
Certified Medical Administrative Assistant Program

Fall 2018

September 10, 2018 – February 18, 2019

Program Information:

Thank you for your interest in the Certified Medical Administrative Assistant (CMAA) Program at Tunxis Community College. This 340 hour, five-and-a-half month program has been approved by the National Healthcareer Association and is limited to 15 students who are accepted on a first come, first served basis. Upon successful completion, students are eligible to sit for the National Healthcareer Association's MAA National Examination. Classroom instruction and computer labs are held at the college. Internship experiences are held at physicians' offices and clinics within our college service area.

Program Requirements:

You must be at least 18 years old and complete the following:

- Fill out the enclosed MAA application, Physical Verification form, Questionnaire, Policies and Health Form (health form **due Thursday, October 25**)
- Submit a copy of your high school diploma or GED
- Mail or bring the application and forms to Continuing Education, Tunxis Community College, 271 Scott Swamp Road, Farmington, CT 06032.

It is the applicant's responsibility to make sure all materials have been received. Only completed applications will be reviewed.

Your application will be forwarded to the Allied Health Coordinator for consideration. If accepted, you will be notified in writing and given further instructions to complete your enrollment.



Required Uniform (handed out in class):

- Royal blue scrub top and pants
- Black sneakers, shoes or Crocs (cannot be open-toed)
- A watch with a second hand

Tuition Payment:

Once you are accepted, full tuition must be paid to the College within seven business days of notification. **Refunds may be obtained only if your written withdrawal is received by the Continuing Education Office three business days prior to the Mandatory Orientation Session on Monday, September 10.**

Students will not be allowed in to the classroom until they have started the payment plan or paid the full course tuition.

Your tuition includes the cost of malpractice insurance, textbooks, uniforms, and National Examination fee (see “Costs” sheet).

Health Requirements:

Each student accepted into the program must have a health examination along with required immunizations. See “MAA Checklist” sheet for details. No student can be permitted to participate without these requirements. Completed **original** forms may be dropped off in the Continuing Education office prior to the course start date or given to the Allied Health Coordinator by Thursday, October 25. **No faxes** will be accepted.

Online Requirements:

This program contains an online portion. An Internet access point, like the Tunxis Library or your home service provider, is required for successful completion. Online classes are listed in the schedule portion of this packet.

Students who successfully complete the program are eligible to receive college credit through the Connecticut Credit Assessment Program administered by Charter Oak State College. Credits may be used at Charter Oak State College or transferred to another school by setting up a credit registry with Charter Oak (any transfer credit is at the discretion of the institution). For information visit

<http://www.charteroak.edu/current/programs/creditregistry.cfm>

Please be advised that if you have been convicted of a felony or misdemeanor, you may not be eligible for clinical experiences, internships, externships or certifications associated with certain Allied Health courses or programs. Those with previous convictions may also find it difficult to secure employment within a health care agency or institution.

CERTIFIED MEDICAL ADMINISTRATIVE ASSISTANT PROGRAM
COSTS -- FALL 2018

\$4,145 – total cost

Includes tuition, administrative fee, malpractice insurance, textbooks, uniforms and national examination.

Books and Uniforms will be handed out the first day of class. Uniform consists of two pair of royal blue scrub pants and two tops. Program cost must be paid or a payment plan started.

Payment Plan Option: monthly payment plan available (\$25 installment plan fee)

To use the payment plan option, contact the Continuing Education office at least one day in advance, at 860 773-1448 or tx-continuing-ed@tunxis.edu. You can then set up your payment plan in person at the Business Office (Founders Hall).

Loan Option

Connecticut Higher Education Supplemental Loan Authority – <https://www.chesla.org>

The CHESLA Loan is a low-cost fixed interest rate student loan available to Connecticut residents attending college in-state or out-of-state and to U.S. students attending college in Connecticut.

Costs associated with the program but not payable to TCC:

\$75-100 (estimated) background check fee for UConn externship

\$25 (estimated) parking fees for UConn externship

This program is not eligible for federal financial aid

Funding options may be available through CT Works (WIOA) and the
CT Department of Labor.

To see if you qualify, call New Britain CT Works at 860.899.3500.
For a complete listing of services and locations, please visit: ctdol.state.ct.us

TUNXIS COMMUNITY COLLEGE

MEDICAL ADMINISTRATIVE ASSISTANT PROGRAM

CHECKLIST

**Application deadline is Tuesday, September 4;
program begins Monday, September 10, 2018.**

Checklist:

- ✓ **Step 1:** All applicants must complete and submit an **application packet** along with a copy of your high school diploma or GED. Completed applications should be submitted to the Continuing Education office.
- ✓ **Step 2:** Once you receive your acceptance packet, you must pay the full **tuition** or the first payment plan installment within five business days of acceptance.
- ✓ **Step 3:** Bring the **health form** (included in this application packet) to your physician and have it completed and signed. Completed forms cannot be submitted by fax; only original completed forms will be accepted. Completed forms may be dropped off in the Continuing Education office prior to the course start date or given to the Allied Health Coordinator by **Thursday, October 25.**

Continuing Education Office Hours

860.773.1450

Building 700

Mon, Tues, Wed, Fri

9AM-5PM

Thursday

9AM-6:30PM

Cheryl Conaty, RN, Allied Health Coordinator Office Hours

860.773.1453

Room 6-216

Monday-Friday

7AM-2:30PM by appointment

Certified Medical Administrative Assistant **Fall 2018 Schedule**

Mandatory Orientation
Monday, September 10, 2018
9AM-12PM Room 205

Ed2Go.com/Tunxis online courses:

Computer Skills for the Workplace

September 12 – November 2

Medical Terminology I

October 17 – December 7

Medical Terminology II

November 14 – January 4

All courses below are located in ROOM 205

Introduction to Healthcare

September 17, 18, 20 (M/T/TH) 9AM-12PM

Therapeutic Communication Skills

September 24, 25, 27, October 1 (M/T/TH) 9AM-12PM

Law & Ethics for Health Care Professionals

September 24, 25, 27, October 1 (M/T/TH) 12:30-3PM

October 2, 4, 8 (T/TH/M) 9AM-12:15PM

October 9 (T) 9-11:15AM

Medical Administrative Procedures

October 11 – November 1 (M/TU/TH) 9AM-1PM

Medical Coding & Electronic Health Records

November 5 – December 4 (M/TU/TH) 9AM-1PM

December 6, 10 (TH/M) 9AM-12PM

No classes November 19 – 22

Seeking Employment

November 26 & 27 (M/TU) 1:30-4PM

November 29 (TH) 1:30-3:30PM

Medical Office Finances

December 3 - 10 (M/TU/TH) 1:30-4PM

December 11, 13, 17 (T/TH/M) 9AM-1PM

Happy Holidays! No classes December 18 – January 1

Internship Dates/Times to be Scheduled Individually

All courses above must be completed with a passing grade of 70 or higher for students to be eligible to do an internship.

NHA Exam Review

February 18 (M) 9AM-12PM

**MEDICAL ADMINISTRATIVE ASSISTANT PROGRAM
PHYSICAL VERIFICATION FORM**

Name of Student _____

Address _____

City _____ State _____ Zip Code _____

Check the appropriate answer.

Please answer as honestly as possible. **If yes is checked, please provide an explanation.**

Allergies? Yes No

Pregnant? Yes No

On Medication? Yes No

Please list any medications here:

Mental Health Concerns? Yes No

Hearing Problems? Yes No

Back Problems? Yes No

Knee Problems? Yes No

Recent Surgeries? Yes No

Lifting Restrictions? Yes No
(i.e. arthritis, injury, surgeries, etc.)

Latex Allergy? Yes No

If you are pregnant, have any back problems/lifting restrictions, or a medical condition that is being monitored by a physician, a form will be provided by the College that must be completed by your physician along with your signature.

Please list any other conditions that you feel may present a risk for you or that your Instructor should be aware of to protect your well-being and safety.

Student Signature _____ Date: _____

**TUNXIS COMMUNITY COLLEGE
CERTIFIED MEDICAL ADMINISTRATIVE ASSISTANT PROGRAM**

Name: _____

Do you have transportation? Yes No

Tell us about yourself.

Five qualities you possess that would make you a good candidate for the program:

Do you know what being an M.A.A. entails? Briefly describe.

Why do you want to take this program?

How can Tunxis be assured that you will be committed to the program?

Do you have any physical limitations? If yes, please describe.

Have you ever been arrested? If yes, please explain.

How did you hear about this course?

Student Signature: _____ Date: _____

Tunxis Community College
Non-Credit Allied Health Programs
Health Form Requirements Checklist

Please use this checklist to guide you through the process of submitting an accurate and fully-completed health form.

Fill out Page 1

- | | |
|---|-------------|
| Check which program you're in | Check _____ |
| Last 4 digits of your Social Security Number | Check _____ |
| Under <u>personal history</u> , if you check yes, please explain. | Check _____ |
| Banner ID# on EVERY PAGE SUBMITTED | Check _____ |

Page 2 – must be filled out by your physician, PA or APRN

All students are required to provide either proof of immunization or laboratory results of immunity. TITERS chosen for proof of immunization MUST BE POSITIVE and the LABORATORY REPORT MUST ACCOMPANY THE HEALTH FORM.

1. **MMR** – dates of immunization or blood titer that shows immunity written on health form – attach document to show proof. Check _____
2. **Polio** – date(s) of immunization or blood titers that show immunity written on health form - attach document to show proof. Check _____
3. **Chickenpox** - dates of immunization, date of illness, or lab report that shows immunity written on the health form – attach document to show proof. Check _____
4. **Tetanus booster** – must be within the last 10 years, written on health form, attach proof of injection to the health form. Check _____
5. **Flu vaccine** (spring and fall applicants only) - date of vaccine written on the health form. Check _____ If declination, your health care provider must provide a note. Attach document to show proof.
6. **Hepatitis B series** - date(s) of injection or lab report written on the health form. Check _____ If a student hasn't received all 3 injections or refuses the series, a Hepatitis B waiver form (included in application packet) must be signed. Attach document to show proof. Check _____
7. **Tuberculin Test/PPD (Mantoux or QF-G)** – date given, date read, and results written on the health form. Attach document to show proof. Check _____
A positive PPD or previous inoculation of BCG, must be accompanied by a chest x-ray with the appropriate follow-up. Check _____

Health Form Requirements (continued)

Physical Examination- All areas must be filled out in this section. Heart rate and Blood Pressure must be done. Nothing can be deferred. Check _____

A **Urinalysis** and **Hematocrit or Hemoglobin** must be documented with a number on the health form. Attach document to show proof. Check _____

Date, Examining MD, PA, or APRN's signature must be completed along with the address completely filled out and a phone number. Check _____

Submit to the classroom instructor or Allied Health Coordinator Cheryl Conaty, R.N. (Room 6-216).

****Please make sure the entire health form is completed before submitting it.****

****Make a copy of your health form for your own personal records before handing it in.****

****Please do not staple forms together; paper clip them or use an envelope.****

Thank You.

Cheryl Conaty, RN

Allied Health Coordinator

Tunxis Community College

Continuing Education and Workforce Development

860-773-1453



IMMUNIZATION HISTORY

ALL students are required to provide proof of either immunization or laboratory results of immunity. **TITERS** chosen for proof of immunization **MUST BE POSITIVE** and the **LABORATORY REPORT MUST ACCOMPANY THIS FORM.**

MEASLES 1st dose: _____ or Titer Immune? YES NO
 date/given on or after 1st birthday & after Jan. 1, 1969

MEASLES 2nd dose: _____
 date/given after Jan. 1, 1980

MUMPS: _____ or Titer Immune? YES NO
 date/given on or after 1st birthday

RUBELLA: _____ or Titer Immune? YES NO
 date/given on or after 1st birthday

POLIO: _____ or Titer Immune? YES NO
 date(s) of immunization

VARICELLA (Chicken Pox): _____ or Titer Immune? YES NO
 date(s) of immunization

Td (TETANUS booster): _____
 date/must have been given within the last 10 years

FLU VACCINE (spring and fall applicants only) _____
 date given

HEPATITIS B SERIES: _____ date/1st dose _____ date/2nd dose _____ date/3rd dose Risk Form _____ initial

***TUBERCULIN TEST/PPD** (Mantoux or QFT-G): _____ date given _____ date read _____ results

IMPORTANT!
 Attach lab reports or immunization records for everything listed.

PHYSICAL EXAMINATION

HEIGHT	WEIGHT	COMMENTS and RECOMMENDATIONS			
EYES	VISION (R)	(L)	CORRECTION (R)	(L)	
	EARS		DRUMS	HEARING (R)	(L)
NASOPHARYNX	SEPTUM		TONSILS		
TEETH	OCCLUSION		CARIES	GINGIVITIS	
NECK	CERVICAL NODES		THYROID		
CHEST	BREASTS		LUNGS		
	HEART (Rate)	(Rhythm)	(Murmurs)	(Blood Pressure)	
ABDOMEN	LIVER		SPLEEN	HERNIA	
SKELETAL	SPINE		JOINTS	FEET	
CNS	REFLEXES				
LABORATORY	URINALYSIS <i>(Lab Reports Required)</i>		HEMATOCRIT OR HEMOGLOBIN <i>(Lab Reports Required)</i>		

I believe this student is able to participate in a full academic and clinical program (unless otherwise noted above).

DATE	EXAMINING PHYSICIAN'S SIGNATURE	ADDRESS	TELEPHONE
	M.D.		

THIS SIDE TO BE COMPLETED BY EXAMINING PHYSICIAN ONLY



HEPATITIS B RISK FORM

I understand that, due to my potential exposure to blood, body fluids and other potential infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I understand that, because I have waived or not completed the Hepatitis B vaccination series, I continue to be at risk of acquiring Hepatitis B, a serious disease.

I understand that if I experience an exposure to blood, body fluids or other infectious materials, I must notify my preceptor and/or instructor immediately. I will be directed to the Emergency Department, where I will be offered the Hepatitis B virus immune globulin (HBIG) injection(s). This injection provides temporary passive immunity from Hepatitis B. I will need to continue or start the Hepatitis B vaccination series.

By my signature below I acknowledge understanding that I (the student) am solely responsible for payment of all services, injections, vaccinations and other costs associated with my exposure to blood, bodily fluids or other infectious materials while in the Program, even though I have not completed the Hepatitis B vaccination series. I further understand that the College, its employees and clinical sites, will not be responsible for any services, injections, vaccinations or other costs associated with my exposure to blood, bodily fluids or other infectious materials while in the Program, even though I have waived or not completed the Hepatitis B vaccination series.

I have received information about Hepatitis B and the risks of exposure to blood, body fluids and other potentially infectious materials and my responsibility in reporting any incident of possible exposure.

I waive Hepatitis B vaccination at this time.

Student's name – please print

Student's signature

Date