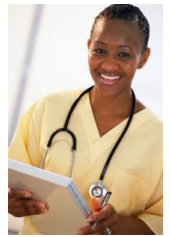


# Medical Assistant



## 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 2018 Edition.

<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.

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](http://www.everettpassport.com)

## 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 Health Sciences Information Session. For the dates and times go to: [www.everettcc.edu/ma](http://www.everettcc.edu/ma) or call 425-388-9461. Program advising is available during quarterly Advising and Late Advising days.

[Our Advising Team:](#)

**Beth Adolphsen**, M.Ed., CMA (AAMA), CCMA (NHA), MA-C (WA)

[eadolphsen@everettcc.edu](mailto:eadolphsen@everettcc.edu)

**Prathyusha Balluru**, BDS, MHA

[pballuru@everettcc.edu](mailto:pballuru@everettcc.edu)

**Rhonda Hamburg**, CMA (AAMA), PBT (ASCP)

[rhamburg@everettcc.edu](mailto:rhamburg@everettcc.edu)

**Christine Malone**, Ed.D, MBA, MHA, CMPE, CPHRM, FACHE

[cmalone@everettcc.edu](mailto:cmalone@everettcc.edu)

**Amber Samaniego**, BAS, CMA (AAMA)

[asamaniego@everettcc.edu](mailto:asamaniego@everettcc.edu)

\*The Everett Community College Medical Assisting Certificate program is accredited by the [Commission on Accreditation of Allied Health Education Programs](#) 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).

## 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.

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

### 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.

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

## 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.

**Student Name:** \_\_\_\_\_ **Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Must be completed prior to enrolling in any Administrative Skill class:**

**Medical Assisting Demographics and criminal History Disclosure Form submitted to the Health Professionals Service Center – LBH 251**

**Declared '381' with Enrollment Services**

**Date Completed:** \_\_\_\_\_

<u>Course Number</u>	<u>Course Title</u>	<u>Credits</u>	<u>Quarter Completed</u>	<u>Grade</u>
<b>Level I: Academic Core Courses</b>				
ENGL& 101	English Composition I	5	_____	_____
MATH 076 or MATH 086 (or higher) or BUS 130	Prep for Algebra or Business Math	5	_____	_____
HLTH 080 (or equivalent 7-hr HIV Certificate)	HIV/AIDS Training	0.7	_____	_____
<b>LEVEL II: Medical Core Courses</b>				
HLTH 100	Medical Terminology	5	_____	_____
HLTH 102	Applied A&P	5	_____	_____
HLTH 104	Critical Inquiry in Healthcare	3	_____	_____
HLTH 106	Administrative Skills – Office Management	5	_____	_____
HLTH 107	Administrative Skills – Computer Applications	3	_____	_____
HLTH 108	Administrative Skills – Practice Finances	4	_____	_____
HLTH 130	Disease and Pathology (Pre-requisite HLTH 102)	5	_____	_____
<b>Anytime Courses (Courses require completion of ENGL&amp; 101. All courses must be completed prior to Clinical Externship.)</b>				
HLTH 140	Emergency Care Procedures (AHA BLS CPR REQUIRED)	2	_____	_____
HLTH 150D	Intercultural Communication in Health Care	5	_____	_____
HLTH 205	Medical Law and Ethics	4	_____	_____
<b>Level III: Clinical Core Courses (All Level I courses completed/One Administrative Skills class required)</b>				
HLTH 191	Clinical Skills: Surgical	4	_____	_____
HLTH 192	Clinical Skills: Clinical Microbiology	5	_____	_____
HLTH 210	Principles of Pharmacology	4	_____	_____
HLTH 213	Medical Charting & EMR	2	_____	_____
<b>Level IV: PEG Courses (Instructor permission required)</b>				
HLTH 211	Medication Administration	4	_____	_____
HLTH 212	Principles of Phlebotomy	4	_____	_____
HLTH 214	Clinical Skills - Ambulatory	5	_____	_____
<b>LEVEL V (Instructor permission required)</b>				
HLTH 251	Medical Assisting Clinical Practicum	6	_____	_____
		<b>MINIMUM REQUIRED CREDITS FOR CERTIFICATE:</b>	<b>85</b>	

**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):**

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

Everett Community College does not discriminate based on, but not limited to, race, color, national origin, citizenship, ethnicity, language, culture, age, sex, gender identity or expression, sexual orientation, pregnancy or parental status, marital status, actual or perceived disability, use of service animal, economic status, military or veteran status, spirituality or religion, or genetic information in its programs, activities, or employment. The Title IX Coordinator has been designated to handle inquiries regarding nondiscrimination policies and can be reached at 2000 Tower Street, Everett, WA 98201, TitleIXCoordinator@everettcc.edu, or 425-388-9271. This publication is effective **January 2020**. 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

## 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, or City U of Seattle Bachelor of Health Administration (BSHA)**. 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.

Student Name: \_\_\_\_\_ Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Must be completed prior to enrolling in any Administrative Skill class:**

Medical Assisting Demographics and criminal History Disclosure Form submitted to the Health Professionals Service Center – LBH 251

Declared '381' with Enrollment Services Date Completed: \_\_\_\_\_

Course Number	Course Title	Credits	Quarter Completed	Grade
<b>Level I: Academic Core Courses</b>				
ENGL& 101	English Composition I	5	_____	_____
MATH 076 or MATH 086 (or higher) or BUS 130	Prep for Algebra or Business Math	5	_____	_____
HLTH 080 (or equivalent 7-hr HIV Certificate)	HIV/AIDS Training	0.7	_____	_____
<b>LEVEL II: Medical Core Courses</b>				
HLTH 100	Medical Terminology	5	_____	_____
HLTH 102	Applied A&P	5	_____	_____
HLTH 104	Critical Inquiry in Healthcare	3	_____	_____
HLTH 106	Administrative Skills – Office Management	5	_____	_____
HLTH 107	Administrative Skills – Computer Applications	3	_____	_____
HLTH 108	Administrative Skills – Practice Finances	4	_____	_____
HLTH 130	Disease and Pathology (Pre-requisite: A & P)	5	_____	_____
<b>Anytime Courses (Courses require completion of ENGL&amp; 101. All courses must be completed prior to Clinical Externship.)</b>				
HLTH 140	Emergency Care Procedures (AHA BLS CPR REQUIRED)	2	_____	_____
HLTH 150D	Intercultural Communication in Health Care	5	_____	_____
HLTH 205	Medical Law and Ethics	4	_____	_____
<b>Level III: Clinical Core Courses (All Level I courses completed/One Administrative Skills class required)</b>				
HLTH 191	Clinical Skills: Surgical	4	_____	_____
HLTH 192	Clinical Skills: Clinical Microbiology	5	_____	_____
HLTH 210	Principles of Pharmacology	4	_____	_____
HLTH 213	Medical Charting & EMR	2	_____	_____
<b>Level IV: PEG Courses (Instructor permission required)</b>				
HLTH 211	Medication Administration	4	_____	_____
HLTH 212	Principles of Phlebotomy	4	_____	_____
HLTH 214	Clinical Skills - Ambulatory	5	_____	_____
<b>LEVEL V (Instructor permission required)</b>				
HLTH 251	Medical Assisting Clinical Practicum	6	_____	_____
<b>MINIMUM REQUIRED CREDITS FOR CERTIFICATE:</b>		<b>85</b>	(minimum 2.0 GPA required in each course)	

**Additional requirements for ITAM transfer, or BSHA 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	_____	_____	_____	_____
<b>Choose one from E, F, or G below:</b>	_____	5	_____	_____
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 is approved by your advisor	_____	_____	_____	_____
<b>Total for the AAS-T degree</b>		<b>110</b>	<b>credits</b>	

Notes: A 2.3 minimum GPA is required for consideration for admission to the ITAM program and a 2.0 minimum GPA is required for admission to City U. CWU and City U. accept up to 105 community college credits. Requirements A-G satisfy general education and ITAM/BSHA program requirements despite adding up to over 105 credits.

# Medical Assistant Demographics

**Instructions:**

1. Apply for admission to Everett Community College and complete Online Orientation. Visit [www.EverettCC.edu/enrollment/future-students/get-started](http://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.

**Name**

\_\_\_\_\_

Last	First	Middle	Previous LastNames
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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 Program  
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 <sup>st</sup> degree)  | <input type="checkbox"/> Custodial Interference (1 <sup>st</sup> /2 <sup>nd</sup> Degree)       | <input type="checkbox"/> Promoting Prostitution (1 <sup>st</sup> Degree)                             |
| <input type="checkbox"/> Assault, Custodial   | <input type="checkbox"/> Extortion (1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup> * Degree) | <input type="checkbox"/> Prostitution  |
| <input type="checkbox"/> Assault, Simple (or 4 <sup>th</sup> degree)                                    | <input type="checkbox"/> Forgery*   | <input type="checkbox"/> Robbery (1 <sup>st</sup> /2 <sup>nd</sup> Degree)                           |
| <input type="checkbox"/> Assault (1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup> degree)             | <input type="checkbox"/> Incest   | <input type="checkbox"/> Rape (1 <sup>st</sup> / 2 <sup>nd</sup> /3 <sup>rd</sup> Degree)            |
| <input type="checkbox"/> Assault of a child (1 <sup>st</sup> /2 <sup>nd</sup> / 3 <sup>rd</sup> degree) | <input type="checkbox"/> Indecent Exposure-Felony   | <input type="checkbox"/> Rape of a Child (1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup> Degree)  |
| <input type="checkbox"/> Burglary (1 <sup>st</sup> degree)  | <input type="checkbox"/> Kidnapping (1 <sup>st</sup> /2 <sup>nd</sup> 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<br>(RCW 26.44.0200)                                     | <input type="checkbox"/> Manslaughter (1 <sup>st</sup> /2 <sup>nd</sup> Degree)                 | <input type="checkbox"/> Sexual Misconduct with a Minor<br>(1 <sup>st</sup> /2 <sup>nd</sup> Degree) |
| <input type="checkbox"/> Child Buying or Selling  | <input type="checkbox"/> Murder, Aggravated   | <input type="checkbox"/> Theft (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> Degree)          |
| <input type="checkbox"/> Child Molestation (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> Degree) | <input type="checkbox"/> Murder (1 <sup>st</sup> /2 <sup>nd</sup> 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 <sup>st</sup> , 2 <sup>nd</sup> 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** \_\_\_\_\_