



Certified Clinical Medical Assistant (CCMA)

Program Overview:

The Certified Clinical Medical Assistant (CCMA) program is a 500-hour program made up of both classroom and clinical hours. 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.

CCMA is a training program sponsored by Pearl River Community College Workforce Education and is not eligible for college credit. Completion of the course will prepare the student to sit for the National Health Career Association Certification Exam.

**Classes meet Monday through Thursday
8:00am until 3:00pm (30-minute lunch).
Course begins Monday, January 11, 2021 and
ends Friday, April 30, 2021.**

Course Fee: \$1,500

Class expectations:

- ❖ Required to attend classroom, lecture, lab and clinical rotations to complete the program.
- ❖ Maroon scrubs required for all class activities
- ❖ Travel to clinical sites
- ❖ Daily reading and course work

For Program Consideration:

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. Interviews will be scheduled for applicants with completed packets only.

**Application packets are accepted on Monday through Friday from
8:30 am – 3:00 pm at The Lowery Woodall Center, 901 Sullivan Drive, Hattiesburg.**
CCMA Instructor: Marissa Brandon mbrandon@prcc.edu

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: Poplarville Campus, Tonia Moody Seal at 601-403-1060 or tmoody@prcc.edu; Forrest County Center, Michelle Wilson-Stokes at 601-554-5500 or mwilson@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



Spring 2021 CCMA Calendar

Dates:	Events:
October 12, 2020 - November 30, 2020	Completed Applications accepted.
December 1, 2, and 3, 2020	CCMA Interviews
December 7, 2020	CCMA Class Acceptance Letters sent out.
January 11, 2021	CCMA Class begins (Tuition balances are due.)
April 2021 (TBD)	CCMA Graduation
April 2021 (TBD)	CCMA Certification Exam



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 4)	
Read: Workforce Education Training & Attendance Policies (Page 5) Sign: Policy Compliance Form (Page 6)	
Completed by Clinic: Physical Examination Report (Page 7 & 8)	
Results: 10 Panel Drug Screen Results (Page 9)	
Complete: Hep B Consent or Declination Form (Page 10)	
Complete: Criminal Background Check Consent Form (Page 11)	
Complete: Program Application (Page 12 & 13)	
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)	
Submit: Copy of Immunization Records MMR Tdap Hepatitis B Varicella Influenza (<i>if flu season- Sept-March</i>) TB skin test	

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 23 percent from 2014 to 2024, much faster than the average for all occupations, which are expected to grow around 7 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. There will be no eating or drinking in the classroom, lab or clinical areas.
6. Refreshment and restroom breaks will be scheduled for extended training periods.
7. 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.
8. Smoking and other tobacco use is prohibited on all PRCC properties. This is a tobacco free campus.

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.

Absences

The cut-out point in Workforce training/courses meeting three times a week is **four absences**. Three absences allowed for classroom meetings. One absence allowed for clinical rotations.

Tardies

A tardy is defined as missing up to ten (10) minutes of class. Two tardies constitutes an absence. A student is counted absent if more than ten minutes late to class or absent anytime more than ten minutes. Workforce students who are absent or tardy more than ten (10) minutes from a daily lab period will be counted absent for that lab period.

*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 mwilson@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.

Financial Status Attestation:

1. Select each of the following benefits that you currently receive (select all that apply):

SNAP

TANF

None

2. Please select the statement below that best describes your situation related to the COVID-19 Health Emergency:

I have been unemployed/furloughed because of the COVID-19 health emergency.

I am still employed, but the COVID-19 health emergency has negatively impacted my household income.

The COVID-19 health emergency has not impacted my employment status.

3. Have you received any Unemployment Benefits from the Mississippi Department of Employment Security since March 1st, 2020?

Yes

No

By signing this form, I attest that the information provided throughout this form is true and correct to the best of my knowledge.

Applicant Signature

Date