

Allan Hancock College
2015-2016 Medical Assisting Certificate Program
Application Period: March 15th – May 31st, 2015

Thank you for your interest in the Allan Hancock College Medical Assisting Certificate Program. We are pleased that you are exploring Medical Assisting as a profession. Medical Assisting is a demanding discipline and the course of study is challenging as well as rewarding.

The application period ends on May 31st, a random lottery will take place in June for seating status. Please review the contents of this application packet thoroughly prior to submitting your application and supporting documents. If you have questions regarding the Medical Assisting Certificate and/or specific questions about the application process contact the Health Sciences Department at 805-922-6966 ext. 3384.

PROGRAM

The Medical Assisting Certificate Program is a two-semester program held during the day that provides essential skills that are needed for employment in a medical office. Once accepted into the program, students must provide proof of completion of high school/GED and must be 18 years of age or older. A physical, complete immunization record with back-up paperwork, CPR certification, drug screen and background check are required to be completed prior to the start of the program to be in compliance with our medical facilities. A 5 week externship is required at the end of the spring semester. A grade of “C” or better in the medical assisting classes is required to progress in the program.

EMPLOYMENT OPPORTUNITIES

The median hourly wage is \$15.00 per hour. A medical assistant may work in private practice such as a medical office. Other areas of employment include community clinics and government agencies.

CERTIFICATION OF ACHIEVEMENT – Total of 26.5 units

Allan Hancock College will offer a Certificate of Achievement, once the student has completed the mandatory classes.

1st semester – 14 units

MA 305	Body Systems and Disease	5
MA 350	MA Fundamentals	2
MA 351	MA Clinical Procedures 1	3
MA 352	Medical Administrative Procedures	4

2nd semester – 12.5 units

MA 353	MA Clinical Procedures 2	5
MA 355	Pharmacology	4
MA 356	Job Success Externship	3.5

APPLICATION AND ADMISSION

To apply for the Medical Assisting Program, you must submit a completed packet. Incomplete packets will not be accepted. Upon receipt of your completed packet, you will be eligible to participate in the randomized lottery that will seat 30 students. Students will be notified via EMAIL (email address used on application) as to status on June 5, 2015 and will be REQUIRED to reply back. A waitlist will only be maintained until the last day to add and will not carry over to the next offering.

**** Please remember to make a copy of your entire application packet prior to turning it in. Copies will not be made at the Health Sciences Office. Copy machines can be found at the library or at campus graphics.**

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APPLICATION ELIGIBILITY CRITERIA:

- Must be a High School Graduate/GED Certificate
- Must be 18 years of age or older
- Must complete the following classes with a grade “C” or better or currently taking the following:
 - Math 531 OR Math 521
 - ENG 514 OR Reading 110

COMPLETED APPLICATION CONSISTS OF:

- Completed Program Application Form
- Completion of high school/GED by providing a copy of high school transcript or GED certificate.
- Provide proof of age, must be 18 years of age or older.
- Proof of completion of Math 531 or Math 521 and Eng 514 or Reading 110 OR show the course is in progress (unofficial AHC transcripts with ALL courses showing completion or in progress). If you completed one or more of these courses elsewhere, all “official” transcripts from other colleges must be turned in to the Admissions and Records Department. Please allow 15 business days to be transcribed in time to turn in your application.

UPON ACCEPTANCE

- An email will be sent out on June 5th, 2015 to students seated in the upcoming class containing an acceptance letter. This acceptance letter must be completed and turned into the Health Sciences office by the specified date.
- Items (Background Check, Immunizations, Physical Form, Drug Screening, CPR, Acknowledgement of Potential Risk/Substance Abuse Testing Form) that are contained within the Acceptance Letter Packet will be required to be completed and handed into the Health Sciences Office (M-132) by the specified date.
- It is the responsibility of the student to register and pay for all the Medical Assisting (MA) Classes held in each semester.

ABSENT AND TARDY POLICY

- Two (2) days absence per class are allowed for the entire semester. Three (3) tardies are considered a full day’s absence. If you are not present when role is called, you are tardy. More than 30 minutes late is considered a full day’s absence. Missing 30 minutes or more during ANY part of class is considered a full day’s absence. Do not make appointments during class time. There is no such thing as an excused absence.

FINANCIAL AID

For assistance with registration fees and cost of supplies please contact the Financial Aid office (x3216).

CPR CARD

The CPR card that is required is **Healthcare Provider** (American Heart Association) **OR Professional Rescuer** (American Red Cross) **OR EMS 306** (AHC). This card must be kept current and cannot expire during the program. (This is part of the acceptance packet)

DRESS CODE

Your appearance reflects the medical clinic and college standards and indicates to patients and co-workers your pride and interest in your profession. These standards are maintained by personal neatness and cleanliness, by wearing only the authorized uniform and by avoiding the use of elaborate jewelry and cosmetics.

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IMPORTANT:

It is the responsibility of the facilities (Externship) to hold students to the same standards as an employee who has patient contact. The facilities have the final say as to whether a student may participate in patient care. It is not the decision of Allan Hancock College.

Infractions, probations or pending court cases showing up on backgrounds may result in non-admittance to or dismissal from the program. Felony convictions will result in non-admittance to the program.

It may take several weeks to complete the background check. You will be dropped if the background check is not started by July 31st and completed prior to August 9, 2015.

****BACKGROUND CHECKS:** The Joint Commission of Hospital Accreditation and policies of our externship sites have required that any person having patient contact be screened for criminal convictions, and the results must be available to the care facility or medical clinic. The results of Live Scan fingerprinting cannot go to the facility, making it necessary to perform a second screening through Corporate Screening Services, Inc.

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MEDICAL ASSISTING PROGRAM ESTIMATED STUDENT FEES

Pre-Enrollment Expenses	
PHYSICAL EXAM – Private physician	Variable Cost
IMMUNIZATIONS – Hepatitis B Series, DPT, MMR, Varicella, Flu Vaccine, TB	Variable Cost
BACKGROUND CHECK – Corporate Screening	\$48.00
DRUG SCREENING – Roblar	\$30.00
FALL SKILLS KIT	\$90.00
CPR FOR HEALTHCARE PROVIDERS EMS 306 (½ unit) + \$4 material fee + \$15 textbook (AHC)	\$42.00 (AHC)
Total is estimated excluding variable costs	\$210.00
Fall Semester	
TUITION (14 units @ \$46/unit)	\$644.00
PARKING	\$20.00
HEALTH FEE, STUDENT CENTER FEES PLUS STUDENT REPRESENTATION FEE (\$19+\$10+\$1)	\$30.00
REQUIRED FALL TEXTBOOKS	\$365.00 (est.)
IDENTIFICATION NAME PIN	\$6.00
UNIFORMS (4 tops, 4 bottoms, 1 pair of shoes)	\$250.00 (est)
WATCH (Not digital, must have seconds hand)	\$30.00
STETHOSCOPE (Prestige Medical/Littman’s recommended)	\$30.00
ANEROID SPHYGMOMANOMETER (Prestige Medical/Littman’s recommended)	\$30.00
MISCELLANEOUS SUPPLIES – flash drive, notebooks, pens, paper, etc.	\$55.00
Total is estimated	\$1460.00
Spring Semester	
TUITION (12.5 units @ \$46/unit)	\$575.00
PARKING	\$20.00
HEALTH FEE, STUDENT CENTER FEES PLUS STUDENT REPRESENTATION FEE (\$19+\$10+\$1)	\$30.00
REQUIRED SPRING TEXTBOOKS	\$150.00 (est.)
EXTERNSHIP COSTS (estimated transportation / gas costs)	\$150.00
MISCELLANEOUS SUPPLIES – flash drive, notebooks, pens, paper, etc.	\$55.00
Total is estimated	\$980.00

TOTAL ESTIMATED COSTS TO ACHIEVE MEDICAL ASSISTING CERTIFICATE

\$2,700.00 (excluding variable costs)

Prices are subject to change

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Application

Personal Information

Full Name	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black; padding: 2px 5px;">Last</td> <td style="width: 20%; border-bottom: 1px solid black; padding: 2px 5px;">First</td> <td style="width: 20%; border-bottom: 1px solid black; padding: 2px 5px;">M.I.</td> </tr> </table>	Last	First	M.I.		
Last	First	M.I.				
Address	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; border-bottom: 1px solid black; padding: 2px 5px;">Street Address</td> <td style="width: 20%; border-bottom: 1px solid black; padding: 2px 5px;">Apartment/Unit#</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px 5px;">City</td> <td style="border-bottom: 1px solid black; padding: 2px 5px;">State</td> <td style="border-bottom: 1px solid black; padding: 2px 5px;">Zip</td> </tr> </table>	Street Address	Apartment/Unit#	City	State	Zip
Street Address	Apartment/Unit#					
City	State	Zip				
Primary Phone	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; padding: 2px 5px;"></td> <td style="width: 50%; border-bottom: 1px solid black; padding: 2px 5px;">Secondary Phone:</td> </tr> </table>		Secondary Phone:			
	Secondary Phone:					
SS#	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; padding: 2px 5px;"></td> <td style="width: 50%; border-bottom: 1px solid black; padding: 2px 5px;">Birth Date:</td> </tr> </table>		Birth Date:			
	Birth Date:					
AHC Student #	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; padding: 2px 5px;">H</td> <td style="width: 50%; border-bottom: 1px solid black; padding: 2px 5px;">Email Address (Mandatory)</td> </tr> </table>	H	Email Address (Mandatory)			
H	Email Address (Mandatory)					

Check boxes

<input type="checkbox"/>	I have read this application packet carefully and agree to comply with the standards and rules detailed within; application process, completion of certificate guidelines, Absent and Tardy policy, and any other detailed information provided in this application packet. <u>I will complete mandated items and turn in copies of forms as detailed in this application packet.</u>
<input type="checkbox"/>	I agree that I must submit proof, with this application, that I am 18 years of age or older for me to participate in the Medical Assisting Program.
<input type="checkbox"/>	I understand that I must show proof of completion of pre-requisites with a grade "C" or better OR show proof of current enrollment. I understand that my official transcripts from ALL other colleges will be transcribed through Admissions and Records before I turn in my unofficial AHC transcripts showing completion of these pre-requisites.
<input type="checkbox"/>	I understand that once I am accepted, a physical, proof of immunizations, background check and drug screening are required by the clinical facilities and not by Allan Hancock College. Infractions, probations or pending court cases showing up on the background check and/or a positive drug screen test may result in non-admittance to or dismissal from the program. (Background Check (PDF file) will be emailed to the email address provided on the application.)
<input type="checkbox"/>	I understand that I will be notified by email by the end of the day by <u>June 5th, 2015</u> . It is my responsibility to write my email clearly, and check my spam/junk mail. If given a seat, the information packet will be emailed to the email address I have provided.
<input type="checkbox"/>	I agree that I will submit a copy of my high school transcripts or a copy of my GED certificate with this application
<input type="checkbox"/>	I understand that if I am in progress or currently enrolled in any of the pre-requisite classes, I will submit my grade(s) showing proof of passing with a grade "C" or better by the first day of class.
<input type="checkbox"/>	If on the waitlist, I understand that I will be contacted via EMAIL as seats become available. I will have a 24 hour period to respond. It is my responsibility to complete the packet within the timeframe specified upon notification.
I certify that the statements made in this application are true and complete to the best of my knowledge and that any false or misleading information I may give may be cause to denial of admittance	
Signature _____	Date _____
<i>Submitting an application does not guarantee that applicants have satisfied minimum criteria</i>	

You may hand deliver your packet to the Health Sciences office (M132) on the Main Campus or mail to: Attn: Health Sciences Department, 800 S. College Drive, Santa Maria, CA 93454. Please slide under the door if the door is closed.

