 ***Canyons Technical Education Center***

825 East 9085 South ･ Sandy, Utah 84094

Phone: 801.826.6600 ･ FAX: 801.826.6609

**CTEC MEDICAL ASSISTING DISCLOSURE**

**Todd Butler, RN, BS, M.Ed.**

**Canyons Technical Education Center**

**825 East 9085 South**

**Sandy, UT 84094**

(801)826-6600 (main)

(801)826-6640 (MA Classroom)

todd.butler@canyonsdistrict.org

Classroom Time Schedule AM class 7:30am - 9:55am

PM class 11:30am - 1:55pm

**Course Description**

The Medical Assisting course prepares students to work as medical assistants in physician offices. Students gain skills that allow them to provide patient care such as taking vital signs, drawing blood, giving shots, performing simple lab tests and documenting information in patient medical records. Students also study front office skills such as setting up patient records, billing medical insurances, scheduling patient visits and managing the office setting.

The Utah State Office of Education has divided the Medical Assisting curriculum into four competencies:

Benchmark I – Medical Terminology and Abbreviations

Benchmark II – Administrative Skills

Benchmark III – Anatomy and Physiology

Benchmark IV – Clinical and Laboratory Procedures

The students will be tested by the state in these areas; **80%** is considered passing and an average score of 75% or higher is required to receive the Utah Medical Assisting Endorsement. Students that score **80%** or higher on a specific test will receive a certificate for passing that test.

**Attendance**

Regular and consistent classroom attendance and participation are important fundamentals to the learning process. Because of the hands-on nature of this course, it is very difficult for students to make up work that is missed, it will not be possible to make up several of the assignments and labs that are done in class. Students will benefit by regular attendance and are strongly encouraged to attend all classes and externship days. **The CTEC attendance policy is followed.** If tardiness and/or lack of attendance become a problem, the student may be asked to drop the course at the end of the semester and return to their regular high school. (**It is the responsibility of the student to make up assignments, that are possible to make up, they missed when absent.**)

Class Fees: Note – prices are approximate and may vary from these listed;

1. $200.00 Medical Assisting Textbook 6th Edition McGraw Hill (check online for purchase options)
2. $100.00 Medical Assisting Supplemental materials (Optional, check online for purchase options)
3. **$35.00 Medical Terminology Workbook**
4. $ 30.00 Blood Pressure Cuff/ Stethoscope Kit
5. **$ 30.00 Class Fees**
6. $ 90.00 BLS certification on your own (Fee subject to change)
7. **$ 25.00 HOSA - Health Occupations Student Association (Optional)**
8. $ 90.00 NCCT test fee for National Certification (test fee is set by NCCT and may change)
9. $ 55.00 SLCC concurrent enrollment $40 one-time fee $15 for 3 credits

**Bold underlined** = these are paid here at CTEC in front office

You may pay online through the Canyon’s RevTrak system (3.5% added) or make checks payable to CTEC.

Students are required to wear scrubs to class and to externship location, along with closed toed shoes. Some local scrub stores offer discounts to students, also check online. No artificial nails are allowed at most externship sites.

Students are required to supply documentation of the following immunizations:

* 2 MMR
* 3 Hepatitis B vaccinations **Plus Hep B titer showing immunity**
* 1TDAP Booster
* Varicella or have had Chicken Pox Disease (documented in medical record + titer showing immunity)
* The influenza vaccine  **Mandatory at most externship site locations.**
* 2 Step TB Skin Test with negative results – Within six months prior to initiating externship. 2 separate tests are required for most externship sites.

Vaccines may be obtained from your family physician or the local Health Department. If you decline to have your student immunized, you must sign a waiver that can be obtained through the Health Department.  **Please note that your student’s externship site during the fourth quarter may require these vaccines and a waiver will be unacceptable.**

**Safety**

During both the classroom and externship portions of this class, students may come in contact with blood, urine or other body fluids. Students will be taught safe infection control practices in order to protect themselves from spread of infection. By signing this Disclosure, both the student and parent/guardian are acknowledging and giving permission for this practice.

Students will be performing procedures on each other i.e., vital signs, finger sticks, venipunctures, injections, EKG’s, etc. If you do not want your student to participate in these labs, please check out of this class. By signing this Disclosure Statement, you are giving permission for your student to perform, and to be the recipient of these procedures.

**Externship**

During the fourth quarter, students will begin their externship**. It is their responsibility to secure a position with a medical facility, process is similar to applying and interviewing for employment. 160 hours are required.** We will discuss this more in class during 2nd Term.

In order to participate in clinical externships, the students must have a criminal background check done through the Bureau of Criminal Investigations, and a drug screen urine test. If the student fails to obtain these tests, he/she will forfeit their opportunity to work in a medical facility for the externship. The criminal background check and urine drug screen costs are approximately $15.00 each. Students also must get a BLS Certification.

Students are expected to be respectful of others. All students should feel safe to ask questions and to participate in classroom discussions. During a lecture or demonstration, students are not to disturb or distract their fellow classmates. Honesty, professionalism, dependability, and integrity are expected at all times.

Any student who defaces or destroys equipment, supplies, or books that are assigned to them during the course of study will be held responsible for the cost of the item(s). Further, he/she may be in jeopardy of losing the privilege of attending Canyon’s Medical Assisting program.

**Grades**

The grading system consists of three areas that are averaged into one grade: College expectations!

* 25% Assignments and Homework – Students will be graded on material assigned throughout the program. Worksheets/assignments/labs, etc., **No late assignments will be accepted**.
* 50% Quizzes and Exams – If a student is absent on the day of a quiz or exam, he/she may take it upon returning to school. The student must make arrangements with the instructor to either take the quiz/exam before or after class.

25% Professionalism – Students receive ten points per day for attending class. If they are more than five minutes late, they only receive five points. If they are absent (excused or unexcused) they will not receive any points for the day. Students receive professional points for completing assignments/labs for the day. Points will be lost if the student chooses not to be professional, responsible, and productive in class or is absent.

Students must maintain an 80% or better overall grade for each quarter/trimester in order to be eligible for the externship during the fourth quarter. If a student’s grade falls below 80% during the first semester, he/she will be asked to drop the program and return to their local high school.

Students may be asked to grade each other’s work occasionally. If this is a concern for your student, please notify the instructor.

**SLCC Concurrent Enrollment**

MA 1100 Medical Terminology SLCC deadlines for registration and payments apply.

In addition to the Medical Assisting training videos that will be shown in class, the following media may also be shown:

* Gifted Hands
* Contagion
* Innerspace
* 12 Angry Men
* Lorenzo’s Oil
* Killer at large
* Timeline
* Evolution
* Forks Over Knives

If you do not want your student to view these materials, please inform the instructor.

**Canyons District Policies**

All Canyons School District policies apply at CTEC i.e. dress codes, no smoking and drug free policies, etc. Pagers and cell phones must be turned off during class and at externship locations, this includes text messaging. Professional behavior i.e. honesty, dependability, integrity, respect for others etc. is expected at all times. Profanity and vulgarity is not permitted.

Class rules: CTEC students **are Productive, Responsible, Engaged, Professional and Successful.**

Canyons School District does not discriminate on the basis of race, color, national origin, gender or disability, it its programs and activities. The district Civil Rights and Accommodations Office handles inquiries regarding non-discrimination policies. Complaints can be made to school administrators or to the Civil Rights and Accommodations officer at 801-826-5350.

**DISCLOSURE STATEMENT**

**MEDICAL ASSISTING CLASS**

**Todd Butler RN – Instructor**

**Please complete, sign and return this page.**

**STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parents: In order for this program to better meet your student’s needs, please identify any special needs your student has that you feel would be beneficial for the instructor to be aware of. Please feel free to contact the instructor regarding any concerns or questions you may have.

1. Health conditions such as seizures, diabetes, depression, medications being taken etc.

Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Education Concerns:

Please specitfy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. English as a second language, language other than English spoken in the home.

Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Other concerns?

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**Signatures reflect that parents/guardians and students have read the disclosure and give permission for the student to participate in the activities as outlined and abide by the requirements described in the disclosure statement provided.**

Please read, sign, and return this page.

Student Name (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_

Parent Name (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_