MEDICAL ASSISTANT PROGRAM

Student Information Packet

150 Parker Court
League City, Texas 77573
(409)938-1211 or (888) 258-8859 Ext. 8644
www.com.edu
Medical Assistant Program
General Information

Medical Assistants perform routine administrative and clinical tasks in order to keep the physicians office running efficiently. The duties of a medical assistant vary from office to office, depending on office geographical location, size and specialty. In small practices, medical assistants usually are referred to as “generalists”, handling both administrative and clinical duties. They report directly to an office manager, physician, or other health practitioner.

ADMINISTRATIVE
Administrative responsibilities include: greeting patients, answering the phone, completing insurance forms, maintaining medical records, making appointments, arrange for hospital admission and laboratory services. They may handle the bookkeeping and medical coding as well as the medical billing. Medical Assistants are also responsible for ordering and maintaining the medical supplies as well as maintaining the medical equipment.

CLINICAL
Clinical duties vary according to the medical specialty and include taking medical histories and recording vital signs, explaining treatment procedures to patient, preparing patients for examination, and assisting the physician during the examination. Medical Assistants collect and prepare laboratory specimens or perform basic laboratory test on the premises. They instruct patients about medication and special diets, prepare and administer medications as directed by a physician, authorize drug refills as directed, draw blood, prepare patients for diagnostic testing, remove sutures and do wound care. Medical Assistants can also perform a 12 lead EKG.

CAREER OUTLOOK
Employment of medical assistants is expected to grow much faster than the average for all occupations through the year 2016. As the health services industry continues to expand by means of new technological advances in medicine, along with a growing population, the need for medical assistants is extremely strong. Medical Assistants are projected to be the fastest growing occupation over the 2002-2018 period. Our one year program will help prepare the student for the Certified Medical Assistant exam as well as prepare them for employment in the healthcare field.

ADMISSION REQUIREMENTS

1. Students should complete an application to apply for admission into College of the Mainland and complete any necessary college requirements for admission. Students can apply online at www.com.edu.
2. The student must be in good physical and mental health. By the second semester, enrolled students must have a physical examination by a physician and must show proof of a negative T.B. skin test and current immunizations, including the Hep B series. Students must also be able to pass a background check, refer to the (AAMA)-American Association of Medical Assistants- website for eligibility requirements to sit for the CMA exam.
3. The student must have a current Healthcare Provider CPR card prior to the clinical externship portion of the program. Consult the current Continuing Education schedule for upcoming classes.
4. Students must attend the COM new student orientation prior to the start of the program.
5. Financial Aid is available for the Medical Assistant program at College of the Mainland. For eligibility and more specific information, please contact the financial aid office at (409) 938-1211 ext. 8274 or you can call toll free at (888)258-8859 ext. 8274.
# MEDICAL ASSISTANT PROGRAM CURRICULUM

## FIRST SEMESTER
- **MDCA 1309** Anatomy & Physiology for Medical Assistants
- **MDCA 1302** Human Disease and Pathophysiology
- **HITT 1305** Medical Terminology - Online
- **MDCA 1443** Medical Insurance

<table>
<thead>
<tr>
<th>Tuition and fees</th>
<th>In-District</th>
<th>$793.50</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Out of District</td>
<td>$1313.50</td>
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</tbody>
</table>

Estimated Additional Costs:
- **Books** $500.00
- **Uniform** $150.00

## SECOND SEMESTER
- **MDCA 1321** Administrative Procedures - Online
- **MDCA 1417** Procedures in a Clinical Setting
- **MDCA 1352** Medical Assistant Lab Procedures
- **MDCA 1348** Pharmacology and Administration of Medicines

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</thead>
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<td>Out of District</td>
<td>$1313.50</td>
</tr>
</tbody>
</table>

Estimated Additional Cost:
- **Physical** Depending on insurance
- **Books** $200.00
- **Back ground check** $42.00

## THIRD SEMESTER
- **MDCA 1205** Medical Law and Ethics - Online
- **MDCA 1460** Clinical – Medical Assistant
- **MDCA 1254** CMA Exam Review

<table>
<thead>
<tr>
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<th>$654.00</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Out of District</td>
<td>$1054.00</td>
</tr>
</tbody>
</table>

Estimated Additional Cost:
- **Malpractice insurance** $16.00
- **Books** $200.00
Name in full (please print)

________________________________________________________________________

Last       First       Middle

Any other name(s) used while attending school: ________________________________________________

Home Address:

Number & Street  Apt. #  City  State  Zip

Home Phone: ___________________  Alt. Phone ___________________  Student ID ______

e-Mail (required): _______________________________________________________

List High School Graduation or GED:

Name of School  City & State  Date of Graduation/GED

List all colleges, universities, or vocational schools attended:

Name of Institution  City & State  Date of attendance/Graduation

List any licenses or certificates held in health care occupations (please attach a copies of each)

List volunteer/work experience in a healthcare setting:

Facility  Supervisor  Phone (area code/number)  Period of time (mo/yr-mo/yr)  total hrs.

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission or immediate dismissal from the program.

Signature: ___________________________  Date: ___________________________

An official copy of your transcript(s) from all schools attended is required for admission and must be on file with the College of the Mainland Admissions & Records department.

List any licenses or certificates held in health care occupations (please attach a copies of each)

List volunteer/work experience in a healthcare setting:

Facility  Supervisor  Phone (area code/number)  Period of time (mo/yr-mo/yr)  total hrs.

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission or immediate dismissal from the program.

Signature: ___________________________  Date: ___________________________
# Medical Assistant Certificate Plan

**Student Name:** ______________________________________  **Date:** _______________

<table>
<thead>
<tr>
<th>Completed</th>
<th>Course Selection</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Semester</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MDCA 1309 – Anatomy and Physiology for Medical Assistants</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>MDCA 1302 – Human Disease and Pathophysiology</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>HITT 1305 – Medical Terminology - online</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>MDCA 1443 – Medical Insurance</td>
<td>4</td>
</tr>
<tr>
<td><strong>Second Semester</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MDCA 1417 – Procedures in a clinical setting</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>MDCA 1352 – Medical Assistant Laboratory Procedures</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>MDCA 1348 – Pharmacology and Administration of Medicines</td>
<td>3</td>
</tr>
<tr>
<td><strong>Third Semester</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MDCA 1205 – Medical law and Ethics - online</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>MDCA 1321 – Administrative Procedures - Online</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>MDCA 1460 – Clinical Externship – Medical Assistant – 160 clock hours</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>MDCA 1254 – CMA exam review</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total Curriculum Hours</strong></td>
<td></td>
<td><strong>36</strong></td>
</tr>
</tbody>
</table>

**Students’ Signature**  
____________________________________

**Program Director’s Signature**  
____________________________________

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College of the Mainland is an affirmative action/equal opportunity institution and does not discriminate on the basis of race, color, sex, national origin, religion, handicap or Vietnam veteran status.
# Physical Exam for Medical Assistant Program

## Student Information

<table>
<thead>
<tr>
<th>Last</th>
<th>M/I</th>
<th>First</th>
<th>Sex</th>
<th>DOB: (DD/MM/YYYY)</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Weight</th>
<th>Height</th>
<th>Pulse</th>
<th>Temp</th>
<th>Blood Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>S __________ D ______</td>
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</table>

## List any current illnesses or injuries:

## List any permanent medical conditions or physical limitations:

### Medical History: (Check those that apply)

#### Diseases:

- Asthma
- Heart Disease
- Tuberculosis
- Measles
- Diabetes
- Seizures
- Emphysema
- Hypoglycemic
- Hepatitis
- Rheumatism
- Small Pox
- Tuberculosis
- Diphtheria
- Influenza
- Pneumonia
- Tuberculosis
- Infantile Paralysis
- Osteoarthritis
- Mumps
- Other __________________ (Please specify)

(If checked above please describe below)

_________________________________________________________________________

_________________________________________________________________________

#### Tests:

(Please attach proof of results. Must be no more than 1 year old. If results are positive, a chest x-ray is required)

<table>
<thead>
<tr>
<th>TB Skin Test</th>
<th>Date read</th>
<th>Initials</th>
<th>TB Chest X-ray</th>
<th>Date read</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pos</td>
<td></td>
<td></td>
<td>Neg</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

(*Attach proof of finding)

#### Immunizations (Give most recent date)

<table>
<thead>
<tr>
<th>Polio</th>
<th>Tetanus</th>
<th>Diphtheria</th>
<th>Hep A</th>
<th>Hep B</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

I certify that I have examined this individual and he/she is suitable physically and emotionally for the Medical Assistant program.

- [ ] Yes
- [ ] No (If no, please explain) ________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________    __________________________________M.D.

Date:      Signature

____________________________________

Address

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