

# Medical Assistant

The Medical Assistant program prepares students to become members of the health care team in doctors' offices, medical clinics, hospitals, and specialty practices. The curriculum includes administrative and clinical competencies. \*Clinical experiences include a variety of general and specialty practices. Graduates of the Medical Assistant program will be a multi-skilled health professional who is qualified to provide support health care services under the supervision of a physician. This versatile member of the health care team assists the physician in executing administrative and clinical procedures in the office/clinic setting. Administrative responsibilities may include but are not limited to scheduling appointments, managing the telephone, and maintaining medical records. Clinical responsibilities may include but are not limited to obtaining a medical history, preparing patients for the physician's examination, taking vital signs, administering medications, performing routine lab procedures, and assisting the physician when the patient is examined.

*\*Externship will be 8 hours days. The hours worked will vary depending on the facility.*

**Program Length: 12 Months | Day Schedule: Monday-Friday 8:00 AM - 2:30 PM**

## Course Outline

### Fall Trimester

Professional Orientation/Psychology  
Administrative Procedures I  
Anatomy and Physiology  
Computer Applications  
Medical Terminology  
Clinical Procedures I

### Spring Trimester

Basic Pharmacology  
Dosage and Calculations  
Administrative Procedures II  
Clinical Procedures II

### Summer Trimester

Phlebotomy  
Certification Examination Review  
Externship/Career Preparation

## Diploma & Required Clock Hours

Medical Assistant—1,296

## Typical Job Opportunities

Specialty Practices  
Physician's Office  
Health Clinics  
Hospitals  
Minor Emergency Rooms  
Labs

**Total Completion Rate 2014: 100%**

**Total Placement Rate 2014: 100%**

## **How to Apply to the Medical Assistant Program At TCAT Knoxville**

**Packet must be complete and include each of the below items to be submitted.**

1. Complete **TCAT Knoxville Application for Enrollment** (Form is attached)
2. Complete the **Free Application For Federal Student Aid (FAFSA)** online – the website is [www.fafsa.ed.gov](http://www.fafsa.ed.gov) and our school code is 004025. Bring in documentation such as confirmation email showing your FAFSA has been submitted
3. **Immunization Record** (Form is attached)
4. Take and pass the **COMPASS Exam** (these scores are good for two years). Exam is over Pre-Algebra & Reading and cost is \$15.00 for both sections or \$8 for one section. If a retest is needed there must be 30 days in between test. (Schedule is attached)
5. Provide an official sealed copy of one of the following **Transcripts**: High School Equivalency (HSE) diploma transcript with scores or your high school transcript verifying your regular High School Diploma (a special education diploma will not qualify.)  
***IMPORTANT:** If you have foreign transcripts you will need to provide an English translated version of your transcript and have your education evaluated through the National Association of Credential Evaluation Services. Please visit their website at [www.naces.org](http://www.naces.org) for more information.*
6. Provide current CPR card certification from American Heart Association **BLS for Healthcare Providers CPR** which covers basic life support in infant, child, adult, choking and AED.



## Medical Assistant Cost Sheet

1st Trimester		
Tuition*		\$1,108.00
Technology Access Fee*		\$67.00
Student Activity Fee*		\$10.00
<b>Total</b>		<b>\$1,185.00</b>
<i>Supplies (Must be purchased by student)</i>		
4 Ciel Blue Scrub Pants		\$100.00
4 Ciel Blue Scrub Tops		\$100.00
1 White Lab Coat		\$50.00
White Athletic Shoes (no canvas)		\$50.00
Stethoscope		\$75.00
Watch with Second Hand		\$30.00
Headphones for Medical Terminology		\$10.00
Liability Insurance		\$15.00
1st and 2nd Hepatitis B Vaccine Series		\$120.00
Physical Exam		\$100.00
Completion of CPR Healthcare Provider Course (outside of class)		\$51.00
USB Flash Drive 2 GB		\$12.00
<b>Cost</b>		<b>\$713.00</b>
<b>Books ISBN</b>		
Kinn's Medical Assistant Bundle	9780323435826	\$549.50
<i>Kinn's The Medical Assistant 12th edition</i>	9781455726783	
<i>Kinn's The Medical Assistant Study Guide 12th edition</i>	9781455756872	
<i>Kinn's The Medical Assistant Procedure Checklist 12 edition</i>	9781455756899	
<i>SimChart</i>	9781455753	
Language of Medicine, 10th Ed. (with CD)	9781455728466	\$90.00
Keyboarding Course Lesson 1-25 18th edition	1111426465	\$111.00
Cyclopedia Medical Dictionary	83629796	\$110.00
MA Notes: Medical Assistant's Pocket Guide	803623666	\$28.00
<b>Cost</b>		<b>\$888.50</b>
<b>First Trimester Total Cost</b>		<b>\$2,786.50</b>
2nd Trimester		
Tuition*		\$1,108.00
Technology Access Fee*		\$67.00
Student Activity Fee*		\$10.00
<b>Total</b>		<b>\$1,185.00</b>
<i>Supplies (Must be purchased by student)</i>		
Criminal Background Check		\$50.00
Drug Screen		\$35.00
3rd Hepatitis B Vaccine		\$60.00
<b>Cost</b>		<b>\$145.00</b>
<b>Books ISBN</b>		
Pharmacology Clear & Simple 2nd edition	9780803625884	\$55.00
Davis' Drug Guide for Nurses, 13th Ed. (with CD)		\$50.00
<b>Cost</b>		<b>\$105.00</b>
<b>Second Trimester Total Cost</b>		<b>\$1,435.00</b>

\* Cost that Can Be Covered Under TN Promise and TN Reconnect Programs  
All Costs are Estimated and Subject to Change Without Notice  
Revised: 8/31/2015

<b>3rd Trimester</b>		
Tuition*		\$1,108.00
Technology Access Fee*		\$67.00
Student Activity Fee*		\$10.00
	<b>Total</b>	<b>\$1,185.00</b>
<b>Books</b>		<b>ISBN</b>
Medical Assistant Exam Success		803623895 \$50.00
Phlebotomy: A Competency-Based Approach		9780073374550 \$90.00
	<b>Cost</b>	<b>\$140.00</b>
<b>Remaining Cost</b>		
American Medical Technologist (Registered Medical Assistant Exam)		\$100.00
National Healthcare Association Certified Phlebotomy Exam		\$105.00
Graduation Supplies		\$37.00
	<b>Cost</b>	<b>\$242.00</b>
	Third Trimester Total Cost	\$1,567.00
<b>Total Program</b>		
	<b>Cost</b>	<b>\$5,788.50</b>
<i>All Costs are Estimated &amp; Subject to Change Without Notice</i>		

\* Cost that Can Be Covered Under TN Promise and TN Reconnect Programs  
All Costs are Estimated and Subject to Change Without Notice  
Revised: 8/31/2015



# COMPASS® EXAM

COMPASS® is a comprehensive, computer-adaptive testing program that quickly and accurately assesses students' skill levels in reading and mathematics. Because it is adaptive, the length of the test will vary based upon the individual's knowledge. Please allow up to four (4) hours to take the test. You will receive your scores immediately upon completion of the test. **Please Note: Registration is on a first come, first serve basis.**

## WHO IS REQUIRED TO TEST?

If you are applying for any of our Allied Health Education Programs, you will need to take the COMPASS® Exam. If you have attended college before, even if you possess a degree, you will still be required to take and pass the exam for entry into these programs.

**Passing Scores for the Medical Assistant, Dental Assisting, and Surgical Technology Programs:** Math 30% and Reading 70%.

**Passing Scores for the Practical Nursing Program:** Math 50% and Reading 80%.

**Exception:** If you are under 21 and have scored a 19 or above on BOTH the Reading and Math sections of the ACT® (not the composite score), you do not have to take the COMPASS®. You must bring in your test results with a photo ID. A score of 19 or above in both sections is required.

## ADDITIONAL STUDY RESOURCES

COMPASS® sample questions are available at:

- [www.act.org/compass/sample](http://www.act.org/compass/sample)

Sample tests and study guides available at:

- [www.mycompassstest.com/](http://www.mycompassstest.com/)

Additional resources are available at:

- [www.quizlet.com](http://www.quizlet.com)
- [www.math.com](http://www.math.com)

FREE instructional Math videos available at:

- [www.khanacademy.org](http://www.khanacademy.org)

2015 COMPASS® TESTING DATES		
EXAMS GIVEN AT 9:00 AM, 2:00 PM, AND 5:00 PM		
1/13/2015	6/2/2015*	10/6/2015*
2/10/2015*	6/16/2015	10/20/2015
2/24/2015	7/14/2015	11/17/2015
3/10/2015	8/11/2015	12/8/2015
4/14/2015	9/8/2015*	
5/19/2015	9/22/2015	
<b>EXAM COST: \$15</b>		
<b>*IMPORTANT: No 5:00 PM tests on shaded dates!</b>		

- \* Calculators will be provided for use during the test (please do not bring a calculator).
- \* A current, valid driver's license or other government issued photo ID is required to test.
- \* No cell phones, food, or drinks are allowed in the testing area.
- \* Be sure to visit our website for any test date cancellations.
- \* Please do not wear scented perfumes, colognes, or body spray/lotion to the test.



CAMPUS MAILING ADDRESS:  
1100 LIBERTY STREET  
KNOXVILLE, TENNESSEE 37919

PHONE: 865.546.5567 | FAX: 865.971.4474

CAMPUS WEBSITE:  
[WWW.TCATKNOXVILLE.EDU](http://WWW.TCATKNOXVILLE.EDU)



TENNESSEE COLLEGE  
OF APPLIED TECHNOLOGY  
KNOXVILLE

CAMPUS E-MAIL ADDRESS:  
[INFO@TCATKNOXVILLE.EDU](mailto:INFO@TCATKNOXVILLE.EDU)

SUBMIT A DIGITAL INQUIRY:  
[WWW.TCATKNOXVILLE.EDU/CONTACT](http://WWW.TCATKNOXVILLE.EDU/CONTACT)

DOCUMENT LAST REVISED:  
DECEMBER 15, 2014 10:03 AM

# TCAT - Knoxville Certification of Immunization Measles, Mumps, and Rubella (MMR)

Student's name: \_\_\_\_\_ Program of Enrollment: \_\_\_\_\_

## **PART I (TO BE COMPLETED BY STUDENT)**

Proof of MMR immunization is not required for the following reason:

- I graduated from a Tennessee public or private high school in 1999 or after. (transcript attached)
- I attended a Tennessee public or private high school in 2001 or after. (transcript attached)
- I was born prior to January 1, 1957. (copy of photo ID or birth certificate attached)
- I am active duty or former military personnel. (copy of DD214 or active military ID attached)

*IF THE ABOVE IS CHECKED, PLEASE SIGN BELOW.*

## **PART II (TO BE COMPLETED BY STUDENT)**

Proof of MMR immunization is not required for the following reason:

- I refuse immunization because of religious doctrine. (Reason affirmed under the penalties of perjury. Please attach statement.)

*IF THE ABOVE IS CHECKED, PLEASE SIGN BELOW.*

## **PART III—MMR (TO BE COMPLETED BY PHYSICIAN)**

Please circle the number that applies to this patient:

1. Patient has received two doses of measles vaccination since the age of 12 months:

Month/year \_\_\_\_\_ Month/year \_\_\_\_\_

2. Vaccination is medically contraindicated because of pregnancy, allergy to vaccine, etc. (Please list reasons.)

3. Patient had disease, as confirmed by medical record:

Month/year \_\_\_\_\_

4. Patient is immune to disease, as confirmed by laboratory.

Comment \_\_\_\_\_

**ATTEST**

**(Must be signed by an M.D. or D.O.)**

Name of physician (Please print) \_\_\_\_\_

Office telephone \_\_\_\_\_

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

# TCAT - Knoxville Certification of Immunization Varicella (Chicken Pox)

Student's name: \_\_\_\_\_ Program of Enrollment: \_\_\_\_\_

## **PART I (TO BE COMPLETED BY STUDENT)**

Proof of varicella (chicken pox) immunization is not required for the following reason:

- I attended a Tennessee public high school between 1999 and May 2016. **(Must provide proof of second varicella vaccine dose from your physician office.)** (transcript attached)
- I was born prior to January 1, 1980. (copy of photo ID or birth certificate attached)
- I am active duty or former military personnel. (copy of DD214 attached)

*IF THE ABOVE IS CHECKED, PLEASE SIGN BELOW.*

## **PART II (TO BE COMPLETED BY STUDENT)**

Proof of varicella (chicken pox) immunization is not required for the following reason:

- I refuse immunization because of religious doctrine. (Reason affirmed under the penalties of perjury. Please attach statement.)

*IF THE ABOVE IS CHECKED, PLEASE SIGN BELOW.*

## **PART III—VARICELLA (TO BE COMPLETED BY PHYSICIAN)**

Please circle the number that applies to this patient:

1. Patient has received two doses of varicella (chicken pox) vaccination since the age of 12 months:  
Month/year \_\_\_\_\_ Month/year \_\_\_\_\_
2. Vaccination is medically contraindicated because of pregnancy, allergy to vaccine, etc. (Please list reasons.)  
\_\_\_\_\_

3. Patient had disease, as confirmed by medical record:  
Month/year \_\_\_\_\_

4. Patient is immune to disease, as confirmed by laboratory.  
Comment \_\_\_\_\_

**ATTEST**

**(Must be signed by an M.D. or D.O.)**

Name of physician (Please print) \_\_\_\_\_

Office telephone \_\_\_\_\_

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

Student's signature \_\_\_\_\_ Date \_\_\_\_\_



## Application for Enrollment

Please Print

Today's Date: \_\_\_\_\_ Program: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date Available to Start Training: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Previous Names

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you a Veteran? YES/NO Are you a TN Promise student? YES/NO

Are you signed up for TN Reconnect? YES/NO

- If you have ever attended Tennessee College of Applied Technology – Knoxville before, please give us the month and year that you last attended. \_\_\_\_\_
- Are you required to register for selective service? YES/NO If yes, have you registered? \_\_\_\_\_
- I understand that withholding or giving false information requested on this document may make me ineligible for admission to the Tennessee College of Applied Technology – Knoxville. I certify that the information I have provided on this application for enrollment to be correct and complete.

Signature: \_\_\_\_\_

<i>The information below is for Office use only:</i>	
<b>Day or Night Program</b>	
<input type="checkbox"/> FAFSA	<input type="checkbox"/> I will not be filing financial aid. I will be paying for my education. Students Initials: _____
<input type="checkbox"/> Immunizations	<input type="checkbox"/> Education Transcripts
<input type="checkbox"/> COMPASS or ACT – Scores: _____ Math _____ Reading (Date: _____ )	
Practical Nursing:	<input type="checkbox"/> Notarized Declaration of Citizenship <input type="checkbox"/> Copy of ID Used to Declare Citizenship
	<input type="checkbox"/> CPR Documentation
Cosmetology:	<input type="checkbox"/> Photo <input type="checkbox"/> Proof of Age <input type="checkbox"/> Copy of SS Card <input type="checkbox"/> RT/LT Handed <input type="checkbox"/> Manicuring Only
Truck Driving:	<input type="checkbox"/> MVR <input type="checkbox"/> DOT Physical
	<input type="checkbox"/> U.S. Citizenship / Residency
Staff Signature: _____	<b>Purged From Waiting List:</b> <input type="checkbox"/> Student Requested Removal <input type="checkbox"/> Failure to Respond to Update <input type="checkbox"/> Correspondence was Returned  _____ <i>Staff Signature/Date</i>
Date: _____	