



NORTH SHORE COMMUNITY COLLEGE

Danvers • Lynn • Beverly

We are no longer accepting applications to this program for Fall 2010. This packet is for informational purposes only

MEDICAL ASSISTING PROGRAM ADMISSION APPLICATION PACKET FALL 2010

Thank you for your interest in the Medical Assisting Program for Fall 2010. This application packet contains important information about admission requirements, the admission process, and program requirements.

Here are the Steps that must be followed to successfully apply to the program:

STEP 1: READ THE INFORMATION IN THIS PACKET

Please read all of the information in this packet carefully and follow all instructions. Admission to the Medical Assisting Program is highly competitive and has a selective admission process. It is **your responsibility** to assure that you accurately understand the information in this packet and follow it accordingly.

STEP 2: COMPLETE ALL ADMISSION CHECKLIST REQUIREMENTS

The Admission Requirements Checklist in this packet details admission requirements and other important information. You must complete all checklist items for your application to be considered complete and ready for review. Please note that it is the applicant's responsibility for assuring that the application is complete and received. **If any of the required items are incomplete/missing when you submit your application material, your application will not be processed (i.e. reviewed). We will mail it back to you.**

STEP 3: SUBMIT YOUR COMPLETED APPLICATION

We will begin taking completed applications on September 28, 2009. All completed applications received by close of business on February 8, 2010 will be reviewed for potential acceptance to the program. While completed applications may be considered under the same procedure after this date because space remains available in the program or waitlist, there is no guarantee of such consideration. Applicants who submit completed applications between September 28, 2009 and February 8, 2010 will receive written notification of an **admission decision in a letter postmarked by April 2, 2010.** If offered admission, a non-refundable \$100.00 deposit will be required to secure your acceptance to this Program.

- **Walk-in Submission**

We strongly recommend that you submit your items in person so that we can review them with you to make sure that your application items are complete.

- **Mail-in Submission**

As stated above, it is the applicant's responsibility for assuring that the application is complete and received. You can mail the items to us (see the NSCC application form for address). However, if any of the required items are incomplete/missing when you submit your application material, your application will not be processed. We will mail it back to you.



**ADMISSION REQUIREMENTS CHECKLIST
MEDICAL ASSISTING PROGRAM FALL 2010**

INSTRUCTIONS (Page 1 of 2): The last Column of this form is to be completed by the applicant. It identifies the admission requirements for this program.

Admission Requirements Checklist		
Checklist Item	Important Information	<u>Applicant: initial below when complete</u> (NOTE: Requirements are considered incomplete if in progress, scheduled, or requested)
NSSC Application for Admission	This form must be completed for the year for which you are applying; regardless of whether you are a new or current student (a previously submitted application does not count).	Initial:
Communications and Math Proficiency	There are many ways to demonstrate this, including but not limited to: placement testing, by course work here or at another College, SAT scores, and some Entrance Exams. For details visit http://www.northshore.edu/includes/programs/basic.html	Initial:
Mandatory Information Session Attendance Form	Upcoming dates are included in this packet. When you attend the orientation, you will be given an attendance form to submit.	Initial:
High school transcript or GED score report	Submit an official copy of the high school transcript or GED score report. If you previously submitted the transcript or score report and attended classes within the past 5 years, then Enrollment likely has it on file.	Initial and check: Initial: ____ submitted now with packet of application material. ____ previously submitted
Questionnaire	The questionnaire is included in this packet. A word-processed questionnaire must be submitted for the year in which you are applying.	Initial:
Student Handbook	Read the Student Handbook in its entirety. The Student Handbook can be accessed in the Library on the Lynn or Danvers campus or on the website: http://www.northshore.edu/departments (select this program and scroll down to the Announcement section)	Initial:

Admission Requirements Checklist

Checklist Item	Important Information	Applicant: initial below when complete (NOTE: Requirements are considered incomplete if in progress, scheduled, or requested)
Official transcripts from all Colleges/ Universities previously attended	<p>Submit official transcripts from all Colleges/ Universities previously attended. If the College/University will give an official transcript directly to you, then have them do so. This is the most efficient way for you to ensure that receipt of transcripts do not hold up your application. If you have previously submitted transcripts and have since completed courses or are currently registered for courses, then you need to submit an updated transcript.</p> <p><u>Transfer students from another accredited Medical Assistant education program must also provide:</u></p> <ul style="list-style-type: none"> • an official transcript proving enrollment in clinical courses within the last 5 years • course syllabi from all previous Medical Assistant courses <p>NOTE: The sooner you start the transfer request process the better. It has been the College's experience that it can take on average 1-2 months for transcript requests to be processed and sent to us from other colleges.</p>	<p>Initial and check the option(s) that apply : Initial:</p> <p>_____ submitted with this packet of application material.</p> <p>_____ mailed directly to NSCC</p> <p>_____ previously submitted (no new courses).</p>

Evaluation Information

Admission decisions are based on careful evaluation of all admission requirements detailed in the checklist. All submitted transcripts will be evaluated for overall academic performance/history and course work in specific subjects (including but not limited to science, English, behavioral sciences, health courses and math). Questionnaire evaluation includes but is not limited to the following: correct grammar/spelling, overall content and quality of answer (e.g. accuracy, thoroughness, and relevance to the question asked).

Confirmation Statement

When you can initial every checklist item (on this page and the previous pages) as complete, then sign the confirmation statement below and submit your application to the Enrollment Center in Lynn or Danvers (submit in person if possible, but you can mail it to the address on the NSCC application form):

I acknowledge that I have read all of the information in this admission application packet and the Medical Assisting Program's Student Handbook in its entirety. I acknowledge that it is my responsibility that I understand all of the information contained in these items by seeking further information/clarification from an Academic Advisor and/or other appropriate College personnel. Furthermore, I agree to comply with all College policies including but not limited to Program policies should I be granted admission to this program.

Signature: _____

Date: _____

Additional Important Information

1. **If you are accepted** you **MUST** attend a **Mandatory Orientation/Registration** day scheduled for **Thursday, May 20, 2010**.
2. **The program anticipates accepting approximately 20 students for Fall 2010.** The decision in response to your completed application will be: accepted to Medical Assisting; accepted conditionally to Medical Assisting; or wait list for Medical Assisting; or denied admission to Medical Assisting.
3. Students interested in participating in an academic program that involves working with children, the disabled, or the elderly, or which includes a clinical affiliation, internship, or field placement with a private or public health care provider, may be required to undergo a **Criminal Offender Record Information (CORI) and/or Sex Offender Record Information (SORI) check(s)**. Depending on the contents of student's CORI(s) or SORI(s), participation in clinical, internship, or field placement course(s) may impact a student's ability to complete program requirements.
4. **Working as a Medical Assistant is physically, mentally, and emotionally demanding.** Applicants who are offered admission must document their ability to perform all essential tasks with or without reasonable accommodation in order to begin the professional courses. If you are an otherwise qualified individual with a disability who seeks a reasonable accommodation, you need to contact the Office of Disability Services for eligibility determination for reasonable accommodation(s). A list of the essential tasks is in this packet under the section entitled, "Technical Standards for The Medical Assisting Program".
5. **All students must document immunity** to measles, mumps, rubella, varicella and Hepatitis B via immunization or titer; document inoculation against diphtheria and tetanus within the last 10 years; and to provide evidence of a negative TST (Tuberculin Skin Test) within 6 months or one negative chest x-ray per OSHA/CDC requirements following a positive TST. Require students to be in compliance with the current OSHA requirements and standard precaution training. **If you are accepted** a Health Packet will be mailed to you and must be thoroughly completed by your health care provider **AS SOON AS POSSIBLE, but no later than July 8, 2010**. Additionally, if accepted, you will be sent and will need to sign the Technical Standards form (a copy is included in this packet for your review as part of the admission application process).
6. Graduates of the Program are eligible to sit for the American Association of Medical Assistants (AAMA) Certified Medical Assistant Examination. The AAMA administers this national exam for qualified candidates to earn the credential of Certified Medical Assistant (AAMA) or CMA (AAMA). There is no mandated state licensure requirement to practice as a Medical Assistant in Massachusetts. Thus, obtaining the CMA (AAMA) credential is voluntary. Please note that the AAMA has established policies regarding the eligibility to earn the CMA (AAMA) credential. If an otherwise eligible candidate has been found guilty of a felony, or pleaded guilty to a felony, then the candidate can be denied eligibility to earn the CMA (AAMA) credential. However, the Certifying Board may grant a waiver based upon mitigating circumstances. Please contact the Program Director for further details or visit the AAMA's web site: www.aama-ntl.org.
7. Prior to beginning clinical placements, students must subscribe to **Student Liability Insurance**.
8. Prior to beginning clinical placements, all students must have documentation of **CPR at the healthcare provider level**.

During the program, students are responsible for their own transportation to a variety of clinical facilities (which may or may not be accessible by public transportation).

Application for Admission

How to Apply for Admission

GENERAL INSTRUCTIONS

- Complete ALL information requested on the application form. An incomplete application will delay admissions processing.
- Submit proof of high school graduation, GED, a passing score on a federal Ability to Benefit test, or its equivalent. Some programs may require high school transcripts or GED scores.
- Submit official transcripts from each previous college listed on the application.

SUBMITTING YOUR APPLICATION

Submit all documents to the following address:

North Shore Community College, Enrollment & Student Records, PO Box 3340, Danvers, MA 01923

INFORMATION

- NO application fee is required.
- NSCC has an open admissions policy.
- Some programs have specific selection procedures and interviews may be required. Prospective students are encouraged to call or visit the Enrollment Office in Danvers at 1 Ferncroft Road, or the Lynn Campus at 300 Broad Street.
- Students interested in participating in an academic program that involves working with children, the disabled, or the elderly, or includes a clinical affiliation, internship, or field placement with a private or public health care provider, may be required to undergo a Criminal Offender Record Information (CORI) check and/or SORI (Sex Offender Registry Information) check prior to participation.
- CORI and SORI checks are not used in any way as admission criteria. Depending on the contents of a student's CORI and/or SORI, participation in a clinical affiliation, internship, or field placement may be denied. Programs involving a clinical affiliation, internship, or field placement are marked with a ✓ on the list of NSCC Credit Degree & Certificate programs.
- For more information, please call 781-477-2107 or 978-762-4188. Admissions questions may also be emailed to: info@northshore.edu.

FINANCIAL AID

North Shore Community College awards millions of dollars in federal, state and institutional financial aid each year to eligible students. Many students miss out because they do not think they are eligible and do not complete the FAFSA (Free Application for Student Aid).

- Financial aid is available to matriculated students in eligible degree and certificate programs.
*A **matriculated student** is one who has met all admission requirements and has been accepted into a program of study as a degree or certificate candidate.*
*A **non-matriculated** (non-degree status) student may enroll in a course or courses, but is not considered to be pursuing a degree or certificate and is not eligible for financial aid.*
- Application materials are available in NSCC's Office of Student Financial Services (978-762-4189, 781-477-2191) or online at www.fafsa.gov.
- If you need help with your financial aid application, please contact the Student Financial services website at www.northshore.edu/services/fa for a schedule of FAFSA workshops.

NSCC Credit Degree & Certificate Programs

Welcome! NSCC offers a wide variety of Associate Degree and credit Certificate Programs. To learn more about specific programs, such as locations, schedules and admissions requirements, please visit our website, email us, or call NSCC's Admissions Department on the Lynn or Danvers campuses for more information.

www.northshore.edu • info@northshore.edu

NSCC Admissions Department: 781-477-2107 (Lynn) • 978-762-4188 (Danvers)

CREDIT DEGREE PROGRAMS

Accounting
Animal Care Specialist *f* ★
Aviation Management
Aviation Science Professional Pilot
Biotechnology ★
Business Administration
 Third Semester Abroad
Business Administration Transfer @
Computer Applications
Computer Information Systems
Computer Networking
Computer Programming ★
Computer Science Transfer ★
Criminal Justice
Culinary Arts & Food Service
Developmental Disabilities ✓
Digital Graphic Design
Drug & Alcohol Rehabilitation ✓
Early Childhood Development ✓
Early Childhood Education ✓
Elementary Education Transfer Program
Engineering Science Transfer ★
Energy Utility Technology ★
Executive Administrative Assistant
Fire Protection & Safety Technology
Food Science & Safety
Health Science
Horticulture
Hotel Management
Human Service Practitioner ✓
Interdisciplinary Studies

Credit Degree Programs, continued

Legal Administrative Assistant
Liberal Arts @
Liberal Arts International
Management
Marketing
Medical Administrative Assistant
Nurse Education *f* ★ ✓
Nutritional Science & Diet
 Technology
Occupational Therapy Assistant *f* ★ ✓
Occupational Therapy Assistant
 Accelerated Option *f* ★ ✓
Paralegal
Physical Therapist Assistant *f* ★
Pre-Engineering
Radiologic Technology *f* ★ ✓
Respiratory Care *f* ★ ✓
Travel, Tourism & Hospitality
Veterinary Technology *f* ★ ✓

CREDIT CERTIFICATE PROGRAMS

Aesthetics & Skin Care *f* ★ ⊕
Animal Care Specialist *f* ★
Biotechnology ★
Computer Aided Design *f* ⤵
Computer Applications
Computer Networking
Cosmetology *f* ★ ⊕
Criminal Justice
Culinary Arts & Food Service

Credit Certificate Programs, continued

Developmental Disabilities Direct
 Support ✓
Digital Graphic Design
Early Care & Education: Infant/Toddler
 Child Care ✓
Energy Utility Technology *f* ★
English as a Second Language
 (Certificate of Completion)
Fire Protection & Safety Technology–FPS
 Professional Development
Gerontology ✓
Gerontology/Activities Specialist
Law Enforcement
Legal Office Support
Medical Assisting *f* ★ ✓
Medical Coding
Medical Office Support
Mental Health
Office Support @
Paraeducator ⤵
Paralegal ★
Practical Nursing *f* ✓
School Age Educator ✓
Substance Abuse Counseling
Surgical Technology *f* ★ ✓
Web Development @
Wellness & the Healing Arts ★
Youth Worker ✓

f **Fall-start only programs**

@ **Programs also offered online**

⌚ **Clock-hour programs**

⤵ **Evening-only programs**

✓ **CORI/SORI review prior to field /clinical placements**

★ **Special admissions process**

(Some programs have additional admissions requirements.)

NSCC Application for Admission

Please select a term:

FALL

WINTER/SPRING

SUMMER

LAST NAME

FIRST NAME

MIDDLE NAME

ANY PREVIOUS LAST NAME

ADDRESS

CITY

STATE

ZIP

ENTER SOCIAL SECURITY #

Optional, but required if seeking financial aid or tax credit.

DATE OF BIRTH

MONTH DAY YEAR

GENDER: FEMALE

MALE

Contact Information

CELL PHONE - -

WORK PHONE - -

HOME PHONE - -

EMAIL ADDRESS (PLEASE PRINT NEATLY.)

@

Personal Information

• Ethnicity Information *Optional.*

ARE YOU HISPANIC OR LATINO? YES NO

ARE YOU: *Please check any that apply.*

AMERICAN INDIAN OR ALASKA NATIVE

ASIAN

BLACK OR AFRICAN-AMERICAN

NATIVE HAWAIIAN OR PACIFIC ISLANDER

CAPE VERDEAN

WHITE

• Military Information ARE YOU PRESENT OR FORMER MILITARY PERSONNEL? YES NO

ARE YOU THE SPOUSE OR CHILD OF A VETERAN? YES NO

• Academic Information PLEASE CHECK BOXES BELOW WHICH APPLY TO YOU. I AM:

A TRANSFER STUDENT (PREVIOUSLY ATTENDED ANOTHER COLLEGE).

A FIRST-TIME STUDENT (NEVER ATTENDED COLLEGE BEFORE).

AN NSCC GRADUATE SEEKING READMISSION.

A PREVIOUS NSCC STUDENT (NON-GRADUATE). WERE YOU IN A DEGREE PROGRAM?

YES NO

• Residency Information

U.S. CITIZEN

RESIDENT ALIEN (GREEN CARD)

If yes, enter Alien Registration number.

If no, enter type of Visa.

WILL YOU REQUIRE A TEMPORARY STUDENT VISA (F-1) TO ATTEND NSCC? YES NO

Generally, in order to qualify for the in-state tuition rate, applicants must have proof of Massachusetts residency. A resident is defined as a person who has lived for at least six (6) months in Massachusetts, and who intends to remain in Massachusetts indefinitely. International students and, under most circumstances, Non-Resident Aliens ARE NOT eligible for Massachusetts resident rates.

Massachusetts Community Colleges In-State Tuition Eligibility Form

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

LAST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FIRST NAME

MIDDLE NAME

ANY PREVIOUS LAST NAME

ADDRESS

CITY

STATE

ZIP

ENTER SOCIAL SECURITY #

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Optional, but required if seeking financial aid or tax credit.

DATE OF BIRTH

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MONTH

DAY

YEAR

STUDENT ID NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ARE YOU A U.S. CITIZEN?

YES

NO

IF NOT, PLEASE COMPLETE THE FOLLOWING:

ARE YOU A PERMANENT RESIDENT?

YES

NO

IF YES, LIST ALIEN REGISTRATION NUMBER

IF YOU ARE NOT A U.S. CITIZEN OR PERMANENT RESIDENT, PLEASE STATE YOUR VISA OR IMMIGRATION STATUS IN DETAIL:

Please check the in-state or reduced tuition eligibility category that applies to you:

I HAVE BEEN A MASSACHUSETTS RESIDENT FOR SIX CONTINUOUS MONTHS AND INTEND TO REMAIN HERE.

As proof of my intent to remain in Massachusetts, I possess at least two of the following documents, which I shall present to the institution upon request. These documents* are dated within one year of the start date of the academic semester for which I seek to enroll (except possibly for my high school diploma). The institution reserves the right to make any additional inquiries regarding the applicant's status and to require submission of any additional documentation it deems necessary. Please check-off those documents you possess as proof of your intent to remain in Massachusetts.

VALID DRIVER'S LICENSE

UTILITY BILLS*

EMPLOYMENT PAY STUB*

VALID CAR REGISTRATION

VOTER REGISTRATION*

STATE/FEDERAL TAX RETURNS*

MASS. HIGH SCHOOL DIPLOMA

SIGNED LEASE OR RENT RECEIPT*

MILITARY HOME OF RECORD*

RECORD OF PARENTS' RESIDENCY FOR UNEMANCIPATED PERSON*

OTHER

I AM AN ELIGIBLE PARTICIPANT IN THE NEW ENGLAND BOARD OF HIGHER EDUCATION'S REGIONAL STUDENT PROGRAM.

I AM A MEMBER OF THE ARMED FORCES (OR SPOUSE OR UNEMANCIPATED CHILD) ON ACTIVE DUTY IN MASSACHUSETTS.

Certification of Information

I certify that this information is true and accurate. I understand that any misrepresentation, omission or incorrect information shall be cause for disciplinary action up to dismissal, with no right of appeal or to a tuition refund.

Signature of Applicant

I certify that all above information is true.

Date

Signature of Parent

If applicant is under 18 years of age.

Date

For official use. Do not write in this box.

I have reviewed the above information in order to determine applicant's eligibility to receive the in-state tuition rate. Based on my review I have determined this applicant:

IS eligible for the in-state tuition rate.

IS NOT eligible for the in-state tuition rate.

I am unable to make a determination at this time. The following additional information has been requested from the applicant:

Authorized College Personnel Signature

Date

Educational Objectives

Choose A or B:

A. **I INTEND TO PURSUE A DEGREE OR CERTIFICATE PROGRAM.** *Please refer to NSCC Degree & Certificate Programs list.*

FIRST CHOICE: _____

Some programs have specific admissions requirements. If you do not meet these requirements, your program of study will default to your second choice.

SECOND CHOICE: _____

B. **I PREFER UNSPECIFIED STATUS. I DO NOT INTEND TO CHOOSE A PROGRAM OF STUDY AT THIS TIME.** *I understand I am not eligible for financial aid unless I choose a program of study.*

Choose from A or B:

A. IF YOU ARE APPLYING TO AN NSCC DEGREE OR CERTIFICATE PROGRAM, SELECT THE GOAL WHICH BEST DESCRIBES YOU.

OR

B. IF YOU HAVE NOT YET SELECTED AN NSCC PROGRAM, SELECT THE GOAL WHICH BEST DESCRIBES YOU.

I AM PLANNING TO GRADUATE WITH A DEGREE OR CERTIFICATE

I AM TAKING ONE OR MORE COURSES TO TRANSFER.

I AM TAKING ONE OR MORE COURSES TO TRANSFER

I AM TAKING ONE OR MORE COURSES TO UPGRADE OR LEARN NEW JOB/ACADEMIC SKILLS.

I AM TAKING COURSES FOR PERSONAL GROWTH.

I AM NOT READY TO DECLARE AT THIS TIME.

Educational Background

1). HIGH SCHOOL EDUCATION HIGH SCHOOL GRADUATE GED RECIPIENT DID NOT GRADUATE

NAME OF HIGH SCHOOL OR GED TEST CENTER CITY STATE YEAR

YES NO HAVE YOU PASSED A FEDERAL ABILITY TO BENEFIT TEST (ATB)? DATE OF TEST: _____

YES NO ARE YOU A HIGH SCHOOL TECH PREP STUDENT?

YES NO DID YOUR MOTHER OR FATHER GRADUATE FROM A 4-YEAR COLLEGE?

YES NO WILL YOU HAVE RECEIVED A BACHELOR'S OR PROFESSIONAL DEGREE BY THE TIME YOU ENTER NSCC?

YES NO IS ENGLISH YOUR NATIVE LANGUAGE?

2). COLLEGE EDUCATION COLLEGE GRADUATE DID NOT GRADUATE

NAME OF COLLEGE CITY STATE

GRADUATION DATE/DEGREE RECEIVED DATES OF ATTENDANCE

NAME OF COLLEGE CITY STATE

GRADUATION DATE/DEGREE RECEIVED DATES OF ATTENDANCE

Signature Required

X

Signature of Applicant

I certify that all above information is true.

Date

X

Signature of Parent

If applicant is under 18 years of age.

Date

Additional Interests

Did you know? The following opportunities are available to you while attending NSCC. Please review and check below if you would like additional information. Some programs have eligibility requirements.

Financial Aid

Career Planning

Dual Enrollment Program

Enrichment program for high school students

Mass Transfer Program & Transfer Agreements

Admission to four-year colleges and universities guaranteed provided certain requirements are met. For more details on a list of participating four-year colleges and universities, contact NSCC's Student Support & Advising Center (978-762-4036, 781-477-2132).

Honors Program

An opportunity for academic challenge, social networking, and enhanced transfer opportunities

Presidential Scholars

A leadership development opportunity, including a scholarship, for incoming high school graduates

STEP

High school or home-schooled students can take college courses to finish requirements for a high school diploma.

ESL Classes

I am interested in learning English as a second language.

Or, one of NSCC's supportive learning communities:

TRiO/Student Support Services

An academic and college adjustment program for first generation or low-income students

Women in Transition

A program for women who have been out of school for many years.

Project Enable

An evening program for students with a GED

Challenges, Choices, and Change

A full-time program that combines academics and personal development to empower women and build a foundation for success.

Bridges to the STARS

A program for women and minorities interested in science, math, or technology.

NORTH·SHORE COMMUNITY COLLEGE

Technical Standards for the Medical Assistant Program

To the Applicant: As you review these technical standards, please consider your physical ability and behavioral characteristics. These are the minimum requirements for practicing Medical Assistants. Are you able to perform the following physical actions listed with the expected level of performance? Are you able to be responsible for the behavioral standards? Please review carefully the general job description as you evaluate your ability.

General Job Description: Assist the physician with the examination, treatment, and education of the patient in the office or clinic setting. Perform administrative and clinical duties necessary to the daily operations of the medical office or clinic.

***Performance Level: O = occasionally 50-74%; F = frequently 75-89%; C = constantly 90-100%**

PHYSICAL STANDARDS		Expected Level of Performance
		Freq*
LIFT:	patients, equipment - up to 100 lbs.	F
CARRY:	equipment, objects - up to 25 lbs.	F
KNEEL:	to perform CPR; assist patients who fall; to retrieve items from a storage cabinet	O
STOOP/BEND/TWIST:	to position the examination table, perform transfers	F
BALANCE:	safely maintain while assisting patients in ambulation and transfer	C
CROUCH	To locate and plug in equipment	O
REACH:	to adjust equipment; to guard patient; to reach supplies	C
HANDLE	Equipment such as syringes, BP cuffs	C
DEXTERITY:	manipulate and fine-tune knobs, dials, blood pressure cuffs, tools, equipment, instruments, scales, phlebotomy, injection instruments, prepare and use equipment while maintaining sterile technique and keyboard 35 wpm	C
PUSH/PULL:	wheelchairs, stretchers, patients	C
WALK:	a distance of at least 2 miles during a normal work day	C
STAND:	for periods of at least 2 hours	C
WEAR:	personal protective equipment (PPE) as needed and gloves for extended periods of time	F
TACTILE STANDARDS		
PALPATE:	pulses, muscle contractions, bony landmarks, swelling, skin texture	C
DIFFERENTIATE:	between temperature and pressure variations	F
VISUAL STANDARDS		
READ:	accurately; numbers, letters, cursive writing in fine and other print in varying light levels in English	F
DETECT:	changes in skin color, patient's facial expressions, swelling, atrophy, forms of non-verbal communication (gestures)	F

OBSERVE:	patient and environment in order to assess the patient's condition or needs from a distance of 20 feet	C
SEE	BP manometer, small print on vials, syringes, dials and gauges	C
COMMUNICATION STANDARDS		
SPEAK:	in English language in clear, concise manner, to communicate with patients, families, health care providers, community	C
RESPOND:	to patient with communication disorders (aphasia, hearing loss), or those who use ESL	O
COMPREHEND:	oral and written language, including health care terminology in order to communicate with patients, families, health care providers, and community	C
WRITE:	in English, clearly, legibly, for charting and computer input	C
AUDITORY STANDARDS		
HEAR:	blood pressure sounds through a stethoscope, breath sounds, patient distress sounds, machine timer bells and alarms; verbal directions from supervisor from a distance of 20 feet; verbal requests from patients, physicians, etc.	C
MENTAL/COGNITIVE STANDARDS		
Function safely, effectively, and calmly under stressful situations.		F
Remain alert to surroundings, potential emergencies, respond to patient situations, i.e. falls, pain, change in physical status		F
Integrate information, and make decisions based on pertinent data, in a collaborative manner.		C
Interact effectively and appropriately with patients, families, supervisors, and co-workers of the same or different cultures with respect, politeness, tact, collaboration, teamwork, discretion.		C
Communicates an understanding of basic principles of supervision, ethics, and confidentiality.		C
Displays basic interpersonal skills necessary to interact in situations requiring close, personal contact.		C
Maintain personal hygiene consistent with close personal contact associated with client care		C
Display attitudes/actions consistent with the ethical standards of the profession.		C
Maintain composure while managing/prioritizing multiple tasks simultaneously.		C
Prioritize multiple tasks		C

*Performance Level: O = occasionally 50-74%; F = frequently 75-89%; C = constantly 90-100%

***Applicants who are offered admission must document their ability to perform all essential tasks with or without reasonable accommodation in order to begin the professional courses. A list of those essential tasks is listed above. For those applicants offered admission, you will be asked to self certify by signing the Technical Standards which are included in the Health Forms packet that you will be required to complete no later than July 8, 2010.**

NORTH·SHORE COMMUNITY COLLEGE

MEDICAL ASSISTANT PROGRAM ADMISSIONS QUESTIONNAIRE - FALL 2010

This questionnaire is NOT an application for admission. Instructions, page one: Please complete this page by printing all of your answers. Attach additional sheet(s) if needed or submit a resume (make sure your name is on each additional sheet).

Name: _____ Student ID #: _____
Last First MI (IF AVAILABLE)

Address: _____

Day Time Phone:_(____)_____ Evening Phone:_(____)_____

Cell Phone:_(____)_____ Email:_____@_____

Are you applying to transfer Medical Assistant credits from another program of study? Yes No

Please PRINT all answers (or attach a word processed resume):

Your current job: Dates:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;"><i>Employer:</i></td></tr> <tr><td style="padding: 2px;"><i>Duties and Responsibilities:</i></td></tr> <tr><td style="height: 40px;"></td></tr> </table>	<i>Employer:</i>	<i>Duties and Responsibilities:</i>				
<i>Employer:</i>							
<i>Duties and Responsibilities:</i>							
Prior job(s) Dates:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;"><i>Employer/Facility:</i></td></tr> <tr><td style="padding: 2px;"><i>Duties and Responsibilities:</i></td></tr> <tr><td style="height: 40px;"></td></tr> <tr><td style="padding: 2px;"><i>Employer/Facility:</i></td></tr> <tr><td style="padding: 2px;"><i>Duties and Responsibilities:</i></td></tr> <tr><td style="height: 40px;"></td></tr> </table>	<i>Employer/Facility:</i>	<i>Duties and Responsibilities:</i>		<i>Employer/Facility:</i>	<i>Duties and Responsibilities:</i>	
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Health Related Experiences or Site Visits Dates:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;"><i>Employer/Facility:</i></td></tr> <tr><td style="padding: 2px;"><i>Duties and Responsibilities:</i></td></tr> <tr><td style="height: 40px;"></td></tr> </table>	<i>Employer/Facility:</i>	<i>Duties and Responsibilities:</i>				
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Please proceed to the next page and follow the instructions.



MEDICAL ASSISTANT PROGRAM ADMISSIONS QUESTIONNAIRE - FALL 2010 (Continued)

Instructions, page two: Please answer all following questions. Evaluation of the answers includes but is not limited to grammar, spelling, as well as overall content and quality of the answers (e.g. accuracy, thoroughness, and relevance to the question asked). Handwritten applications will not be accepted. Make sure your name is on each of the page(s) submitted.

1. **Why have you decided to apply to the Medical Assistant Program?**

Please explain what you know about the profession of Medical Assisting and NSCC's Medical Assistant Program. How did you learn this information (i.e. what sources did you research that lead you to choosing this profession)?

2. **As a member of the healthcare team, what is the role of a Medical Assistant?**

Please provide specific examples of the duties and responsibilities of a Medical Assistant.

3. **Describe how your life experiences have enhanced your knowledge of yourself and the Medical Assistant profession?**

Describe how your life/work experiences and extracurricular, and/or volunteer activities contributed to choosing this profession.

4. **What are your academic and professional goals?**

What are the educational requirements to become a Medical Assistant? What are the career opportunities for advancement within the Medical Assistant profession and what are the educational requirements for such advancements? How does your career goals relate to your personal values and goals?

5. **Why do you think you will be a good Medical Assistant?**

Please describe your academic accomplishments and personal attributes that will contribute to you functioning as a competent Medical Assistant.

NORTH·SHORE
COMMUNITY COLLEGE

**MANDATORY INFORMATION SESSIONS
FOR APPLICANTS TO THE
MEDICAL ASSISTANT PROGRAM**

Applicants to the Medical Assistant Program must attend an information session. Please come to learn more about the admissions process and the program. Ask your questions. This information should enable you to make a more informed decision about the Medical Assistant Program. All information sessions are held on the Danvers Campus. You do not need to register to attend.

Tuesday, December 8, 2009	2:30p.m.	Room 116 DH
Thursday, January 28, 2010	11:30a.m.	Room 202DH
Wednesday, February 24, 2010	9:00a.m.	Room 201A DH
Tuesday, March 16, 2010	1:00p.m.	Room 202DH
Friday, April 16, 2010	9:00a.m.	Room 202DH
Thursday, May 13, 2010	9:00a.m.	Room 202DH

Conducted by Mariann Splaine Henry
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