



# Wharton County Junior College Fort Bend Technical Center

5333 FM 1640 • Richmond, Texas 77469 • (281) 239-1500

## Medical Assistant Training Program Checklist and Application

Student Name: \_\_\_\_\_ Campus Requested: \_\_\_\_\_

**Thank you for your interest in our Medical Assistant Training Program!  
Please check the last page of this application for registration deadline information.**

### All applicants must follow these 3 easy steps:

**Step 1:** The following items must be submitted to the Continuing Education Department for review before acceptance into the program is given:

Pre-TASP Reading Test (minimum score of 14)

\* To schedule an exam please call the WCJC Testing Department at 979-532-6386.

Test MUST have been taken within the past 3 years.

Copy of high school transcript, college transcript, or G.E.D.

Copy of driver's license or other form of government I.D.

Copy of Social Security card

Medical Assistant Training Program Application

Signed and completed Criminal Background Check Consent Form

### **Work on gathering information in Step 2 while you are waiting on your acceptance to the WCJC Continuing Education Medical Assistant Training Program:**

**Step 2:** The following items must be completed by the student the Thursday before the first day of class. No student will be permitted to attend class until these records have been turned in:

Measles, Mumps, and Rubella (MMR) or evidence of immunity

Tetanus (Td) within the last ten years

Varicella (chickenpox) or evidence of immunity

Hepatitis B series or evidence of immunity

TB Skin Test with results within 60 days of the course beginning

Proof of Flu Vaccine or Vaccine Exemption Letter (Only needed during Flu Season, please check with the CE Specialist before getting.)

Proof of current BLS (Basic Life Support) CPR Certification through the American Heart Association

Applicants will receive an acceptance letter and the registration form by mail upon passing a Criminal Background Check. **Take these two items along with the full payment to any campus Registration Office immediately.** Classes are on a first come, first served basis.

#### **To be completed by the CE Department:**

Received Date: \_\_\_\_\_ By: \_\_\_\_\_

Completed Date: \_\_\_\_\_ By: \_\_\_\_\_



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**Step 3:** Supplies that will be required for the student to purchase for the class:

Scrubs (top and bottom) and non-skid shoes (tennis shoes are acceptable)

*\*Do not purchase scrubs until after the first day of class.*

*\*Scrubs are needed for the clinical portion of the training program only.*

Stethoscope

Watch with second hand

**Please note that students are required to build a specific skill set in order to complete this program. Students will be expected to actively participate in hands on training, as both the medical assistant and patient, and be required to perform the designated exercises (included but not limited to taking vitals, patient care, laboratory skills i.e. drawing blood, etc.) as requested during class time.**

**Please sign below indicating you have read and understand the information above:**

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

**Please be advised that in order for a student to attend clinical rotation at the college's sites, a copy of the student's medical records must be given to each site the student will attend.**

**Please sign below giving consent:**

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

### **PLEASE BE ADVISED THAT STUDENTS WILL SECURE THEIR OWN CLINICAL SITE!**

You must be able to adjust your schedule according to your clinical assignment. No special scheduling can be accommodated for students that are currently working. It will be the student's responsibility to work with his or her employer to accommodate scheduling needs.

Student is responsible for any and all transportation to and from the clinical site.

Applications should be submitted with all requirements as soon as possible to ensure proper processing of your application.

***I have read and understand the conditions, terms, and requirements for acceptance in the Medical Assistant Training Program. I have also read and understand the registration deadlines that are listed on page six (6) of this application.***

***Please be aware that WCJC does not provide health insurance for any student.***

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



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## Policy on Essential Performance Standards and Activities for Students

The following performance standards and activities have been identified as essential for successful admission, progression and completion of the WCJC Continuing Education Medical Assistant Training Program. Students with a diagnosed disability who are unable to meet these standards are advised to contact the ADA Coordinator **prior** to program admission.

Performance	Standard	Essential Activity/Tasks (Examples are NOT all inclusive)
Critical Thinking	Critical thinking ability sufficient for clinical decision making.	<ul style="list-style-type: none"> <li>- Solve problems and make valid, rational decisions using logic, creativity and reasoning</li> <li>- Analyze and use assessment findings to plan care for clients and families</li> <li>- Identify priorities of care based on analysis of data</li> <li>- Evaluate the plan of care and revise as appropriate</li> </ul>
Communication	Communication abilities sufficient for interaction with others in verbal, nonverbal or written form.	<ul style="list-style-type: none"> <li>- Speak English in such a manner to be understood by general public</li> <li>- Communicate effectively in verbal and written form by speaking clearly and concisely when explaining procedures</li> </ul>
Interpersonal Skills	Interpersonal abilities sufficient to interact with individuals, families and groups from a variety of social, emotional, cultural and intellectual backgrounds.	<ul style="list-style-type: none"> <li>- Establish rapport (relationship) with clients and colleagues through speech, touch and hearing</li> <li>- Work effectively in small groups as team members and as a team leader</li> <li>- Function safely under stressful conditions with the ability to adapt to ever-changing environments inherent in clinical situations involving client care</li> </ul>
Motor Skills	Gross and fine motor skills sufficient to provide medical care in a safe and accurate manner.	<ul style="list-style-type: none"> <li>- Manual dexterity to maintain sterile technique when performing sterile procedures</li> <li>- Be able to use a computer keyboard</li> </ul>
Hearing	Hearing ability sufficient to monitor, assess and provide safe medical care.	<ul style="list-style-type: none"> <li>- Be able to hear monitor alarms, emergency signals, call bells and to answer telephones</li> </ul>
Vision	Visual ability sufficient to monitor, assess and provide safe medical care.	<ul style="list-style-type: none"> <li>- Read fine, small print on medication containers, physician's orders, monitors, measuring cups and equipment calibrations</li> </ul>
Mobility	Physical abilities to move from room-to-room or maneuver in limited spaces, and to accommodate stairwell when necessary.	<ul style="list-style-type: none"> <li>- Perform physical activities necessary to do basic medical skills such as putting on sterile gloves</li> <li>- Respond quickly in an emergency</li> <li>- Physical ability to stand for prolonged periods of time, lift objects of 50 lbs. or more if applicable</li> </ul>
Recollection	The ability to learn, retain, recall and demonstrate proper terminology and techniques.	<ul style="list-style-type: none"> <li>- Easily exhibit and remember essential processes necessary for patient care</li> </ul>
Accountability, Responsibility and Professionalism	Demonstrate accountability, responsibility and professionalism in all aspects of medical practice.	<ul style="list-style-type: none"> <li>- Be able to distinguish right from wrong, legal from illegal and to act accordingly</li> <li>- Accept responsibility for own actions</li> <li>- Be able to comprehend ethical standards and agree to abide by them</li> <li>- Personal hygiene and grooming is expected; visible tattoos and piercings are at the discretion of Program Instructor and clinical site</li> </ul>

***I have read and understand that services are available through the ADA Coordinator at Wharton County Junior College for students with disabilities.***

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



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**Medical Assistant Training Program Application**

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Gender (please check)  Male  Female

Ethnicity (optional, but appreciated for state reporting): \_\_\_\_\_

**EDUCATION**

Do you have a high school diploma or G.E.D.? \_\_\_\_\_

If yes, please state year received: \_\_\_\_\_

Have you attended college before? \_\_\_\_\_

If yes, what program did you attend? \_\_\_\_\_

If yes, what college did you attend? \_\_\_\_\_

Did you receive a certificate or diploma for college? \_\_\_\_\_

**WORK EXPERIENCE**

Have you previously worked in the medical field? \_\_\_\_\_

If yes, what position did you hold? \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**PERSONAL INFORMATION**

Are you bilingual? \_\_\_\_\_ If yes, what languages: \_\_\_\_\_

Is English your primary language? \_\_\_\_\_ If no, list other: \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

**I certify that all information obtained herein is correct and understand that the penalty for submitting fraudulent information for acceptance into the program is immediate dismissal from the program and withholding of grades and any tuition paid (once program has begun). Submission of application does not guarantee acceptance into the program.**

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

11/05/2018  
WDT



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## Consent to Criminal Background Check (CBC) Medical Assistant Training Program

Prior to registration for the Medical Assistant Training Program at Wharton County Junior College, students must have a criminal background check (CBC) performed as required by the clinics in affiliation with Wharton County Junior College for clinical rotations. All criminal background checks are considered confidential personal information and will be submitted only to authorized personnel with a legitimate need-to-know basis. Refusal to consent to a criminal background check will result in a student being immediately dropped from the Medical Assistant Training Program.

**"For students interested in this course, who may have a criminal background, please be advised that the background could keep you from being certified and/or licensed by the State of Texas. If you have a question about your background and/or certification/licensure, please speak with the Continuing Education Specialist or Director of Education. You also have the right to request a criminal history evaluation letter from the applicable licensing or certification agency."**

### PLEASE PRINT:

Student Name (Full Name): \_\_\_\_\_

Maiden or other name(s) used for any other records: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Gender (circle one): Male Female

I, \_\_\_\_\_, have read this document and understand its implications, and further agree that I will be required to undergo a criminal background check. I understand that any determination of ineligibility for participating in the Wharton County Junior College Medical Assistant Training will result in not being accepted or dismissal from the program.

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

Printed Name: \_\_\_\_\_

11/05/2018  
WDT

### To be completed by CE Specialist:

Term(s): \_\_\_\_\_

CRN(s): \_\_\_\_\_

CBC Performed By: \_\_\_\_\_ Date: \_\_\_\_\_

Clear for program: Yes No (Circle One)

If no, reason: \_\_\_\_\_



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**Application Submission Methods**

The Medical Assistant Training Application may be submitted to the Continuing Education department by mail, fax, e-mail or in person by using one of the following contact methods:

**In Person or By Mail:**

Wharton County Junior College  
Richmond Campus  
Continuing Education Department  
5333 FM 1640, Ste. 122  
Richmond, Texas 77469

Wharton County Junior College  
Sugar Land Campus  
Continuing Education Department  
14004 University Boulevard , Ste. 128  
Sugar Land, TX 77459

**By Fax:** Please fax the completed application to 281-239-1628.

**By E-Mail:** Please e-mail the completed application as an attachment to [CE@wcjc.edu](mailto:CE@wcjc.edu).

If you have any questions, comments or concerns, please contact the Continuing Education Department directly at 281-239-1531.

**Certification Information**

Upon completion of the program, students may elect to sit for National Healthcareer Association's Certified Clinical Medical Assistant (CCMA) certificate examination. This exam is optional and the approximate cost of the exam is \$155.

You can find more information about this exam by visiting: [www.nhanow.com](http://www.nhanow.com).

**Registration Deadline Information**

Registration for this program will close at 4PM on the Thursday before the class begins. Students that have not registered and paid in full by the deadline will not be allowed in the program. No exceptions will be made. Before you can register you must have been accepted into the program which can be done by submitting your application and all required documents (listed on page 1) to the Continuing Education Department.