Program Information for Remote Delivery - 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 among other things preparing patients for examination and treatment, routine laboratory procedures, diagnostic testing, technical aspects of phlebotomy, 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 lead placements, a professional workplace behavior, ethics and the legal aspects of healthcare. Program includes 140 hours of remotely delivered, live-streamed, interactive video lecture and labs, and a 160-hour 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. Clinical Externship: program includes a 160-hour clinical externship opportunity. To be eligible for the externship, students must successfully complete the 140-hour program, pass the CCMA exam, submit to a thorough background check & drug screening, and meet immunization & other requirements.

Program Provider
Curriculum is provided by Condensed Curriculum International (CCI)
Program is offered by Bitterroot College University of Montana, 103 South 9th Street, Hamilton, Montana

Program Location
Program is delivered remotely via live, interactive videoconferencing. Videoconferencing equipment (laptop computer) is provided for students without equipment access. Internet access is the responsibility of the student (for assistance with internet access, please see list of Program Fee Assistance providers below).

Program Days and Times: May 26 – August 26, 2020
- Live, Interactive Video Instruction (140 contact hours)
  - 5:30 PM - 9:00 PM, Tues, Wed, Thurs, May 26 – August 26, 2020
- CPR Training (AHA-BLS) (delivery method and location to be determined)
  - 9:00 AM – 4:00 PM, Sat, August 22, 2020
- Certified Clinical Medical Assistant (CCMA) Exam
  - 5:30 PM – 9:00 PM, Wed, August 26, 2020
- Optional Clinical Externship (160 hours)
  - Scheduled through CCI following successful completion of CCMA exam
  - Externship may require additional immunizations, screenings, and physician statement of health

Program Fee
- Full payment of $3,070 due by Friday, May 15, 2020 (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
  - (406) 363-6101: Lisa Kearns, ext. 1 or Holly Montgomery, ext. 2, or Tomie Martin, ext. 3
- Rural Employment Opportunities (REO) (for eligibility, must have worked in agriculture within last 2 years)
  - Sesar Bonilla, sesar@reomontana.org, (406) 274-4172
Program Fee Assistance (continued)

- 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
- 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. 4

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
- $20.00. Pay online with eCheck, credit card, or debit card
- Within 14 days of your payment, print background check results, and attach to program application
- Background check expires after 14 days from your payment

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

For Application Submission or Questions,
Contact Lea Guthrie at (406) 541-3187 or lea.guthrie@umontana.edu

Bitterroot College, 103 South 9th Street, Hamilton, MT 59840
(406) 375-0100 | fax (406) 375-0200 | www.umt.edu/bc
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 Friday, May 15 for training starting on Tues, May 26, 2020

Submit completed application to:

Bitterroot College UM
103 South 9th Street, Hamilton, MT 59840
Application questions? (406) 541-3187 or lea.guthrie@umontana.edu

Include with completed application:

☐ Full program fee payment of $3,070 — make checks payable to Bitterroot College UM or pay over the phone with 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 and agree 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.

By signing this application, I understand and agree if I begin the program I am ultimately responsible for the full payment of the program fee. If I am applying for program fee assistance, I understand and agree it is my responsibility to provide written confirmation of third party funding approval prior to the start of the program. Finally, I understand and agree if my third party funding is not ultimately received in full or in part, it is my responsibility to pay any remaining program fee balance.

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’s name: ______________________________________________________________

Review date: __________________________________________________________________

Reviewer’s comments: __________________________________________________________

Circle one: Accepted Denied

Photo ID: ID Type __________________ ID No. __________________________ ID Checked By __________

Payment Type: ________________________________________________________________

Exam Results: ________________________________________________________________