

Texarkana College
Community & Business Education Center - Allied Health Program
Clinical Medical Assistant Course

Fall 2019

Start a New Career as a Clinical Medical Assistant! This program is intended for students who want to prepare for an exciting, challenging and rewarding career in healthcare. This program will train students to assist physicians by performing functions related to the clinical responsibilities of a medical office.

Instruction includes among other things preparing patients for examination and treatment, routine laboratory procedures, diagnostic testing, technical aspects of phlebotomy and the cardiac life cycle. Students will review important topics including phlebotomy, pharmacology, the proper use and administration of medications, taking and documenting vital signs, cardiology including proper lead placements, a professional workplace behavior, ethics and the legal aspects of healthcare.

Note: Upon successful completion of this program, students would be eligible to sit for the National Healthcareer Association (NHA) Certified Clinical Medical Assistant (CCMA) examination. The exam is scheduled two weeks after course is completed at TC, the fee is \$155 and not due until end of the course.

All student registrations will be “incomplete” which will prevent them from starting class at scheduled time, if the following two documents are not submitted:

- 1) **high school diploma or GED equivalent** from the United States of America. If the student has an “out of country” diploma they must provide a translation report verifying it is equivalent to one issued in the USA.
- 2) **a copy of immunization record** that includes at least two Hepitis B injections.

Date: Tuesday & Thursday; Nov. 5 - Feb. 20, 2019 | 154 hrs. | 16 wks. | 160 hrs. externship.

Time: 6:00 pm - 9:30 pm - Saturdays, 11/16, 12/7, 1/18, 2/1, 2/15 from 9:00 am - 4:30 pm

Cost: \$2,770 (includes textbooks, program materials, externship placement, certification study packet, online practice exams, and certificate of successful completion).

Location: Texarkana College Health Sciences Bldg., Room 127

Refund Policy: Students will receive 100% refund upon request 24 hours prior to the first class meeting only.

Criminal Background Requirements: For students who may have a criminal background, please be advised that the background could keep you from being licensed by the State of Texas. If you have a question about your background and licensure, please check with the National Healthcareers Association certification board by calling 1-800-499-9092 to discuss your topic of study to determine if you are qualified to obtain a certificate in that field. You also have the right to request a criminal history evaluation letter from the applicable licensing agency.

TC does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Human Resources Director, 2500 N. Robison Rd., Texarkana, TX, 75501, (903) 823-3355, human.resources@texarkanacollege.edu.

Texarkana College no discrimina en base de raza, color, origen nacional, sexo, discapacidad o edad en sus programas o actividades. Las consultas relacionadas con las políticas de no discriminación de Texarkana College deben dirigirse a: Director(a) de Recursos Humanos, 2500 N. Robison Rd., Texarkana, TX, 75599, (903) 823-3017, human.resources@texarkanacollege.edu

Texarkana College
Business & Community Education
Checklist for Clinical Medical Assistant Externship Requirements

Attention Registrants:

The following items are required to be submitted by the end of the course so that student may participate in the externship portion of the class. The following prices are reflective of a discount for Texarkana College students at Healthcare Express only.

1. _____ Responsible for purchasing **liability insurance** through Texarkana College Business Office and will not be complete until student submits receipt to AH Coordinator - \$20
2. _____ **High school diploma or GED** equivalent upon registration.
3. _____ **Physical exam**. Please complete on Texarkana College Health Occupations form. \$25
4. _____ **Immunizations:** Applicants must have **proof of completing** the following vaccinations prior to starting the program and documented on attached Immunization Record form.
 - a. _____ Hepatitis B vaccination series of three shots or titer indicating immunity.
 - b. _____ Measles, Mumps, & Rubella (MMR) or titers indicating immunity.
 - c. _____ Varicella vaccination, chicken pox history or titer indicating immunity.
 - d. _____ Tetanus-diphtheria - pertussis within the last 10 years.
5. _____ **Negative TB skin test** or negative chest x-ray within six months prior to starting the program – approximately. \$16
6. _____ **Current drug screen** : do not complete until you are ready to begin externship. \$45
7. _____ **Clinical Externship Medical/Documentation Authorization Release Form**
8. _____ **CPR** Certification - \$68
9. _____ **Resume**.
10. Students who elect to participate in an externship will be required to purchase blue scrubs. They can be purchased anywhere as long as they are Texarkana College royal blue. They are available at TC Book Store and are approximately \$45 for both bottom and top.
11. Students participating in externship will also be required to go to Enrollment Services in the Administration Building to have an ID badge made identifying them as a Texarkana College Clinical Medical Assistant student.
 - a. Students must obtain an Authorization for ID form from the Allied Health Coordinator to have ID badge made.
12. Certification exam - The certification exam will be scheduled soon after the end of the course and date will be announced soon after course start date. The cost to take the exam is \$155.
 - a. Students will also be access online practice exams and provided a Study Guide. The price of these items is included in the registration fee.

Please call Joanne Rose, Allied Health Coordinator, at 903-823-3384 if you have any questions about submitting or completing the required documentation listed above.

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Clinical Externship Medical/Documentation Authorization Release Form

Please submit this form with clinical externship prerequisites:

First Name Middle Name Last Name

Release Authorization (to be completed by applicant):

I, _____ do hereby authorize CCI Healthcare and Training to release the
Applicant Name (printed)

following to potential clinical externship facilities as deemed necessary for clinical externship purposes
(check all that apply):

- Criminal Background Check /Clearances/Fingerprint Card
- Drug Panel Screening
- PPD (TB) Test Results
- Immunization Record
- Physician Statement of Health
- CPR/First Aid/BCLS Certification
- Other (fill in): _____

Applicant Signature:

Date:

HEALTH OCCUPATIONS PHYSICAL EXAMINATION

Name _____
Last First Middle (Maiden)

Single _____
Married _____ Date of Birth _____ Male _____
Widowed _____ Female _____

Address _____
Street/P.O. Box City State Zip Code

Name & Address of Nearest Relative _____

Medical History: (To be completed by student)

1. Serious illness - give diagnosis & date _____
2. Operations - give diagnosis & date _____
3. Do you have any allergies? If so, what? _____
4. Do you have any physical disorders at present? _____
5. Do you have any emotional disorders at present? _____
6. What prescribed & unprescribed medications are you taking? _____
7. Have you had any severe injuries? If so, what? _____
8. Check any of the following conditions you have had:
Hay Fever _____ Infectious Mononucleosis _____ Tuberculosis _____
Asthma _____ Hepatitis _____ Arthritis _____
Rheumatic Fever _____ Fainting Spells _____ Kidney Disease _____
Heart Murmur _____ Diabetes _____ Emotional Disorder _____
Poliomyelitis _____ Epilepsy _____ Chemical Dependency _____
9. Name & address of personal physician _____

PHYSICAL EXAMINATION (To be completed by your family physician or certified Nurse Practitioner)

Weight _____ Height _____ Skin Abnormalities _____
Eyes ® _____ (L) _____ Corrected to ® _____ (L) _____ Ears ® _____ (L) _____
Throat _____ Nose _____ Neck _____ Lungs _____
Breasts ® _____ (L) _____ Heart _____ Nodes _____
Abdomen _____ Hernia _____ Pulse Rate _____
Blood Pressure _____ Defects Found? _____
Corrections Recommended _____
Any Reason for Limitation of Physical Activity? _____
Any Reason for Limitation of Health Care Activity? _____

Signed _____
Print name and title _____
Date _____

Return original to:
CONTINUING EDUCATION
TEXARKANA COLLEGE
2500 NORTH ROBISON ROAD
TEXARKANA, TEXAS 75599

TDaP or Booster (within 10 years) _____

TB Skin Test _____ Reading _____
(If the tuberculin skin test is positive, either a chest x-ray or documentation of follow-up is required.)

Chest x-ray _____ Reading _____

*Rubella _____

*Hepatitis B vaccine (series of 3 or confirmation of immunity to
Hepatitis B)

Dates

Varicella: _____

The following are required for all born since January 1, 1957:

*Measles (2 doses after age 12 months)

_____ and _____

*Mumps _____

Printed name and title

Signature

*or physician's verification of immunity (attached)