

Medical Assisting Program Information and Application Packet 2012-2013

PROGRAM DESCRIPTION

The Medical Assisting Program (MA) prepares students to handle the entry-level clinical and administrative aspects of working in a medical office. The Medical Assisting Program is rigorous and challenging. It requires a high level of student commitment and mastery of content in many academic areas. The program prepares students for the Certified Medical Assistant (CMA) examination associated with the American Association of Medical Assistants. Please note the following:

- Twenty-four (24) new students are admitted in the fall semester and twenty-four (24) new students are admitted in the winter semester.
- Classes are offered during the day with some courses offered in the evening on a limited basis. Most classes generally meet one or two days per week at the Radcliff Center campus in Garden City.
- The Medical Assisting Program is a certificate program intended for full time students.
- In addition to classroom and laboratory experience, the program includes an office practicum in a healthcare facility.
- Students who successfully complete all program courses qualify for a Certificate of Program Completion and are eligible
 to take the Certified Medical Assistant (CMA) examination conducted by the certifying board of the American
 Association of Medical Assistants.
- The Medical Assisting program is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Curriculum Review Board of the American Association of Medical Assistants Endowment (AAMAE).

APPLICATION REQUIREMENTS

The Medical Assisting (MA) Program requires an application (attached to the end of this packet). To be admitted to the program the student must complete the following:

| 1. Apply to Schoolcraft College | Apply to Schoolcraft College on-line at www.Schoolcraft.edu. |
|--|--|
| 2. Transcripts | Request official undergraduate college transcripts from <u>all</u> schools previously attended. College transcripts must be sent directly from the issuing college or university to Schoolcraft College. |
| 3. Verify Transcripts | Contact the Admissions and Enrollment Center at 734-462-4426 to confirm that all official college transcripts have been received. |
| 4. Counseling and Assessment | This program requires minimum assessment levels or course work in the areas of math, reading and writing. Students should meet with an academic advisor or counselor to develop an academic plan. They can determine if an assessment test is necessary and if foundation courses are needed. Students with prior college level work or a degree may be exempt from placement testing. Students who have submitted ACT scores that are less than three years old to Admissions and Enrollment Center may also be exempt from assessment testing. |
| | Contact the Counseling Center at 734-462-4429 to make an appointment. |
| 5. Biology Proficiency | Complete two semesters of high school level courses in Biology within the last five years with a <u>2.0/C</u> or better in both semesters. High school transcripts must be submitted to the Admissions and Enrollment Center as proof of completion. |
| | - or - Complete BIOL 050 with a grade of 2.0/C or better. |
| 6. College Prerequisite Coursework | Complete BIOL 105 Basic Anatomy and Physiology with a grade of 2.0/C or better. Complete HIT 104 Medical Terminology with a grade of 2.0/C or better. Time Limits: BIOL 105 must be completed within 5 years of application. |
| | Contact the Counseling Center at 734-462-4429 for exceptions to this requirement. |
| 7. Cumulative GPA | Attain a cumulative grade point average at Schoolcraft of 2.0 or better |
| 8. Apply to Medical Assisting Program | Submit the attached Medical Assisting Application to the Admissions and Enrollment Center with appropriate signatures. |

Instructions Page 1 of 2

APPLICATION PROCESS

- 1. The order of acceptance of qualified applicants is based on the date the College receives a <u>valid</u> Medical Assisting Program application. Applications are received and processed on an on-going basis.
 - For the purpose of fairness, applications received at the end of each semester will be held for three business days after final grades are available and then will be dated received.
- 2. In the event that more than one qualified student applies on the same day, the order of acceptance will be based on the student's cumulative grade point average at Schoolcraft College and then residency if needed.
- 3. When the maximum number of qualified applicants has been accepted, students will be considered for acceptance into the next available semester.
- Applications received from non-qualified students are returned and may be resubmitted <u>after</u> the application requirements are complete.

OPEN/SUPPORTING COURSES

Admission to the Medical Assisting Program is <u>not</u> necessary to register for the courses listed below. The following courses are open to all Schoolcraft students who have met the course prerequisite (see the College Catalog).

| BIOL | . 105 | Basic Human Anatomy and Physiology (with a grade of 2.0 or better) |
|---------|-------|--|
| HIT | 104 | Medical Terminology (with a grade of 2.0 or better) |
| MA | 134 | Medical Insurance Coding (with a grade of 2.0 or better) |
| MA | 140 | Medical Office Procedures (with a grade of 2.0 or better) |
| B. F. A | 440 | Dhiah atamas (with a smaller of 0.0 and attam) |

MA 110 Phlebotomy (with a grade of 2.0 or better)

MA 155 Medical Insurance Billing (with a grade of 2.0 or better)

REGISTRATION PROCEDURE

After acceptance into the Medical Assisting Program, MA students require official authorization to register for MA 174, MA 180, and MA195. Students will receive required forms and procedures via US mail. Additional detailed information is available from the Medical Assisting Program Office (734-462-4746), located in the Radcliff Center, 1751 Radcliff Center, Garden City, MI 48135-1197. An authorization to register is only issued upon completion of the following requirements:

| Criminal History Check Clearand | се |
|---------------------------------|----|
|---------------------------------|----|

- Medical Clearance / Drug Screen
- ☐ Maintain a cumulative grade point average at Schoolcraft College of 2.0 or better
- ☐ Required Immunizations
 - Two MMR vaccinations (Measles, Mumps, Rubella) one as a child one as an adult or Titer showing immunity for ALL of the above.
 - **Hepatitis B** vaccination or Titer (series must be started prior to clinical), or a signed Vaccination Declination Form.
 - TB Test TB test expires after 12 months. The student's TB test cannot expire before the end of class and/or when clinicals will be completed.
 - Chicken Pox 2 Varicella vaccinations given 1 month apart and/or a laboratory Titer verifying immunity. NOTE: we are no long accepting history of chicken pox as evidence of immunity.

ESTIMATION OF TUITION AND FEES

| _ | MATE OF TUITION A | _ | |
|---|-------------------|-------------|--------------|
| | (Based on 35 Cred | dits) | |
| | • | Resident | Non-Resident |
| Tuition: | | \$3,045.00 | \$4,445.00 |
| Service Fee: | | \$175.00 | \$175.00 |
| Registration Fees: | | \$120.00 | \$120.00 |
| Instructional/Equipment Fees: | | \$140.00 | \$140.00 |
| Course Fees: | | \$664.00 | \$664.00 |
| Additional Expenses (Approximate) | | \$705.00 | \$705.00 |
| Hepatitis B Vaccine (\$150.00) | | | |
| Application Fee for Certification Exam (\$235.00 o | ptional) | | |
| Miscellaneous expenses for clinical affiliation (\$30 | 00.00) | | |
| Liability Insurance (\$20 per fiscal year) | | | |
| | TOTAL: | \$4,849.00* | \$6,249.00* |

*Estimation of tuition and fees does not include the cost of textbooks. The above figures are based on 2012-2013 rates and are subject to change. A Resident student is one whose legal residence is in the school district of Clarenceville, Garden City, Livonia, Northville, Plymouth-Canton or parts of Novi. All other students are Non-Residents. Tuition and fees for out-of-state and international students are available at www.schoolcraft.edu/admissions.

NOTE

Requirements for admission to the Medical Assisting Program are subject to change at any time. Please contact the Admissions and Enrollment Center for updates of any applicable changes.

Phone: 734-462-4426 Fax: 734-462-4553

E-mail: admissions@schoolcraft.edu Web: www.schoolcraft.edu

It is the policy of Schoolcraft College that no person shall, on the basis of race, color, national origin, gender, age, marital status, creed, or handicap, be excluded from participating in, be denied benefits of, or be subjected to discrimination during any program or activity or in employment.



Medical Assisting Application 2012-2013

This application is required for the Medical Assisting Program. You may submit this application to the Admissions and Enrollment Center after you complete the following:

- 1) Are admitted to Schoolcraft College.
- 2) Review and meet all requirements on this application. Program requirements are subject to change.
- 3) Submit appropriate transcripts and complete assessment requirement unless exempt.
- 4) Meet with an academic advisor/counselor to review your progress toward meeting program requirements and to obtain appropriate signatures.
- 5) Completion of <u>all</u> sections of this application with signatures from an academic advisor or counselor is required to be accepted into the Medical Assisting Program. Return application to the Admissions and Enrollment Center. Applications are accepted on a continuous basis.

| | | Sectio | n I: To be | completed by st | udent | | | |
|--|--|--|--|--|--|--|---|--------------------|
| Demogra | aphic information o | n this application n | nust match the | information on record in | the Registra | ar's Office at | Schoolcraft | College. |
| Name | | | | | | | | |
| _ | Last (Family Nar | me) | F | First Mi | ddle | F | ormer (If Ap | plicable) |
| Address | | | | | | | | |
| | Number | Street | Apt. | City | | State | Zip + 4 | Digit Code |
| Day Phone | |) | | _ Evening Phone | |) | | |
| Email | | | | Birth Date | | | | |
| Student Nur | mbor | | | Social Security | — Numbor | Moi | nth / Dav | |
| tuaent Nur | | | | _ Social Security | Number | | _ast 4 Digits | |
| | Section | on II: To be o | completed | with academic a | dvisor/c | ounselo | r | |
| THE ITE | EMS IN SECTION TO OBTAIN A | ON II ARE REQ PPROPRIATE dicate which p | UIRED. MI SIGNATUF program wil | EET WITH AN ACA RES BEFORE APP I best meet your s | DEMIC A LYING TO chedule I | DVISOR () THE PR | OR COUN | ISELOR |
| | EMS IN SECTION TO OBTAIN A | ON II ARE REQ APPROPRIATE dicate which p □ Fall Semest | UIRED. MI SIGNATUF program wil | EET WITH AN ACA RES BEFORE APP Il best meet your s ter Semester ☐ F | DEMIC A LYING TO chedule I | DVISOR () THE PR requirementable | OR COUN OGRAM. ents: | ISELOR |
| Part A: OFF | EMS IN SECTION TO OBTAIN A Please in | ON II ARE REQ APPROPRIATE dicate which p □ Fall Semest | UIRED. MI SIGNATUF program wil | EET WITH AN ACA RES BEFORE APP I best meet your s | DEMIC A LYING TO chedule I irst Availa ppropriate a | DVISOR (D) THE PR requirements able | OR COUN OGRAM. ents: | ISELOR Date |
| Part A: OFF choolcraft Co | EMS IN SECTION TO OBTAIN A Please in the second sec | ON II ARE REQ APPROPRIATE dicate which p □ Fall Semest | UIRED. ME SIGNATUR Program wil Per □ Wint Cripts docume | EET WITH AN ACA RES BEFORE APP Il best meet your s ter Semester ☐ F | DEMIC A LYING TO chedule I irst Availa ppropriate a | DVISOR () THE PR requirement able | OR COUN OGRAM. ents: | |
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| Part A: OFF Schoolcraft Co | EMS IN SECTION TO OBTAIN A Please in FICIAL TRANS obligge: has received a college transcript on previous consecutive of the previous consecut | DN II ARE REQUENCE OF THE PROPRIATE DISCRIPTS Transcull official undergrass of the property of | CUIRED. MES SIGNATURE OF WINE Cripts documents aduate needed | EET WITH AN ACARES BEFORE APPI Il best meet your ster Semester | DEMIC A LYING TO chedule i irst Avail copropriate a Co | DVISOR () THE PR requirement able assessment unselor or Ar Advisor Sign | OR COUNOGRAM. ents: at. cademic lature an academic | Date |

Part C: PROFICIENCY Attain the minimum Assessment Scores listed below or successfully complete appropriate developmental courses to improve your skills. Assessment Test Scores are valid for up to three years.

ACT

Minimum Scores:

Accuplacer

| | Sentence Skills Reading Compreh Arithmetic | ension | 15+ 15+ 16+ | 51 + 57 + 60 + | |
|---------------------|--|---|--------------------------|--|-------------|
| Student: | | | Test Score or C | Counselor or Academic Advisor Signature | Date |
| □ has me English | t minimum n score or ⇒ | ☐ has successfully completed ENG 050 with a 2.0/C or better | | | |
| □ has me reading | t minimum g score or ⇒ | □ has successfully completed COLLS 050 with a 2.0/C or better | | | |
| □ has me math se | t minimum core or ⇒ | ☐ has successfully completed MATH 045 with a 2.0/C or better | | | |
| | | | | | |
| | | alent. Complete a one year (two semer. You may complete an equivalent co | ollege course to satisfy | this requirement. | grade of |
| Student: | | | | Counselor or Academic Advisor Signature | Date |
| | cessfully completed | | pleted | Ŭ | |
| BIOL 050 (2 | 2.0/C or better) or \Rightarrow | at | | | |
| | | with a grade of | | | |
| Port E. P | IOL 105 or oquiv | alant Complete Pagis Anatomy and | Dhyaialam, with a gra | do of 2010 or hottor | four many |
| | | alent. Complete Basic Anatomy and course to satisfy this requirement. Blue | | | |
| Student: | | • | • | Counselor or Academic Advisor Signature | Date |
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| BIOL 105 (| 2.0/C or better) or = | > at | | | |
| | | with a grade of | | | |
| | | | | | |
| | | ent. Complete Medical Terminology vitisfy this requirement. | vith a grade of 2.0/C o | | |
| Student: | | | | Counselor or Academ Advisor Signature | iic Date |
| ☐ has suc | cessfully completed | ☐ has successfully com | pleted | | |

with a grade of _____

Application Page 2 of 3

HIT 104 (2.0/C or better) or \Rightarrow

| Part G: CUMULATIVE COLLEGE | GPA Attain a 2.0 or better cumulative grade poi | nt average at Schoolcraft Colle | ge. |
|--|---|--|------|
| | | Counselor or Academic Advisor Signature | Date |
| ☐ Student has a Schoolcraft College or | | | |
| Section | on III: Application to be signed by stu | ıdent | |
| ~ | | | |
| Applicant Signature | | Date | |
| RETURN TO: | | DATE RECEIVED |): |
| | Admissions and Enrollment Center McDowell Center Schoolcraft College 18600 Haggerty Road Livonia, MI 48152-2696 | | |