

**Marion Technical College  
Health Technologies Division  
Medical Assisting Program Admission Packet**

Dear Prospective Medical Assisting Student:

Thank you for your interest in the Medical Assisting (MA, MA-ATS) Program at Marion Technical College. The MA program is limited enrollment which means we accept a limited number of applicants to enroll in the technical course sequence each fall term.

As a Medical Assistant (MA) you will have an exciting, challenging and dynamic career. Medical Assistants are the only allied health professionals specifically trained to work in ambulatory settings such as physician's offices and clinics. Medical Assistants are trained to perform administrative and clinical procedures. Medical Assisting continues to be one of the fastest growing occupations in healthcare, with a faster than average growth outlook, according to the U.S. Bureau of Labor Statistics Occupational Outlook. For 2018 our graduates have a 100% job placement and certification exam pass rates.

Marion Technical College strives to maintain the highest quality in our training program. Technical courses are taught on campus and are complemented with training at a practicum site. Our program is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) on recommendation of the Medical Assisting Education Review Board (MAERB) and will prepare you to take a national certification exam through American Association of Medical Assistants (AAMA).

This MA Admission Packet will guide you through the program admission requirements. The packet contains:

1. MA general information
2. MA admission information
3. MA Program Application
4. Confidentiality Agreement
5. Criminal Background Disclosure and Ohio Revised Code Disqualifiers
6. Educational Research Consent

Please feel free to contact me if you have questions, need further information regarding the program, or wish to schedule an advising appointment.

Sincerely,

Peggy Smith MEd, CMA(AAMA), MLT (ASCP)  
Director, Medical Assisting Program  
Marion Technical College  
[smithp@mtc.edu](mailto:smithp@mtc.edu)  
740-386-4178

## **Marion Technical College Medical Assisting Program MA General Information**

The following information is provided to better acquaint you with the demands and requirements of the MA program at Marion Technical College. Please read this information carefully.

**MTC General Admission:** Details of the general admission process can be obtained online at <http://www.mtc.edu> or by contacting the Admissions Office at 740-389-4636. The general admission process must be completed to be eligible to apply to the MA Program.

**Accreditation:** The MA Program is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) upon recommendation of the Medical Assisting Education Review Board (MAERB). [www.caahep.org](http://www.caahep.org)  
CAAHEP, 25400 U.S. Highway 19 North Suite 158, Clearwater FL 33763.

**Program/Class Schedule:** The MA program starts in the fall term and is designed for completion in two consecutive semesters for the certificate and four consecutive semesters for the MA-ATS degree. However, students may take arts and sciences courses toward the ATS degree prior to admission. Because of the sequencing of the MA technical classes, it will take two consecutive semesters to complete the program regardless of the amount of course work that has been completed prior to admission into the program. Once the certificate is completed, you may also continue taking courses for the ATS degree. All labs are hands-on in the campus classrooms.

**Practicum Sites:** Enrollment is limited for the MA Program. Students enrolled in the MA program must complete a 196 hour practicum assignment in the last 8-week session of the program in conjunction with online/classroom instruction prior to program completion. Practicum training is 25- 40 hours per week (varies with each physician) during daytime hours and a student may be required to travel up to 60 miles to the site.

**Criminal Records Checks:** Acceptance into the MA program is contingent upon completion of a successful criminal background check. Accepted students must contact the Health Technologies Administrative Assistant to schedule an appointment. Details regarding the background check can be accessed by reviewing the Policy and Procedure section of your MA Student Handbook. Students must remain free of disqualifying convictions while enrolled in the program.

**Drug Screen:** Students in the MA program will be required to submit to drug screenings. Students may also be subject drug screenings for cause. Student will be contacted by Health Administrative Assistant to authorize drug screens. Unauthorized screens will be the financial responsibility of the student. Details regarding the screenings can be viewed in the Policy and Procedure section of your MA Student Handbook.

**Educational Research Consent:** As part of their educational activities, students in the MA program will take part in phlebotomy (collection of blood samples). In addition to phlebotomy, MA students will be required to participate in bandaging, vital signs, EKGs, ear and eye irrigations and drops, application of gait belt, dressing changes, and patient positioning. All students will be required to sign an Educational Research Consent form. Details regarding this requirement can be viewed in the MA Student Handbook.

**Hepatitis B:** Students accepted into the program must complete their first Hepatitis B immunization injection prior to participating in their first technical laboratory course. Please refer to the Hepatitis B policy within the MA Student Handbook. Students will be required to complete the entire 3 part series of Hepatitis B.

**Application Deadline:** All requirements for admission must be completed and all documentation submitted to the Health Technologies Administrative Assistant. The first 12 qualified applicants will be admitted to the next available class with a formal letter of acceptance. Once all seats are confirmed in writing, any additional qualified applicants will be placed on a waiting list and will be accepted in accordance with current admission requirements.

**MA Program Admission:** To apply for acceptance into the Medical Assistant/Assisting Program, your application file must contain the following:

1. Completed Admission to MTC including application fee and receipt of official final high school transcript and any college transcripts to be considered for course transfer.
2. Minimum accumulative grade point average (GPA) of 2.0 in high school or college-level coursework [whichever is most recent].

3. Successful completion of the Basic Skills Assessment (Accuplacer) in reading, writing, and mathematics (arithmetic and elementary algebra) OR completion of the following courses
  - a. Completion of ENG 0970 Reading Enrichment II
  - b. Completion of ENG 0990 Preparation for College Writing II
  - c. Completion of MTH 0910 Mathematical Literacy
4. Completed Medical Assisting application packet including program application, confidentiality agreement, educational research consent form, and criminal background disclosure form.
5. Completion of a successful criminal background check.
6. Submission of a successful drug screening.
7. Applicant must read the Medical Assisting Student Handbook located on the program website.

In addition, students accepted into the program will also be required to complete medical/physical requirements prior to participating in the MA Practicum. Additional testing may also be required during the practicum by the affiliate site.

Please contact Peggy Smith, MA Program Director, at 740-386-4178 or [smithp@mtc.edu](mailto:smithp@mtc.edu), to schedule an initial advising appointment to review admissions requirements.

5-21-19  
PS/ps: V/MA drive

**MARION TECHNICAL COLLEGE**  
**MEDICAL ASSISTING CERTIFICATE PROGRAM APPLICATION**

\_\_\_\_\_ Certificate \_\_\_\_\_ ATS Degree

Name \_\_\_\_\_ SS # or PID \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Directions: Complete this program application to apply for admission in the Medical Assisting Certificate (CMA) program. Please initial the blanks and submit this application ONLY if you can answer the questions affirmatively (yes).

- \_\_\_1. **I have been notified that my Marion Technical College Admission File is complete.**  
\_\_\_ a. MTC application for admission with fee  
\_\_\_ b. Final high school transcript or GED results
- \_\_\_2. \_\_\_ **I have achieved a raw score of 250 or above on the Next Generation Accuplacer Reading Skills Assessment**  
\_\_\_ **OR** (check one)  
\_\_\_ **I have successfully completed ENG 0970 Reading Enrichment II OR**  
\_\_\_ **I have received a score of 18 or above on the Reading portion of the ACT.**
- \_\_\_3. \_\_\_ **I have achieved a raw score of 248 or above on the Next Generation Accuplacer Quantitative Reasoning Assessment**  
\_\_\_ **OR** (check one)  
\_\_\_ **I have successfully completed MTH 0910 Math Literacy OR**  
\_\_\_ **I have received a score of 15 or above on the Math portion of the ACT.**
- \_\_\_4. \_\_\_ **I have achieved a raw score of 263 or above on the Next Generation Accuplacer Writing Skills Assessment**  
\_\_\_ **OR** (check one)  
\_\_\_ **I have successfully completed ENG 0990 Preparation for College Writing II OR**  
\_\_\_ **I have received a score of 18 or above on the English portion of the ACT.**
- \_\_\_5. **I have at least a 2.0 accumulative grade point average and understand I must achieve a "C" in all required courses to remain in the program.**
- \_\_\_6. **I realize that there are additional requirements for entrance to MED 1091 Medical Assisting Practicum, and that they must be met by the specified deadline to avoid forfeiture of the Practicum.**  
a. completion of medical physical.  
b. testing for infectious diseases and update immunizations.  
c. signed Responsibility for Treatment.  
d. purchase liability insurance.  
e. drug screening
- \_\_\_7. **I understand my practicum site may require additional testing prior to or during my practicum i.e. drug screening, exposure to infectious diseases.**
- \_\_\_8. **I understand I must complete the first Hepatitis B injection, an immunization series of three, prior to my first technical laboratory course.**
- \_\_\_9. **I have read and understand the Medical Assisting Student Handbook policies and requirements. I have had an opportunity to ask questions. I agree to abide by the policies and requirements specified in the Handbook.**
- \_\_\_10. **I have received, read, and understand the Medical Assisting competencies.**
- \_\_\_11. **I have read, understand, and signed the *Educational Research Consent Form*.**

I wish to enter the MA technical course sequence \_\_\_\_\_ term, with an anticipated year of graduation of \_\_\_\_\_. I understand that if the class is filled at the time that I submit this application I will be able to take the technical course along with the rest of the class but will be placed on a waiting list for the practicum which will then fill on a first-come first-serve basis when an opening is available. The Certifying Board of the American Association of Medical Assistants reserves the right to deny admission to the Certified Medical Assistant examination if an individual has been convicted of a felony or has pled guilty to a felony. Therefore, I understand my formal acceptance into the MA program is contingent upon a successful criminal background check facilitated by Marion Technical College.

I certify that the information that I have provided is true to the best of my knowledge. I understand that I am responsible for fulfilling all of the program admission and medical requirements.

Applicant's Signature \_\_\_\_\_

\_\_\_\_\_ Date

RETURN TO: **Darlene L. Lewis**  
**Health Technologies Administrative Assistant**  
**Marion Technical College**  
**1467 Mt. Vernon Avenue**  
**Marion, OH 43302**

Marion Technical College Health Programs  
**Student Agreement to Respect Confidentiality, Privacy, and Security**

Maintaining confidentiality, privacy, and security is a key principle in today's health care setting. The purpose is to promote trust in professional relationships between patient/family members and individuals working in the health care environment, facilitate truthful and complete disclosure of information by patients, and protect patients, health care providers, and health care facilities from harm by preventing disclosure of information. Some information may be harmful to an individual's reputation, personal relationships or employment.

**Confidentiality** carries the responsibility for limiting disclosure of private matters. It includes the responsibility to use, disclose, or release such information only with the knowledge and consent of the individual. **Privacy** is the right of an individual to be left alone. It includes freedom from observation or intrusion into one's private affairs and the right to maintain control over certain personal and health information. **Security** includes physical and electronic protection of the integrity, availability, and confidentiality of computer-based information and the resources used to enter, store, process, and communicate it; and the means to control access and protect information from accidental or intentional disclosure.

Confidential information includes but is not limited to: patient information, medical records, hospital/medical office information, pharmacy, physician information, employee records, and any situation which may be encountered in the course of your clinical/practicum experience and on campus. Maintaining confidentiality means to share information only with other healthcare professionals who have a "need to know" the information to provide proper healthcare for that patient and/or to conduct business within the health care setting. Obtaining and sharing information in which there is not a "need to know" is a violation of confidentiality. Sharing any information about your observation or clinical practicum site or staff is a breach of confidentiality per HIPAA. To ensure confidentiality, privacy, and security, cell phone usage is not permitted during observation hours or while in any professional practice experience.

Information that is a benefit to the learning experience may be shared with an instructor or other students as part of a classroom assignment. Information must exclude patient identifiers/confidential information. As part of a learning experience, this would be considered a legitimate "need to know". Sharing this information outside of class is a breach of confidentiality.

A common way in which information is shared unnecessarily is through casual conversation. Sometimes a patient or a situation is very interesting and information is shared with one's own family, friends, or co-workers who are not involved with that patient. Simply mentioning that you saw an individual in a healthcare setting is considered a breach of confidentiality. Other times, information is shared inadvertently. Two employees, both needing to know information about a patient, discuss the case in the elevator or in the cafeteria, and a visitor overhears the information. This illustrates why it is imperative to limit clinical discussions to non-public areas.

Records such as any part of a patient's chart, are not to be read by individuals other than those having a "need to know". Retrieving information from a computer also falls into this category. A "need to know" refers specifically to work needs. Looking up testing for a friend or a family member is not acceptable "need to know". Friends and family need to learn of their lab data results from the ordering physician.

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**Agreement requiring student signature:** I, \_\_\_\_\_ have read the above information regarding confidentiality, privacy, and security and I understand the importance of keeping all information I encounter during observation or a professional practice experience in confidence. I agree to maintain confidentiality in the healthcare site and will not divulge any healthcare information outside the healthcare site. I will not access or try to access patient or healthcare information without the approval of the professional practice site. I understand that cell phones are not permitted during observations or a professional practice experience. I will not remove records, papers, medications or specimens from the healthcare site without permission. I will not take notes of any confidential information and remove it from the healthcare site. I agree that I will not take pictures of patients or of confidential information. I agree to use caution when discussing confidential matters in the healthcare site to avoid being overheard in any public area. I understand that violating this policy may prohibit me from admission to any MTC allied health program, or result in my removal from the professional practice, a failing grade, and dismissal from the program. I will continue to maintain confidentiality, privacy, and security with any information I encounter during my learning experience after I have completed my courses at Marion Technical College.

Print Name: \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_ Student ID: \_\_\_\_\_

**Criminal Background Disclosure  
Marion Technical College  
Health Programs**

I understand that I, prior to acceptance into a health program, will be subject to a background check including, but not limited to an analysis of fingerprints and review of all prior criminal records. The criminal background check is facilitated by Marion Technical College and conducted by the Ohio Bureau of Criminal Investigation and Identification and the Federal Bureau of Investigation. Students with certain felony, misdemeanor, or drug-related arrests as specified in the Ohio Revised Code 109.572, may be ineligible for admission into the program. Furthermore, clinical/practicum sites have their own requirements for students attending their facilities. Students with disqualifiers may be ineligible to complete the MTC health programs if the student is not eligible to complete clinicals/practicums at the training site.

I understand I am required to self-disclose any criminal background prior to admission into the program. Students with any criminal background may also be ineligible for admission. Potential employers may require criminal background checks as conditions for employment. Individuals who have been convicted of any crime, including felony, gross misdemeanor, misdemeanor, or a drug-related arrests may be ineligible for employment. Therefore, completing an MTC program does not guarantee future employment.

I understand the submission of any false information to Marion Technical College shall be cause for immediate dismissal from any Health program.

Do you have any criminal background? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Printed Student Name

\_\_\_\_\_  
Other Names -Alias

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

## Ohio Revised Code 109.572 Disqualifiers/Convictions

2903.01	Aggravated Murder
2903.02	Murder
2903.03	Voluntary Manslaughter
2903.04	Involuntary Manslaughter
2903.11	Felonious Assault
2903.12	Aggravated Assault
2903.13	Assault
2903.15	Permitting Child Abuse
2903.16	Failing to Provide for a Functionally Impaired Person
2903.21	Aggravated Menacing
2903.22	Menacing
2903.34	Patient Abuse and Neglect
2905.01	Kidnapping
2905.02	Abduction
2905.04	Child Stealing
2905.05	Criminal Child Enticement
2905.11	Extortion
2905.11.1	Coercion
2907.02	Rape
2907.03	Sexual Battery
2907.04	Corruption of a Minor
2907.05	Gross Sexual Imposition
2907.06	Sexual Imposition
2907.07	Importuning
2907.08	Voyeurism
2907.09	Public Indecency
2907.12	Felonious Sexual Penetration
2907.21	Compelling Prostitution
2907.22	Promoting Prostitution
2907.23	Procuring
2907.25	Prostitution; after positive HIV test
2907.31	Disseminating Matter Harmful to Juveniles
2907.32	Pandering Obscenity
2907.32.1	Pandering Obscenity Involving a Minor
2907.32.2	Pandering Sexually Oriented Matter Involving a Minor
2907.32.3	Illegal Use of Minor in Nudity-oriented Material or Performance
2911.01	Aggravated Robbery
2911.02	Robbery
2911.11	Aggravated Burglary
2911.12	Burglary
2911.13	Breaking and Entering
2913.02	Theft: Aggravated Theft
2913.03	Unauthorized Use of a Vehicle
2913.04	Unauthorized Use of Property; Unauthorized Access to Computer System
2913.11	Passing Bad Checks

- 2913.21 Misuse of Credit Cards
- 2913.31 Forgery; Identification Card Offense
- 2913.40 Medicaid Fraud
- 2913.43 Securing Writings by Deception
- 2913.47 Insurance Fraud
- 2913.48 Worker's Compensation Fraud
- 2913.49 Identity Fraud
- 2913.51 Receiving Stolen Property
  
- 2919.12 Unlawful Abortion
- 2919.22 Endangering Children
- 2919.23 Interference with Custody
- 2919.24 Contributing to Unruliness or Delinquency of a Child
- 2919.25 Domestic Violence
  
- 2921.36 Prohibition of Conveyance of Certain Items on to Grounds of Detention Facility or Mental Health or MRDD Facility
  
- 2923.12 Carrying Concealed Weapons
- 2923.13 Having Weapons While Under Disability
- 2923.16.1 Improperly Discharging Firearm at or into Habitation or School
  
- 2925.02 Corrupting Another with Drugs
- 2925.03 Trafficking in Drugs
- 2925.04 Shall Not Cultivate or manufacture drugs
- 2926.05 Shall Not Knowingly Provide Money to Another if the Recipient is to Use the Money to Purchase Any Controlled Substance
- 2925.06 Shall Not Knowingly Administer, Prescribe, or Dispense any Anabolic Steroid Not Approved by US FDA.
- 2925.11 Drug Abuse, Shall Not Obtain, Possess or Use a Controlled Substance or a controlled substance analog
- 2925.13 Permitting Drug Abuse
- 2925.22 Deception to Obtain Dangerous Drugs
- 2925.23 Illegal Processing of Drug Documents
  
- 3716.11 Placing harmful objects in food or confection
  
- Additions:
- 2716.11 Adulterated Food
- 959.13 Cruelty to animals
- 2927.12 Ethnic Intimidation

Health Director Shared drive: Disqualifier List



**Marion Technical College Medical Assisting Programs**

**Educational Research Consent Form  
(Invasive and Non-invasive)**

You are being asked to take part in invasive and non-invasive educational research activities for the Medical Assisting program of Marion Technical College.

The purpose of the learning activities is to provide students with the theory and hands-on phlebotomy (PBT) training to perform venipunctures, skin punctures, and laboratory testing for the Medical Assisting program. During the phlebotomy procedures, you will be asked to give no more than 4 tubes (30 ml or 1 ounce) of blood at any given time. You may experience some discomfort from the needle when blood is drawn from your arm or finger. Risks associated with drawing blood from your arm or finger may include but not limited to, pain, bleeding, swelling, bruising, lightheadedness, and on rare occasion, infections. Risk of infection is slight since only sterile one-time equipment will be used.

In addition to the Phlebotomy training, Medical Assisting students will be required to participate in bandaging, vital signs, EKG's, ear and eye irrigations and drops, application of gait belt, prep for surgery, dressing changes, and demonstration and participation of patient positioning. Risks associated with these procedures include but are not limited to: falls, blurred vision with eye drops/irrigation, ringing in the ears and dizziness with ear drops/irrigation, allergy to betadine. You may also experience tingling in the hands with blood pressure checks.

Remember, if you have any pertinent questions regarding the educational research activities, your rights, and whom to contact in the event of a research-related injury, to please see your instructor.

Your participation in the educational research activities is required. Hands-on training and participation is essential in your educational learning experience. If you do not wish to participate in the process, please see your advisor to discuss alternate career choices.

My signature below means that I have been informed about the invasive and non-invasive educational research activities and have had a chance to ask any questions. My signature below also indicates that I consent to the retrieval and use of my blood sample strictly for educational purposes and only for the duration of my program.

\_\_\_\_\_  
Printed Name of Participant

Date \_\_\_\_\_

\_\_\_\_\_  
Participant's Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Participant's Social Security Number or MTC ID

\_\_\_\_\_  
MS Personnel Obtaining Consent/Printed Name

Date \_\_\_\_\_