



Wharton County Junior College Fort Bend Technical Center

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

Medical Office Specialist Training Program Checklist and Application

Student Name: _____ Campus Requested: _____

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

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.

Medical Office Specialist Training Program Application

Signed and completed Criminal Background Check Consent Form

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.

Please sign below:

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 Office Specialist Training Program. I have also read and understand the registration deadlines that are listed on page five (5) of this application.

Student Signature: _____ Date: _____

To be completed by the CE Department:

Received Date: _____ By: _____

Completed Date: _____ By: _____



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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 Office Specialist 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"> - Solve problems and make valid, rational decisions using logic, creativity and reasoning - Analyze and use assessment findings to plan care for clients and families - Identify priorities of care based on analysis of data - Evaluate the plan of care and revise as appropriate
Communication	Communication abilities sufficient for interaction with others in verbal, nonverbal or written form.	<ul style="list-style-type: none"> - Speak English in such a manner to be understood by general public - Communicate effectively in verbal and written form by speaking clearly and concisely when explaining procedures
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"> - Establish rapport (relationship) with clients and colleagues through speech, touch and hearing - Work effectively in small groups as team members and as a team leader - Function safely under stressful conditions with the ability to adapt to ever-changing environments inherent in clinical situations involving client care
Motor Skills	Gross and fine motor skills sufficient to provide medical care in a safe and accurate manner.	<ul style="list-style-type: none"> - Manual dexterity to maintain sterile technique when performing sterile procedures - Be able to use a computer keyboard
Hearing	Hearing ability sufficient to monitor, assess and provide safe medical care.	<ul style="list-style-type: none"> - Be able to hear monitor alarms, emergency signals, call bells and to answer telephones
Vision	Visual ability sufficient to monitor, assess and provide safe medical care.	<ul style="list-style-type: none"> - Read fine, small print on medication containers, physician's orders, monitors, measuring cups and equipment calibrations
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"> - Perform physical activities necessary to do basic medical skills such as putting on sterile gloves - Respond quickly in an emergency - Physical ability to stand for prolonged periods of time, lift objects of 50 lbs. or more if applicable
Recollection	The ability to learn, retain, recall and demonstrate proper terminology and techniques.	<ul style="list-style-type: none"> - Easily exhibit and remember essential processes necessary for patient care
Accountability, Responsibility and Professionalism	Demonstrate accountability, responsibility and professionalism in all aspects of medical practice.	<ul style="list-style-type: none"> - Be able to distinguish right from wrong, legal from illegal and to act accordingly - Accept responsibility for own actions - Be able to comprehend ethical standards and agree to abide by them - Personal hygiene and grooming is expected; visible tattoos and piercings are at the discretion of Program Instructor and clinical site

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 Office Specialist 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: _____



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**Consent to Criminal Background Check (CBC)
Medical Office Specialist Training Program**

Prior to registration for the Medical Office Specialist Training Program at Wharton County Junior College, students must have a criminal background check (CBC) performed as required by the Continuing Education Department with Wharton County Junior College. 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 Office Specialist 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 Office Specialist Training will result in not being accepted or dismissal from the program.

Student Signature: _____ Date: _____

Printed Name: _____

07/24/2018
WDT

<p>To be completed by CE Specialist:</p> <p>Term(s): _____</p> <p>CRN(s): _____</p> <p>CBC Performed By: _____ Date: _____</p> <p>Clear for program: Yes No (Circle One)</p> <p>If no, reason: _____</p>



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Application Submission Methods

The Medical Office Specialist 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.

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 Medical Administrative Assistant (CMAA) certificate examination. This exam is optional and the approximate cost of the exam is \$115.

You can find more information about this exam by visiting: 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.