



## Medical Assisting Certificate

### Information and Application Packet 2017-18

#### Program Description

The medical assisting program is designed to prepare the student for entry-level employment as a medical assistant. “The curriculum is designed to prepare competent entry level medical assistants in the cognitive (knowledge), psychomotor (skills) and affective (behavior) learning domains.” The program is designed to coordinate classroom and laboratory experience with practical experience in a healthcare facility such as the physician’s office. Medical assistants are multi-skilled allied health professionals who perform a wide range of roles in physicians’ offices, clinics and other healthcare settings. They are proficient in a multitude of clinical and administrative tasks and are widely viewed by doctors as vital members of the healthcare delivery team.

- 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.
- 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 Medical Assisting Education Review Board (MAERB).

#### 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:*

<b>1. Apply to Schoolcraft College</b>	Apply to Schoolcraft College on-line at <a href="http://www.schoolcraft.edu">www.schoolcraft.edu</a>
<b>2. Transcripts</b>	It is recommended you request official undergraduate transcripts from <u>all</u> colleges and universities previously attended. Transcripts must be sent directly from the issuing college or university to Schoolcraft College. To confirm that transcripts have been received, contact the Answer Center at 734-462-4426.
<b>3. Counseling and Assessment</b>	This program requires minimum assessment levels or course work in the areas of math, reading and writing. Students need to 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 SAT or ACT scores that are less than three years old to the Admissions and Welcome Center may also be exempt from assessment testing.  Contact the Counseling/Advising Office at 734-462-4429 to make an appointment.
<b>5. Biology Proficiency</b>	Complete one year (two semesters) of high school level biology course with a grade of <u>2.0/C</u> or better in both semesters. High school transcripts must be submitted to the Admissions and Welcome Center as proof of completion.  - or -  Complete BIOL 050 with a grade of <u>2.0/C</u> or better.
<b>6. College Prerequisite Coursework</b>	Complete BIOL 105 or equivalent. Complete Basic Anatomy and Physiology with a grade of 2.0/C or better.  Complete HIT 104 or equivalent. Complete Medical Terminology with a grade of 2.0/C or better.

<b>7. Cumulative GPA</b>	Attain a cumulative grade point average at Schoolcraft of <u>2.0</u> or better
<b>8. Apply to Medical Assisting Program</b>	Submit the attached Medical Assisting Restricted Enrollment Program Change Form to the Registration Center with appropriate signatures.

### Open/Supporting Courses

Admission to the Medical Assisting Program is not 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).

CIS 120	Software Applications
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 115	Phlebotomy (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)
MA 155	Medical Insurance Billing (with a grade of 2.0 or better)

### Estimate of Tuition and Fees

<b>Medical Assisting Certificate</b>			
	<b>Certificate Program (35 credit hours)</b>		
	<u>Resident</u>	<u>Non-Resident</u>	<u>Out of State</u>
<b>Tuition:</b>	\$ 3,570.00	\$ 5,180.00	\$ 7,630.00
<b>Registration Fees:</b>	\$ 172.00	\$ 172.00	\$ 172.00
<b>Service Fees:</b>	\$ 245.00	\$ 245.00	\$ 245.00
<b>Instructional Equipment Fees:</b>	\$ 315.00	\$ 315.00	\$ 315.00
<b>Infrastructure Fees:</b>	\$ 245.00	\$ 245.00	\$ 245.00
<b>Course Fees:</b>	\$ 969.00	\$ 969.00	\$ 969.00
<b>Additional Expenses (Approximate):</b>			
Hepatitis B Vaccine (\$150.00)	\$ 705.00	\$ 705.00	\$ 705.00
Application Fee for Certification Exam (\$235.00 optional)			
Miscellaneous expenses for clinical affiliation (\$300.00)			
Liability Insurance (\$20 per fiscal year)			
<b>TOTAL</b>	<b>\$ 6,221.00</b>	<b>\$ 7,831.00</b>	<b>\$10,281.00</b>
The above figures are based on 2016-2017 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 or Out-of State. Estimate of textbooks not included.			

### Note

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

Phone: (734) 462-4683

Fax: (734) 462-4552

E-mail: [admissions@schoolcraft.edu](mailto:admissions@schoolcraft.edu)

Web: [www.schoolcraft.edu](http://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 subject to discrimination during any program or activity or in employment.*



## Medical Assisting Program

### Restricted Enrollment Application 2017-2018

*The Medical Assisting requires a Restricted Enrollment Program Change form. To begin this program, students must complete the following with a counselor or academic advisor and submit a Restricted Enrollment Program Change Form to the Registration Center.*

#### ASSESSMENT

**Student:**

- has submitted SAT or ACT scores     is exempt from assessment  
 has taken the CPT

Minimum Scores:	<i>CPT</i>	<i>ACT</i>	<i>new SAT</i> (March 2016)
Writing	51 +	15 +	22+
Reading	57 +	15 +	22+
Numerical/Arithmetic	60 +	16 +	22+

#### PROFICIENCY

**Student:**

- has met minimum **English** score or ⇒  has successfully completed appropriate course (ENG 050 or higher)  
 has met minimum **reading** score or ⇒  has successfully completed appropriate course (COLLS 050 or higher)  
 has met minimum **math** score or ⇒  has successfully completed appropriate course (MATH 045 or higher)

***BIOL 050 or equivalent. Complete one year (two semesters) high school level biology course with a grade of 2.0/C or better in each semester. You may complete an equivalent college course to satisfy this requirement.***

**Student:**

- has successfully completed BIOL 050     has successfully completed \_\_\_\_\_  
 (2.0/C or better) or ⇒ at \_\_\_\_\_ with a grade of \_\_\_\_\_

***BIOL 105 or equivalent. Complete Basic Anatomy and Physiology with a grade of 2.0/C or better. You may complete an equivalent college course to satisfy this requirement.***

**Student:**

- has successfully completed 105     has successfully completed \_\_\_\_\_  
 (2.0/C or better) or ⇒ at \_\_\_\_\_ with a grade of \_\_\_\_\_

***HIT 104 or equivalent. Complete Medical Terminology with a grade of 2.0/C or better. You may complete an equivalent college course to satisfy this requirement.***

**Student:**

- has successfully completed HIT 104     has successfully completed \_\_\_\_\_  
 (2.0/C or better) or ⇒ at \_\_\_\_\_ with a grade of \_\_\_\_\_

**CUMULATIVE COLLEGE GPA Attain a 2.0 or better cumulative grade point average at Schoolcraft College.**

**Student:**

has a cumulative GPA of 2.0 or better.

**Counselor/Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Medical Assisting Program Notification Form

All students entering the Medical Assisting program must complete this form verifying they have read and understand the information contained herein.

## SECTION 1: To be completed by student

Demographic information on this application must match the information on record in the Registrar's Office at Schoolcraft College

Name

\_\_\_\_\_  
Last (Family Name)

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Former (If Applicable)

Address

\_\_\_\_\_  
Number

\_\_\_\_\_  
Street

\_\_\_\_\_  
Apt.

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip + 4 Digit Code

Day Phone

(      ) \_\_\_\_\_

Evening Phone

(      ) \_\_\_\_\_

Email

\_\_\_\_\_

Birth Date

\_\_\_\_\_

Month / Day

Student Number

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Last four digits

## SECTION 2: MA 195 – Office Practicum

Students *will be* required to complete the following for MA 195 – Office Practicum:

- Criminal History Check Clearance. Generally, convictions or pleas of guilt to a felony will prevent you from sitting for the CMA (AAMA) Exam.**
- Medical Clearance / Drug Screen.** Physical and test expires after 12 months.
- 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 too clinical) or a signed Vaccination Declination Form.
  - **Flu Shot**-must have annual shot vaccination.
  - **Tetanus/Diphtheria/Pertussis (TDAP)** - must have received a TDAP within the past 7 years.
  - **Two-step TB Test** – TB test expires after 12 months. The student's TB test cannot expire before the end of class and/or when clinical 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.

Required forms may be obtained from the Radcliff Administrative Office.

MA 175 and MA 180 are offered in the fall and winter semesters. Prerequisites are enforced. Students may have to wait additional semesters for an available seat in the class after being accepted into the program. These courses must be completed within six months of registering for MA 195 or they will have to be repeated.

X \_\_\_\_\_

Student Signature

\_\_\_\_\_ Date

**SECTION 3: To be completed Counselor/Advisor**

Semester to Take Effect:  Fall \_\_\_\_  Winter \_\_\_\_  Spring \_\_\_\_  Summer \_\_\_\_

× \_\_\_\_\_  
Counselor/Advisor Signature Date

× \_\_\_\_\_  
Student Signature Date

**RETURN TO:**

Administrative Office (RC 625)  
Schoolcraft College – Radcliff  
1751 Radcliff Street  
Garden City, MI 48135  
Phone: 734-462-4770

**DATE RECEIVED:**



**Schoolcraft  
College**

## Restricted Enrollment Program Change Form

**Please Print:**

Student Name: \_\_\_\_\_  
Last First Middle Initial

Student Number: \_\_\_\_\_ or Social Security Number (last four digits) \_\_\_\_\_

Month and Day of Birth \_\_\_\_/\_\_\_\_

---

Current Academic Program Name: \_\_\_\_\_

Current Academic Program Number: \_\_\_\_\_

---

New Academic Program Name: Medical Assisting

New Academic Program Number: 1YC.00026

---

**Semester to Take Effect:**

- |   |   |
|---|---|
| <input type="checkbox"/> Summer _____<br>(year) | <input type="checkbox"/> Fall _____<br>(year)   |
| <input type="checkbox"/> Winter _____<br>(year) | <input type="checkbox"/> Spring _____<br>(year) |
- 

Counselor/Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to:**  
Schoolcraft College  
Registration Center  
McDowell Center Room 130  
18600 Haggerty Road, Livonia, MI 48152  
Phone: 734-462-4426