology	5	_____	_____

Additional Required Courses (must be completed prior to externship):

HLTH 106	Administrative Skills – Office Management	5	_____	_____
HLTH 107	Administrative Skills – Computer Applications	3	_____	_____
HLTH 108	Administrative Skills – Practice Finances	4	_____	_____
HLTH 150D	Intercultural Communication in Health Care	5	_____	_____
HLTH 205	Medical Law and Ethics	4	_____	_____

LEVEL III: (All Level I and II courses must be completed)

HLTH 190	Clinical Skills: Ambulatory	5	_____	_____
HLTH 191	Clinical Skills: Surgical	4	_____	_____
HLTH 192	Clinical Skills: Laboratory	5	_____	_____
HLTH 210	Principles of Pharmacology	3	_____	_____

Quarter prior to externship:

HLTH 140	Emergency Care Procedures	3	_____	_____
HLTH 211	Medication Administration	5	_____	_____
HLTH 212	Principles of Phlebotomy	3	_____	_____

Last quarter of the program:

HLTH 251	Clinical Externship	6	_____	_____
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MINIMUM REQUIRED CREDITS FOR CERTIFICATE: 83 (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.

Human Relations (Min 3 credits selected from BUS 154, BUS 200, H DEV 155): _____ **3-5** _____

Electives (Min 2-4 credits of 100 level or above to total 90 credits): _____ **2-4** _____

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

**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 _____