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 9th Street, Hamilton, Montana

Program Days and Times: October 1, 2019 through January 23, 2020

- Classroom Instruction (140 contact hours)
  - 5:30 PM - 9:00 PM, Tues & Thurs, Oct 1, 2019 – Jan 21, 2020
    - No class Nov 28, Dec 23 – Dec 31
  - 9:00 AM - 4:30 PM, Sat, Oct 12 & 26; Nov 16; Jan 4 & 18 (includes 30-min lunch break)
  - CPR Training (AHA-BLS) date to be announced

- Certified Clinical Medical Assistant (CCMA) Exam
  - 5:30 PM – 9:00 PM, Thurs, Jan 23, 2020

- Optional Clinical Externship (160 hours)
  - Scheduled through CCI following successful completion of CCMA exam

Program Fee
- Full payment of $2,900 due by Thursday, Sept 26, 2019 (see application for payment submission instructions)
- Student payment includes textbook, workbook, handouts, laboratory materials, CPR training fee, 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 3rd Street, Hamilton
    - Lisa Kearsns, (406) 363-6101 ext. 237 or Holly Montgomery, (406) 363-6101 ext. 239
  - Rural Employment Opportunities (REO) (for eligibility, must have worked in agriculture within last 2 years)
    - Will Bodle, william@reomontana.org, (406) 274-4172
  - Veterans Administration Educational Benefits, Valley Veterans Service Center, 217 N 3rd St, Suite L, Hamilton
    - Veterans and family members: check your benefits eligibility, call (406) 363-9838 for an appointment
  - Veterans Administration Vocational Rehabilitation Services Training Funds
    - Debra Fleig, debra.fleig@va.gov, (406) 258-1084; 2681 Palmer Street, Suite N, Missoula
  - Vocational Rehabilitation Services Training Funds – Disability Employment Assistance Program
    - Sarah Seltzer, sseltzer@mt.gov, (406) 375-0203, Bitterroot College, 103 S 9th Street, Hamilton
Program Fee Assistance (continued)

- Workforce Innovation & Opportunity Act (WIOA) Funding, Human Resource Council, 303 N 3rd Street, Hamilton
  - DeLynn Gardner, dgardner@mt.gov, (406) 560-1689 or
  - Chelle Twist, chelle.twist@mt.gov, (406) 565-2243
- WIOA Youth Employment Program (serves ages 14 to 24), Human Resource Council, 303 N 3rd Street, Hamilton
  - Shane Kravik, sek@hrcxi.org, (406) 363-6101, ext. 236

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

- 18 years of age or over
- Must have a high school diploma from an accredited high school or a high school equivalency diploma (GED or HiSET)
- Must have a photo ID for proof of identity
- 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/ and under Public Users click on Start Service
- Cost is $20.00; 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
- Record of most recently available seasonal flu vaccination; contact primary care provider or local pharmacy if vaccine needed.
- Attach TB test results and Tdap & flu vaccination records to program application.

Retain Program Information for Your Records

Questions?
Contact Bitterroot College at (406) 375-0100 or email Meri Telin at meri1.telin@umontana.edu
Program Application: Certified Clinical Medical Assistant (CCMA)

Application Requirements (see program information sheet for details)
1) Must meet age, ID, email, emotional/mental health, and physical requirements
2) Must submit HS transcript or GED/HiSET transcript with application
3) Must submit cleared background check with application
4) Must submit current TB test (within past year) and current Tdap & seasonal flu vaccination records with application

Application Deadline is Thurs, Sept 26, 2019 for training starting on Tues, Oct 1, 2019

Submit completed application to:
Bitterroot College UM
103 South 9th Street, Hamilton, MT 59840
Application questions? (406) 375-0100 or meri1.telin@umontana.edu

Include with completed application:
☐ Full program fee payment of $2,900 — 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 or GED/HiSET transcript (see program information sheet for details)
☐ Cleared background check documentation (see program information sheet for details)
☐ TB test, Tdap, and flu vaccination 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 Transcript  
- Photo ID  
- Background Check  
- TB Test  
- Tdap & Flu Vac. Records

**Reviewer**

- Reviewer’s name: ____________________________________________
- Review date: ____________________________
- Reviewer’s comments:

  Circle one:  Accepted  Denied

**Photo ID**

- ID Type ____________________________ ID No. ____________________________ ID Checked By ____________________________

**Payment Type**

- ____________________________

**Exam Results**

- ____________________________