



Certified Clinical Medical Assistant (CCMA)

Online Hybrid Program Overview:

The Certified Clinical Medical Assistant (CCMA) program is a 500-hour hybrid program made up of online coursework, once weekly in-person skills labs, and a clinical externship. Our hybrid format allows students to take advantage of the convenience of online courses while still being able to meet face-to-face with their instructor, interact with classmates, and participate in hands-on training labs.

The program is challenging both mentally and physically. It is important to have a good understanding of the demands of the profession. Please read the application packet carefully and assess your ability to perform the essential functions of the job.

Because online education is so flexible, it requires a great deal of personal accountability and self-motivation. The best online programs mirror campus programs in many ways, with a few differences.

- With distance learning, students can usually “show up” whenever it is convenient for them. Because the coursework is online, they can generally access it any time, and from anywhere.
- The digital learning experience may include watching a pre-recorded or live streaming video or reading and working with online, interactive text.
- Communications with the teacher — and perhaps with classmates — take place electronically. Instead of raising their hand to ask the teacher a question, students shoot the instructor an email or online message.

ONLINE CLASSES ARE A GOOD FIT FOR MOTIVATED ADULT LEARNERS.

CCMA is a training program sponsored by Pearl River Community College Workforce Education and is not eligible for college credit. Upon successful completion, the student will be prepared to sit for the National Healthcareer Association (NHA) Certified Clinical Medical Assistant (CCMA) national examination, Certified Phlebotomy Technician (CPT), and Certified EKG Technician (CET) certification tests.

**Students must demonstrate proficiency in venipunctures, capillary punctures, and EKGs by receiving and delivering the required number throughout the course. **

Classes will meet online with a mandatory skills lab on campus every Tuesday and/or Thursday from 8am-12pm.
Course begins Monday, January 9, 2023 and ends Friday, May 26, 2023.
Course Fee: \$2,000

Class expectations:

- ✦ This course requires online coursework, once weekly face to face lab days, and three weeks of full time on-site clinical externship.
- ✦ Maroon scrubs required for all class activities
- ✦ Travel to clinical sites
- ✦ Daily reading and online course work
- ✦ Must have full range of body motion and be able to lift and carry, push and pull in excess of 50lbs, kneel, twist, and reach as well as stand for long periods.
- ✦ **Phlebotomy (CPT) technician exam candidates:** experience must include performing a minimum of 30 successful venipunctures and 10 successful capillary sticks. These venipuncture and capillary sticks must be performed on live individuals. Candidates are prohibited from using mannequins to meet this requirement.
- ✦ **EKG technician (CET) exam candidates:** experience must include performing a minimum of 10 successful EKGs. These EKGs must be performed on live individuals. Candidates are prohibited from using mannequins to meet this requirement.

For Program Consideration:

A competitive point system along with an entrance interview will be utilized to evaluate and select students to enter the medical assisting program. Each applicant's total points will be calculated and ranked based on "highest to lowest" total point score.

To be considered for program interview, a complete application packet is required. There is a **Program Prerequisites** list to follow to insure you have a complete packet. All forms should be carefully completed and include all necessary documents including complete immunization records. **Interviews will be scheduled for applicants with completed packets only.**

Application packets are accepted on Monday through Thursday from 8:30 am – 3:00 pm at The Lowery Woodall Center, 906 Sullivan Drive, Hattiesburg.



The Selection Process

Applicants are selected by the point system indicated in this packet (highest to lowest). Below is an overview of how the point scale works. Documentation should be submitted with application packet.

	Points Awarded
Complete Application (See Pre-Requisite checklist on page 5 of the application)	1
Incomplete Application (missing some required components on submission)	0
ACT WorkKeys Assessment (based on overall WorkKeys score)	Points Awarded
Platinum	5
Gold	3
Silver	1
Volunteerism and Community Service	Points Awarded
Healthcare related (sitter, home health aide, care of family, etc)	3
Non-healthcare related (camps, schools, outreach programs, etc)	2
Related Healthcare Certification (must submit a copy of current or past certificate or license)	Points Awarded
Certified Nursing Assistant	5
Phlebotomy Technician	4
EKG Technician	4
Pharmacy Technician	3
Billing and Coding Specialist	3
Other applicable program	3
Related College Coursework (must submit transcript within the last 10 years)	Points Awarded
Anatomy and Physiology	5
Medical Terminology	4
Verifiable Healthcare Employment (must submit healthcare employment verification form)	Points Awarded
1 year or longer	5
6 months to 1 year	4
Less than 6 months	3
Interview (based on grading rubric)	Points Awarded
Score of 22 or higher	30
Score of 12-21	20
Score of less than 12	10

Spring 2023 CCMA Calendar

Dates:	Events:
October 3, 2022 – November 28, 2022	Completed Applications accepted
November 30-December 1, 2022	CCMA Interviews (An interview will only be granted to those with complete applications)
December 7, 2022	CCMA Class Acceptance Letters sent out
January 9, 2023	CCMA Class begins (Tuition balances are due)
March 3, 2023	EKG technician (CET) exam (subject to change)
April 21, 2023	Phlebotomy technician (CPT) exam (subject to change)
May 26, 2023	CCMA Graduation
May 30, 2023	CCMA Certification Exam

Technical Skill Requirements

This CCMA training is being delivered in a hybrid format. Students will need the following technology and computer skills to participate in the program.

- Desktop or laptop computer with an updated operating system (e.g. Windows, Mac).
NOTE: Cell phones will not be sufficient for completing the coursework requirements in this program.
- Reliable, high-speed internet connection, DSL or Cable preferred.
- Updated Internet browser (Apple Safari, Google Chrome, Mozilla Firefox).
- Ability to Download a browser plug-in, such as a video player
- Ability to post to a discussion forum/board
- Ability to download and save a file to your computer
- Ability to enter a response in a web-form, such as an online quiz
- Ability to send emails to the instructor or peers



Pre-Requisite Checklist:

This packet lists all steps involved in making a complete application for the CCMA program.

All pre-requisite costs are to be covered by the student. **PLEASE READ ALL INFORMATION!**

Read: Information on a Career in Certified Clinical Medical Assistant (Page 6)	
Read: Workforce Education Training & Attendance Policies (Page 7-8) Sign: Policy Compliance Form (Page 9)	
Completed by Clinic: Physical Examination Report (Page 10 & 11)	
Results: 10 Panel Drug Screen Results (Page 12)	
Complete: Hep B Consent or Declination Form (Page 13)	
Complete: Criminal Background Check Consent Form (Page 14)	
Complete: Program Application (Page 15)	
Submit: Copy of one of the following: High School Transcript or Diploma/GED/High School Equivalency	
Take: ACT Workkeys Assessment Score: Silver Level on ACT WorkKeys Assessment. (Test is 3 hours) \$50 Fee	
Submit: Copy of Immunization Records <ul style="list-style-type: none"> • Tuberculosis (TB), Proof of either (within the past year): <ul style="list-style-type: none"> ○ a negative PPD skin test, or ○ a negative chest x-ray if skin test is positive or cannot be taken • Varicella (Chicken Pox), Proof of either: <ul style="list-style-type: none"> ○ a physician documented history of the disease, or ○ a documentation of varicella immunization ○ or a titer test confirming immunity • Hepatitis B series, Proof of either: <ul style="list-style-type: none"> ○ a complete three-injection series of Hepatitis B vaccinations, or ○ signature on declination form • MMR series, Proof of either: <ul style="list-style-type: none"> ○ a complete two-injection series of MMR vaccinations, or ○ a titer test confirming immunity (positive reading) • Tdap (within past 10 years) • COVID-19 Vaccine <ul style="list-style-type: none"> ○ The record of immunization from a healthcare provider or pharmacy; ○ A copy of the COVID-19 Vaccination Record Card; ○ A copy of immunization records from a public health, state, or tribal immunization information system with information on the vaccine name, date(s) of administration, and the name of health care professional or clinic site administering vaccine. 	

Certified Clinical Medical Assistant (CCMA)

Career Information:

What does a medical assistant do?

A medical assistant is a multi-skilled allied health care professional who specializes in procedures commonly performed in the ambulatory health care setting. Medical assistants perform both clinical and administrative duties and assist a variety of providers including physicians, nurse practitioners and physician assistants. They typically work in medical offices, clinics, urgent care centers and may work in general medicine or specialty practices.

Common duties of a medical assistant include administrative and clinical tasks like:

- † Checking patients in and out upon arrival and departure
- † Answering phone calls and questions
- † Assisting providers with exams and procedures
- † Administering injections or medications
- † Working in the electronic health record (EHR)
- † Performing EKG, phlebotomy, and laboratory procedures
- † Taking patients vital signs

Why earn a medical assistant certification?

According to the Bureau of Labor and Statistics (BLS), employment of medical assistants is expected to grow 18 percent from 2020 to 2030, much faster than the average for all occupations, which are expected to grow around 8 percent.

Online job postings suggest an even more robust growth in MA employment than the BLS. Research by Gray Associates suggests in 2012 and 2013, MA job postings increased at least 9% each year. In 2014, postings increased 15% and a high annual growth rate continued in 2015.

Having a nationally accredited certification, like the CCMA, can help you stand out. Certification may also be required or preferred for certain job opportunities in the profession.

Many organizations are now offering career ladder opportunities for medical assistants with elevated responsibilities and pay. Elevated roles may include those of a scribe, health coach, patient navigator, population health manager and patient care coordinator.

Workforce Education Training Policies

The Workforce Education Division will operate its training/courses in accordance with the Pearl River Community College Student Handbook*.

The following items are of particular concern in Workforce Training Courses:

1. There will be no cell phone use in the classroom, lab or clinical areas.
2. Students must be properly dressed according to class requirements.
3. Each student will obtain and bring to class all required training tools and/or equipment.
4. Each student will obtain and bring to class their own textbooks or laboratory manuals.
5. Students will inform the instructor should an emergency arise in which they will not be able to attend class or need to leave the training area.
6. Smoking and other tobacco use is prohibited on all PRCC properties. This is a tobacco free campus.
7. Students will at all times conduct themselves in a professional manner, follow all classroom rules, and demonstrate characteristics consistent with healthcare providers.

Class Attendance

The goal of Pearl River Community College is to prepare students for the workforce by training job and employability skills. With this goal in mind the following attendance policy has been adopted by PRCC Workforce Education Division.

Regular and punctual attendance is required of all students enrolled in classes. Pearl River Community College has a specified number of days of attendance required for a student to receive credit for courses.

Please keep in mind that an online course requires as much or more time to complete as compared to a traditional classroom course. If you were taking this course in a traditional face-to-face format, you would attend class four days a week in the classroom and need additional time out of class to read and study the lesson material, textbook, and related information to complete the assignments. Please plan now to devote sufficient time to the course.

LAB ATTENDANCE: Due to the interactive learning methods and limited opportunity to obtain lab/skill information, student attendance is mandatory for this course. This course requires active participation online and in lab. Therefore, students are expected to attend each assigned lab and will be excused only under the most emergent circumstances. Students with an unavoidable absence must e-mail or leave a voice mail for the instructor as soon as possible regarding their absence. It is not guaranteed that lab skill make-up days may be scheduled.

CLINICAL ATTENDANCE: Students are required to acquire their own transportation to and from the clinical assignment site. Students are required to attend all clinical experiences and absences should be avoided. Students with unavoidable absence must e-mail and leave a voice mail for the instructor and preceptor as soon as possible regarding their absence to schedule a makeup time.

Absences

PRCC defines attendance in online classes as active participation in the classes learning activities. Attendance will be measured weekly and will be based upon documentable engagement with course content. A student participating in a provided online class will be allowed two (2) absences for 12 weeks online course content, one (1) absence for clinical lab days, and one (1) absence during clinical externship. Attendance will be monitored by timely submission of assignments, including tests, homework, projects, discussion board entries, etc. A student is expected to complete such assignments by the appropriate due date. Failure to complete such assignments by the due date will be recorded as an absence. Upon the third absence, the student will be notified that with a following absence they will be removed from the class barring any extenuating circumstances.

*The PRCC Student Handbook may be downloaded at <http://www.prcc.edu/current-students/student-handbook>



Policy Compliance Form

I, _____, have read and understand Workforce Education training and attendance policies.

I certify that all the information submitted in this application is accurate and true to the best of my knowledge.

I understand that in the event I do not complete the training for any reason or am dismissed from this program, no refunds will be allowed.

SIGNATURE: _____

DATE: _____

GENERAL PHYSICAL EXAMINATION

NAME: _____ D.O.B. _____ AGE _____

ADDRESS: _____ CITY: _____ STATE: _____

SEX: ___ MALE ___ FEMALE

YES	NO	
		Head/brain injuries, disorders or illnesses
		Seizures, Epilepsy
		Medications:
		Eye disorders or impaired vision (except corrective lenses)
		Ear disorders, loss of hearing or balance
		Hear disease or heart attack; other cardiovascular condition
		Medications:
		Heart surgery (valve replacement/bypass, angioplasty, pacemaker)
		High blood pressure
		Medications:
		Muscular disease
		Shortness of breath
		Fainting/dizziness
		Sleep disorders, pauses in breathing while sleeping, daytime sleepiness, loud snoring
		Stroke or paralysis
		Missing or impaired hand, arm foot finger or toe
		Spinal injury or disease
		Chronic low back pain
		Regular, frequent alcohol use
		Lung disease, emphysema, asthma, chronic bronchitis
		Narcotic or habit-forming drug use
		Kidney disease, dialysis
		Liver disease
		Digestive problems
		Diabetes or elevated blood sugar controlled by diet, pills or insulin
		Nervous or psychiatric disorders, example: severe depression, anxiety etc.
		Medications:
		Loss of, or altered consciousness

If you marked yes to any of the questions above, please explain: _____

Medications: _____

Allergies: _____

Blood Pressure_____Pulse	Respirations_____Weight
HEENT_____	M/S_____
Cardio_____	GI/GU
Respiratory	
IMP	

PROVIDER SIGNATURE: _____

DATE: _____



Certified Clinical

Medical Assistant Drug Screen Form

Participants: Please present this form when requesting a drug screen.

I, _____, am enrolling in a Workforce Education Training program at Pearl River Community College that requires a 10-panel drug screen. I the student am responsible for the cost of the drug screen.

Results may be submitted to:

Michael Yarbrough

Pearl River Community College

Workforce Project Manager

myarbrough@prcc.edu

906 Sullivan Drive

Hattiesburg, MS 39401

601-554-4643

Student Signature

Date

Hepatitis B Vaccine Consent Form

Pearl River Community College seeks to provide protection of students and instructors in all situations. The Hepatitis B policy was adopted to help ensure the safety of all involved in health occupations.

Name: _____

Hepatitis B is a viral illness that can cause serious illness and liver disease. The virus causing Hepatitis B is present in many people who are not aware of it. Those working in hospitals and other health care facilities frequently come into contact with blood products that can pass on the Hepatitis B virus to us. In an attempt to secure the well-being of our students and to avoid the spread of this disease, the school is recommending the Hepatitis B recombinant vaccine. Since the disease does cause a significant amount of severe illness, cirrhosis, potential liver cancer and occasionally even death, PRCC recommends that you take the vaccine.

The vaccine is made by recombinant gene technology and there is no risk of acquiring AIDS or any other infection from taking the vaccine. Minor reactions such as soreness at the injection site can occur, but serious reactions are rare (less than 1 in 10,000 injections). Those who know they are allergic to yeast, who have a hypersensitivity reaction to a previous Hepatitis B vaccination, should not take the vaccine. If you are now pregnant or have an active infection, you should delay vaccination unless an exposure occurs. In an exposure occurs, a decision will be made on an individual basis.

Below are two options that you are offered with respect to the Hepatitis B vaccine. You may elect not to take the vaccine; you may elect to take the vaccine as an intramuscular injection.

A. I do not wish to take any vaccine to prevent me from getting Hepatitis B. I realize that Hepatitis B is a very serious illness causing severe liver damage and potential death. I also realize that the disease, if I get it, can potentially be passed on to the family and any unborn children, I understand that the vaccine has a very low risk of any kind of reaction and that the vaccine will not expose me to any risk of AIDS because it is not made from other human serum.

Signature: _____ Date: _____

B. Intramuscular injection: I wish to receive the vaccine through intramuscular injection to reduce the likelihood of acquiring Hepatitis B. The injection is given in 1cc doses intramuscularly on three separate occasions. I realize that I must get all three injections before I am considered immune. I also realize that it is possible to take all three injections and still not be immune. I understand that a blood test to tell if I have immunity is not routinely given or recommended after intramuscular vaccine, but I may obtain an immunity test through my own physician or resources. I agree to take the first injection and submit proof of this on the first day of class. I agree to pay all costs associated with the vaccine.

Signature: _____ Date: _____

Criminal Background Check Consent Form

All students that are accepted into the program will have their fingerprints submitted to the Mississippi Department of Health to process a Criminal Background Check in accordance with section 43-11-13 of the Mississippi Code of 1972, as amended which covers Healthcare facilities.

What you need to know about this:

Everything in your past will show up on this report. It can be traffic tickets, any arrests, noise violations, Uttering/bounced check, and forgery. We will not be able to keep any student that has been convicted of, pled guilty, nolo contendere, attempted to commit, or conspired to commit felony crimes of violence, sex offenses or involving the distribution or dispensing, manufacturing, and production of controlled substances regardless of final disposition of the proceeding will be permanently denied the right to stay in class and will not be eligible for a refund. Because the report will not show convictions, pleas or if the charges were dropped, you will need to provide information for each arrest instance that will show up on your background report. All documentation will go to the Safety and Ethics Committee for review.

Print name

Applicant's signature



PRCC Workforce Development Participant Information Sheet

All information is confidential and for use only by Pearl River Community College. All fields are required.

Have you taken the ACT WorkKeys Assessment at PRCC? Yes No

Are you currently enrolled in Adult Education (GED) at PRCC? Yes No

Social Security #: _____

Name:

Last _____ First _____ Middle Initial _____ Preferred Name _____

Date of Birth: (MM/DD/YYYY) _____

Gender: ___ Male ___ Female

Race:

___ American Indian and Alaska Native ___ Asian ___ African American
___ Native Hawaiian and Other Pacific ___ White ___ More than one race

Hispanic or Latino: Yes ___ No _____

Highest Level of Education:

Less than High School ___ High School Degree/GED ___ Some College (no degree) ___
Associate's Degree ___ Bachelor's Degree ___ Graduate/Professional Degree ___

Contact Information:

Address _____

City _____ State _____ Zip _____ County _____

Email _____ Phone Number _____

Alternate Phone _____

Employment Status: Employed ___ Retired _____ Unemployed _____

Employment Type: Full-time _____ Part-time _____ Seasonal _____

Most Recent (or Current) Employer: _____

Please check all that apply: Veteran _____ Disabled _____

Signature: _____ **Today's Date:** _____

If you have a disability that qualifies under the Americans with Disabilities Act and you require special assistance or accommodations, you should contact the designated coordinator for your campus for information on appropriate guidelines and procedures: For all campuses/centers contact Eddie Sandifer at 601-403-1215 or esandifer@prcc.edu; or for Poplarville Campus, Tonia Moody Seal at 601-403-1060 or tmoody@prcc.edu; Forrest County Center, Michelle Wilson-Stokes at 601-554-5500 or mwillson@prcc.edu; Hancock Center, Raymunda Barnes at 228-252-7000 or rbarnes@prcc.edu. eLearning – Online students who require special assistance, accommodations, and/or need for alternate format should contact Eddie Sandifer or Tonia Moody Seal. For Title IV services, contact Maghan James, Assistant Vice President of Student Services/Title IX Coordinator, 601-403-1132 or mjames@prcc.edu.



**Pearl River Community College
Medical Assistant Program
Healthcare Experience Verification Form**

This form is intended for applicants to verify healthcare experience for consideration in the application process for the Medical Assistant program. If applicants have healthcare employment experience with more than one position, please list the most relevant position. This form must be submitted with the application in order to receive points for healthcare experience.

TO BE COMPLETED BY APPLICANT

Name of Applicant: _____

Organization: _____

Current Position: _____

APPLICANTS SIGNATURE: _____ Date: _____

TO BE COMPLETED BY APPLICANT'S SUPERVISOR

* Supervisor is defined as one who evaluates your clinical practice.

I understand that the above-named applicant is applying to Pearl River Community College Medical Assistant Program and I am verifying this applicant's employment for the position indicated above.

Place of Employment: _____

Address: _____

Position Title: _____ Dates of Employment: _____

Position Description:

Supervisor Name and Title: _____

Signature of Supervisor: _____ Date: _____

Supervisor Email Address: _____ Phone: _____