

## Program Information: Certified Clinical Medical Assistant (CCMA)



### Program Overview

Program trains students to assist physicians by performing functions related to the clinical responsibilities of a medical office. Instruction includes preparing patients for examination and treatment, routine laboratory procedures, diagnostic testing, technical aspects of phlebotomy, and the 12 lead EKG and the cardiac life cycle. Students review important topics including phlebotomy, pharmacology, the proper use and administration of medications, taking and documenting vital signs, cardiology including proper EKG lead placements, a professional workplace behavior, ethics and the legal aspects of healthcare. Program includes classroom lecture and hands on labs and a clinical externship opportunity at a local healthcare provider. Students who complete this course sit for the [National Healthcareer Association \(NHA\) Certified Clinical Medical Assistant \(CCMA\) exam](#).

### Program Provider

Curriculum is provided by [Condensed Curriculum International](#) (CCI)  
Program is delivered by [Bitterroot College University of Montana](#)

### Program Location

[Bitterroot College UM](#), 103 South 9<sup>th</sup> Street, Hamilton, Montana

### Program Days and Times: **Monday, October 2, 2017 through Monday, January 29, 2018**

- **Classroom Instruction** (140 contact hours)
  - 5:00 PM - 8:30 PM, Mondays & Wednesdays, October 2, 2017 – January 24, 2018
    - No class November 22, December 18 – January 1, & January 15
  - 5:00 PM – 8:30 PM, Friday, January 19, 2018
  - 9:00 AM - 4:30 PM, Saturdays, Oct 14 & 28, Nov 18, Dec 2, Jan 6 & 20 (includes 30 minute lunch break)
- **Certified Clinical Medical Assistant (CCMA) Exam**
  - 5:00 PM – 8:30 PM, Monday, January 29, 2018

### Program Fee

- Full payment of **\$2,800 due by Thursday, Sept 28, 2017** (see application for payment submission instructions)
- Student payment includes textbook, workbook, handouts, laboratory materials, and Certified Clinical Medical Assistant (CCMA) Exam fee
- **Refund Policy:** 100% refund before payment due date; 75% refund between payment due date and course start date; no refund after course start date

### Program Fee Assistance

➔ **IMPORTANT:** *Program Fee Assistance takes time to process; connect with assistance providers ASAP*

- Pathways Programs Funding (formerly WoRC)
  - Human Resource Council, 303 North 3<sup>rd</sup> Street, Hamilton
    - Lisa Kearns, (406) 363-6101 ext. 237 **or** Holly Montgomery, (406) 363-6101 ext. 239
- Rural Employment Opportunities (REO)
  - Contact: Will Bodle, [william@reomontana.org](mailto:william@reomontana.org), (406) 274-4172; 274 Old Corvallis Rd, Hamilton
- Veterans Administration Vocational Rehabilitation Services Training Funds
  - Shak Emly, [shak.emly@va.gov](mailto:shak.emly@va.gov), (888) 279-7528; 2675 Palmer, Suite A, Missoula
- Vocational Rehabilitation Services Training Funds – **Disability Employment Assistance Program**
  - Contact: Sarah Seltzer, [sseltzer@mt.gov](mailto:sseltzer@mt.gov), (406) 375-0203; 274 Old Corvallis Road, Stes K/L, Hamilton
- Workforce Innovation & Opportunity Act (WIOA) Training Funding (does **NOT** include help with application costs)
  - For Ravalli County residents, contact Bitterroot Job Service WIOA Program Operator
    - DeLynn Gardner, [dgardner@mt.gov](mailto:dgardner@mt.gov), (406) 375-6042; 274 Old Corvallis Rd, Hamilton
  - For non-Ravalli County residents, contact your local Job Service office Montana Job Service office
    - Montana Job Service office locations can be found at [montanajobs.mt.gov/](http://montanajobs.mt.gov/)

### Age, Education, Email, and Other Requirements for Program Application

- 18 years of age or over
- Must have a high school diploma from an accredited high school, high school equivalency diploma (GED or HiSET), **OR** qualifying Test of Adult Basic Education (TABE) scores
  - TABE is available free of charge every Monday at 9 AM at Literacy Bitterroot (303 North 3<sup>rd</sup> Street, Hamilton). Testing takes approximately 3 hours. Contact [Literacy Bitterroot](http://LiteracyBitterroot.com) at (406) 363-2900 or [abc123@montana.com](mailto:abc123@montana.com) for more information
- Must have a personal email account which can be accessed frequently
- Must demonstrate requisite emotional and mental maturity/health for work in a clinical setting
- Must be able to lift 20 to 30 lbs.
- Must complete **Health History** portion of program application

### Background Check Required with Program Application

- Visit [app.mt.gov/choprs/](http://app.mt.gov/choprs/) and under **Public Users** click on **Start Service**
- Cost is \$14.50; pay online with eCheck, credit card, or debit card
- Print background check document and attach to program application

### Vaccination Records Required with Program Application

- Record of TB test results (*within past year*); contact your primary care provider or Ravalli County Public Health Department at (406) 375-6670 if you need a current test
- Record of Tdap vaccination; contact your primary care provider or your public high school for your vaccination records; contact your primary care provider or Ravalli County Public Health Department at (406) 375-6670 if you need this vaccination
- Attach TB test results and Tdap vaccination records to program application

### ***Retain Program Information for Your Records***

#### ***Questions?***

Contact Bitterroot College at (406) 375-0100 or  
email Victoria Clark at [victoria.clark@umontana.edu](mailto:victoria.clark@umontana.edu)



## Program Application: Certified Clinical Medical Assistant (CCMA)



### Application Requirements *(see program information sheet for details)*

- 1) Must meet **age, email, emotional/mental health, and physical requirements**
- 2) Must submit **HS transcript, GED or HiSET transcript, or TABE scores** with application
- 3) Must submit **cleared background check** with application
- 4) Must submit current **TB test** (within past year) and current **Tdap vaccination** records with application

**Application Deadline is Thurs, Sept 28, 2017 for training starting on Mon, Oct 2, 2017**

#### Submit completed application to:

##### ***Bitterroot College UM***

103 South 9<sup>th</sup> Street, Hamilton, MT 59840

Application questions? (406) 375-0100 or [victoria.clark@umontana.edu](mailto:victoria.clark@umontana.edu)

#### Include with completed application:

- Full program fee payment of \$2,800** — make check payable to *Bitterroot College UM* or pay in person at Bitterroot College with cash, credit card, or debit card  
*(see program information sheet for payment assistance options)*
- HS transcript, GED or HiSET transcript, or TABE scores** *(see program information sheet for details)*
- Cleared background check documentation** *(see program information sheet for details)*
- TB test and Tdap records** *(see program information sheet for details)*

Full Legal Name: \_\_\_\_\_  
*First Middle Last*

Mailing Address: \_\_\_\_\_

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

Social Security Number *(required for exam registration)*: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email Address *(required)*: \_\_\_\_\_

Gender *(optional)*: Male Female Date of Birth: \_\_\_\_\_ Age at Start of Program: \_\_\_\_\_

List any currently held healthcare certifications: \_\_\_\_\_

Summarize previous work experience: \_\_\_\_\_

*(application has two pages – continue to second page)*

Provide relevant life experiences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List three qualities you have which will help you be an attentive and competent Clinical Medical Assistant:  
\_\_\_\_\_  
\_\_\_\_\_

**Health History (required)**

Do you have any allergies? Yes    No  
If so, please describe: \_\_\_\_\_

Are you currently being treated for any blood disorders? Yes    No  
If so, please describe: \_\_\_\_\_

Are you currently taking any blood thinners or on an aspirin therapy? Yes    No  
Are you currently pregnant? Yes    No

Have you **EVER** been diagnosed with any of the following conditions (*please circle all that apply*):

- |               |                   |                      |
|---------------|-------------------|----------------------|
| Diabetes      | Hypoglycemia      | Insulin Resistance   |
| Hepatitis     | HIV or Aids       | Autoimmune Disorders |
| Breast Cancer | Lymph Node Cancer | Heart Conditions     |

**By signing this application, I certify that my application information is true and correct to the best of my knowledge, and I understand that falsification or omission of information may result in denial or rescinding of admission to Bitterroot College's Continuing Education Certified Clinical Medical Assistant Program.**

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*For Office Use Only*

**Required Application Materials**

- \_\_\_\_ Complete Application
- \_\_\_\_ HS/HS Equiv/TABE
- \_\_\_\_ Background Check
- \_\_\_\_ TB Test
- \_\_\_\_ Tdap Records

Reviewer's name: \_\_\_\_\_

Reviewer's comments:

Passed Exam (circle one):    YES    NO

**Payment Type:** Student \_\_\_\_\_ WIOA \_\_\_\_\_ Other (explain) \_\_\_\_\_

**Application reviewed on** \_\_\_\_\_ **Accepted** \_\_\_\_\_ **Denied** \_\_\_\_\_

*Date*