Thank you for your interest in the Workforce Clinical Medical Assistant program. Following the course completion, you will have the opportunity to sit for the CMA exam to obtain a recognized and respected certification. Certifications have proven to contribute to greater income potential, success and career advancement.

Please take note of some important aspects of your application to the Clinical Medical Assistant program:

~ Students must be aged 18 or older to participate in the program.

~ This program is currently not eligible for financial aid through the college’s financial aid office. See page 14 for more information regarding funding.

~ The application and admission process for the Workforce Clinical Medical Assistant program is competitive. Due to limited enrollment, you are strongly encouraged to apply early. The more complete your overall application packet is the stronger and more competitive your application will be.

~Steps required in the application process:

(1) Complete the Health Care Orientation class

(2) Completion and submission of all forms and documents listed below:

• Health care programs application pages
• Current Criminal Background Check completed on-line. (You may delay the background check until after your in-person interview with the HealthCare Coordinator.) To complete your criminal background check: go to https://portal.castlebranch.com/GE10 and click on “Students” then enter package code GD60 for Clinical Medical Assistant. You will then be directed to set up your Certified Profile account.
• Acknowledgement of Cost and Credentials Verification form, signed page 8.
• Complete immunization information (with Hepatitis B declination form, if fewer than 3 Hepatitis B vaccinations have been attained) Discussed with Healthcare Coordinator during interview.
• 10-Panel drug urine screen results (dated 30 days prior to first day of class).
• A copy of your health insurance coverage card (coverage must be through last day of class).
• Two Recommendation Letters from people who know you well, who are unrelated to you. For example: (employers, co-workers, associates).
• Essential Functional Abilities form, signed, pages 9-10
• A copy of your high school transcript or diploma, GED certificate and/or college transcripts.
• Copy of Professional Malpractice Insurance (may be obtained after acceptance).
• Current American Heart Association CPR certification for health care providers (current through completion of program).
• Applicant must request an in-person interview to review and discuss the application with Health Care Coordinator.

Background Check Information –

Due to state regulations, requirements by most clinical facilities and hiring processes used by health care employers, you will not be admitted to the Clinical Medical Assistant program if:

• You have a felony conviction on your criminal background check (CastleBranch, past seven years with misdemeanors and felonies), or you have a conviction for any of the crimes listed in the “barrier crimes” form (page 11 of this packet).
• Misdemeanors – applicants having more than one misdemeanor may not be admitted to the Clinical Medical Assistant program. An applicant with one misdemeanor must be cleared with the clinical site prior to being admitted to the program.

Attendance Policy: once admitted, and class has begun, full attendance to all Clinical Medical Assistant classes, labs, and clinical are mandatory for all students, and required to maintain satisfactory standing in the program.

• Please also note that if you do not hold a high school diploma or GED, you likewise may not be employable in most health care settings.

We realize that applicants go through considerable time, expense, and planning, to apply to our programs. We suggest you review all of the application forms very carefully to ensure you understand the requirements, and to evaluate whether you are able to meet minimum admission criteria.

Please visit our website at www.germanna.edu/workforce and click on Health Care Admissions to access all current forms, upcoming class dates, and information. From time to time, application requirements change to meet educational, legal, and medical requirements of the college and clinical facilities.
# Clinical Medical Assistant Program

## Signed Acknowledgement of Document Checklist

<table>
<thead>
<tr>
<th>Applicant participation requirements:</th>
<th>Check below if included</th>
<th>For Official Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. a. Application-pages 4-5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Immunization Record-pages 6-7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Cost and Credentials Form-pages 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Essential Functional Abilities-pages 9-10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Signed Excerpt from Code Of Virginia page 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Hepatitis B Vaccine Declination Form-page 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Current Background Check (a current background check must be submitted with your application and dated within six months from the last day of class)</td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>3. CPR Documentation (American Heart Association only) “For Health Care Providers” current through completion of program</td>
<td>Expires</td>
<td></td>
</tr>
<tr>
<td>4. Professional Malpractice Liability Insurance- current through completion of program</td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>5. Current Health Insurance Documentation-shows coverage through completion of program</td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>6. Two letters of recommendation (from employers, co-workers, community leaders, no relatives)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Copy of high school diploma, GED, or college transcripts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Health Care Orientation Class</td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>9. Immunization Record Checklist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Tuberculin Test, Chest X-Ray if PPD is (+), Test Results within 1 year of start of clinical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Tdap is required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Hepatitis B Documentation or titer or vaccine- start series, ok (only 1st or 2nd, sign Declination Form)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. MMR vaccination #1 and #2 documentation OR Rubella and Rubeola Titers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Varicella Zoster IgG Antibody Titer OR 2 Varicella Vaccine Dates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. 10-Panel Urine drug screen lab report (dated 30 days prior to first day of class)</td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

I certify that I understand the various costs and fees involved in participating in the Clinical Medical Assistant program. I understand that Germanna Community College Center for Workforce and Community Education is required by policy and contracts with the healthcare facilities to have complete and full documentation prior to entering the program. I further understand that failure to provide all documentation will result in my receiving an Administrative Withdrawal from the program, without tuition refund.

I further understand the Germanna Community College Center for Workforce refund policy: Tuition refunds must be made at least 7 days prior to the class start date. No refund requests will be honored fewer than seven days prior to the start of class.

---

Signature of Applicant

__________________________

Date

---

Updated November 2019 - **Excerpt from Code of Virginia**, 10-1-2019
Germanna Community College
Center for Workforce & Community Education
Clinical Medical Assistant Application

Name:  
Date:  
Address:  

List all of your phone numbers, including area codes:

Home:  (____) ________________
Work:  (____) ________________
Cell:  (____) ________________

The best phone number to contact you during the day:  (____) ________________

Date of Birth:  

Email:  

Note: Student’s health care status remains valid for admission purposes for six months from date of application acceptance.
Your education level and experience:

Please list your educational accomplishments, including all that apply.

**GED:** Date attained (include a copy of your GED certificate)

**High school:** School name, location, and date you graduated (include a copy of your high school diploma or transcript)

**College:** College names, locations, degree(s), and dates you attended/graduated (include a copy of your transcripts)

Other training and educational experience:

Your work experience: Please list below your work experience since high school. For each paying job you have held, include each business name, your job title, and how long you worked for each business. You may include pertinent volunteer experience and/or related work experience in the health care field. You may also attach additional pages, if necessary.

Students who are accepted into the Clinical Medical Assistant program must make full tuition payment not less than five business days prior to the start of class to confirm their enrollment. Tuition for Clinical Medical Assistant is set each semester. Additional fees are required for student books, supplies, and other program needs; these additional costs are borne by the student and are generally between $100 - $500. Refund policy: Students may request course transfers or withdrawals seven or more calendar days prior to the start of class. No course transfers or refunds will be made fewer than seven days prior to the start of class.

I hereby certify the above information is true and correct.

Signature of Applicant                 Date
Immunization Record

To be completed by a Physician or designated health care provider, i.e., nurse practitioner, physician assistant.

TO THE PHYSICIAN:
The below named individual has applied for admission into the Medical Assistant Program at Germanna Community College Center for Workforce & Community Education.

The college recommends completion of all immunizations and tests listed below. If these immunizations are not available at your facility, please direct the applicant to the nearest facility for completion requirements. Your cooperation in this matter is greatly appreciated.

Name of Applicant:

(Last) (First) (Middle)

Immunizations and Tests:

REQUIRED:

Tuberculin Test Date (Provider initial)

OPTIONAL:

Flu Vaccine Date

Reaction Date

Tdap Date (Provider initial)

Hepatitis B Vaccines and titer (optional) or waiver form completed

Date (1) (Provider initial) Date (2) (Provider initial)
Date (3) (Provider initial) or Date (Titer) (Provider initial)

#1 MMR Date (Provider initial)
#2 MMR Date (Provider initial)
OR

Rubella Titer (German Measles) Date (Provider initial)
Rubeola Titer (Red Measles) Date (Provider initial)

Varicella Zoster IgG Antibody Titer Date: (Provider initial)

Immune: Yes ____ No ____

Varicella Vaccine Dates

1st Dose: (Provider initials) 2nd Dose: (Provider initials)
Varicella Booster needed?  Yes ___  No ___
If yes, Date:______________ (Provider initials)

Additional follow-ups required?  Yes ____  No ____  If yes, please note comments below.

If completed by a physician or healthcare provider student must obtain the list of drugs tested for by the healthcare coordinator (drug screens are also provided through CastleBranch).

Urine Drug Screen, 10-panel  Results:_________________________  Date: ____________

- Please see Healthcare Coordinator prior to scheduling your drug screen.

Drug screens are done 30 days or less prior to first day of class.

_________________________________________________________

Health Care Provider Comments or Recommendation:

_________________________________________________________

_________________________________________________________

_________________________________________________________

Signature of Health Care Examiner  Title

Name of Health Care Provider:

_________________________________________________________

Address of Health Care Provider: _____________________________________________

_________________________________________________________

Phone:_________________________  Date ___________________________

If you need further information, you may call:

Coordinator of Workforce Health Care Programs (540) 834-1099

Germanna Community College Center for Workforce & Community Education

Clinical Medical Assistant Program

Signed Acknowledgement of Costs and Credentials Verification

Clinical Medical Assistant Program Purpose: To prepare the student for entry level work as a Clinical Medical Assistant.

Clinical Medical Assistant Course Tuition: Tuition is not due until you are notified of acceptance into the Clinical Medical Assistant program. Once accepted, full tuition payment to Germanna Community College is required to secure your space in the Clinical Medical Assistant program. Course tuition includes classroom instruction, laboratory instruction, and clinical instruction/experience in a work setting.

Additional Costs for Clinical Medical Assistant: All additional costs are approximate and are the responsibility of the student. The additional costs generally range from $100 - $500. An example of these fees might be:

- Criminal Background Check must be completed within six months of the end date of the class, (You may delay the criminal background check until after your in-person interview with the Health Care Coordinator.)
- Cost of Background Check: $52
- Cost of Drug Screen: $35
- Text(s) could cost up to $150
- Immunization records - fees vary
- 10-Panel Urine Drug Screen- fees vary. Drug screen test needs to be within 30 days prior to course start.
- Health Insurance- varies (prior to admission, with your application packet)
- Malpractice Liability Insurance. Cost varies between $30 - $40 for coverage.
- Clinical Medical Assistant Uniform (scrubs) - $25-$50
- Shoes (white or black, all leather, closed toes)- $25-$40

Certification Voucher is included with tuition. No adjustments will be made to your tuition if you choose not to take your exam. Students have 120 days (4 months) from class completion date to take their certification exam.

To maximize your chances of passing the certification exam Fluency in English is necessary. This will not prevent you from taking your certification exam for lack of fluency; however, this could affect the outcome of your results.

______________________________  __________________________
Signature of Applicant                  Date
Essential Functional Abilities

The National Council of State Boards of Nursing, Inc. has determined that the following categories of functional abilities are essential for licensure and job performance of workers in the health care field. They provide guidance to all individuals providing direct patient care. A brief description and examples of representative activities/attributes are included for your reference. Successful students should possess all listed essential functions. Your signature is required on the following page.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Motor Skills</td>
<td>Gross motor skill sufficient to provide the full range of safe and effective health care activities, such as moving within confined spaces, reaching above shoulders, reaching below waist, standing and maintain balance.</td>
</tr>
<tr>
<td>Fine Motor Skills</td>
<td>Fine motor skills sufficient to perform psychomotor skills, such as grasping small objects with hands, keying/typing, pinching, picking, twisting and squeezing with fingers.</td>
</tr>
<tr>
<td>Physical Endurance</td>
<td>Physical stamina sufficient to perform client care activities for entire length of work role, such as standing during health care procedures or performing CPR.</td>
</tr>
<tr>
<td>Mobility</td>
<td>Physical abilities sufficient to move from place to place in a quick manner and to maneuver by twisting, squatting, climbing and walking.</td>
</tr>
<tr>
<td>Hearing</td>
<td>Auditory ability sufficient for physical monitoring and assessment of client health care needs, which includes hearing faint body sounds, faint voices, hearing in situations when not able to see lips, and hearing auditory alarms.</td>
</tr>
<tr>
<td>Visual</td>
<td>Visual ability sufficient for accurate observation and performance of nursing care, which includes seeing objects up to 20 inches away and 20 feet away, depth perception, peripheral vision, and ability to distinguish color and color intensity.</td>
</tr>
<tr>
<td>Tactile</td>
<td>Tactile ability sufficient for physical monitoring and assessment of health care needs, which includes feeling differences in surface characteristics, sizes, and shapes.</td>
</tr>
<tr>
<td>Smell</td>
<td>Olfactory ability sufficient to detect significant environmental and client odors.</td>
</tr>
<tr>
<td>Reading</td>
<td>Reading ability sufficient to comprehend the written word at a minimum of a tenth grade level.</td>
</tr>
</tbody>
</table>
Arithmetic  Arithmetic ability sufficient to do computations at a minimum of an eighth grade level which includes reading and understanding columns of writing, reading graphic printouts and digital displays, calibrating equipment, converting numbers to and/or from the Metric System, measuring time, counting rates, using measuring tools, reading measurement marks, computing fractions, and using a calculator.

Emotional Stability  Emotional stability sufficient to assume responsibility/accountability for actions, which includes establishing therapeutic boundaries, dealing with the unexpected, adapting to a changing environment/stress, focusing attention on a task, performing multiple responsibilities concurrently, and handling strong emotion.

Analytical Thinking  Reasoning skills sufficient to perform deductive and inductive thinking for health care decisions, which includes transferring knowledge from one situation to another, processing information, problem solving, evaluating outcomes, prioritizing tasks, and using short term and long-term memory.

Critical Thinking  Critical thinking skill sufficient to exercise sound judgment, which includes identifying cause-effect relationships, planning/controlling activities for others, synthesizing knowledge and skills, and sequencing information.

Interpersonal Skills  Interpersonal abilities sufficient to interact with individuals, families and groups respecting social, cultural, and spiritual diversity.

Communication Skills  Communication abilities sufficient for interaction with others in written and oral form, which includes teaching, explaining procedures, giving oral reports, and conveying information through writing.

Acknowledgement: I have read and acknowledged the above list of essential functions for health care service providers.

__________________________  _______________________
Signature of Applicant       Date
This Excerpt is one example of many Barrier Crimes

Excerpt from Code of Virginia

Below is a list of convictions that will prevent an individual from obtaining employment in nursing homes.

§ 32.1-126.01. Employment for compensation of persons convicted of certain offenses prohibited; criminal records check required; suspension or revocation of license. A licensed nursing home shall not hire for compensated employment, persons who have been convicted of murder or manslaughter as set out in Article 1 (§ 18.2-30 et seq.) of Chapter 4 of Title 18.2, malicious wounding by mob as set out in § 18.2-41, abduction as set out in subsection A of § 18.2-47, abduction for immoral purposes as set out in § 18.2-48, assaults and bodily wounding as set out in Article 4 (§ 18.2-51 et seq.) of Chapter 4 of Title 18.2, robbery as set out in § 18.2-58, carjacking as set out in § 18.2-58.1, threats of death or bodily injury as set out in § 18.2-60, felony stalking as set out in § 18.2-60.3, sexual assault as set out in Article 7 (§ 18.2-61 et seq.) of Chapter 4 of Title 18.2, arson as set out in Article 1 (§ 18.2-77 et seq.) of Chapter 5 of Title 18.2, drive by shooting as set out in § 18.2-286.1, use of a machine gun in a crime of violence as set out in § 18.2-289, aggressive use of a machine gun as set out in § 18.2-290, use of a sawed-off shotgun in a crime of violence as set out in subsection A of § 18.2-300, pandering as set out in § 18.2-355, crimes against nature involving children as set out in § 18.2-361, incest as set out in § 18.2-366, taking indecent liberties with children as set out in § 18.2-370 or § 18.2-370.1, abuse and neglect of children as set out in § 18.2-371.1, failure to secure medical attention for an injured child as set out in § 18.2-314, obscenity offenses as set out in § 18.2-374.1, possession of child pornography as set out in § 18.2-374.1:1, electronic facilitation of pornography as set out in § 18.2-374.3, abuse and neglect of incapacitated adults as set out in § 18.2-369, employing or permitting a minor to assist in an act constituting an offense under Article 5 (§ 18.2-372 et seq.) of Chapter 8 of Title 18.2 as set out in § 18.2-379, delivery of drugs to prisoners as set out in § 18.2-474.1, escape from jail as set out in § 18.2-477, felonies by prisoners as set out in § 53.1-203, or an equivalent offense in another state. However, a licensed nursing home may hire an applicant who has been convicted of one misdemeanor specified in this section not involving abuse or neglect, if five years have elapsed following the conviction.

Any person desiring to work at a licensed nursing home shall provide the hiring facility with a sworn statement or affirmation disclosing any criminal convictions or any pending criminal charges, whether within or without the Commonwealth. Any person making a materially false statement when providing such sworn statement or affirmation regarding any such offense shall be guilty upon conviction of a Class 1 misdemeanor. Further dissemination of the information provided pursuant to this section is prohibited other than to a federal or state authority or court as may be required to comply with an express requirement of law for such further dissemination.

A nursing home shall, within 30 days of employment, obtain for any compensated employees an original criminal record clearance with respect to convictions for offenses specified in this section or an original criminal history record from the Central Criminal Records Exchange. The provisions of this section shall be enforced by the Commissioner. If an applicant is denied employment because of convictions appearing on his criminal history record, the nursing home shall provide a copy of the information obtained from the Central Criminal Records Exchange to the applicant.

The provisions of this section shall not apply to volunteers who work with the permission or under the supervision of a person who has received a clearance pursuant to this section.

Similar language is found in other sections of the Code of Virginia relating to employment in home care organizations (§ 32.1-162.9:1), licensed homes for adults (§ 63.1-173.2), licensed district homes for adults (§ 63.1-189.1) and licensed adult day care centers (§ 63.1-194.1).

_________________________  ______________________
Signature                    Date
Hepatitis B Vaccine Declination Form

(This form is acceptable if the series of shots has been started, though not completed.)

I understand that during my educational experience in the Health Care programs through Germanna’s Center for Workforce & Community Education I may have exposure to blood or other potentially infectious materials and may be at risk of acquiring Hepatitis B (HBV) infection. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B which a serious disease.

I acknowledge that I have read this information by signing below.

________________________________________
Printed Name of Applicant                      Date

________________________________________
Signature of Applicant                         Date
Criminal Background Check Required
Prior to Enrolling in the Clinical Medical Assistant Program

A criminal background check must be completed through https://portal.castlebranch.com/GE10, and reviewed prior to entering the Clinical Medical Assistant program. If you have a criminal record, you will likely not be admitted to the program. *Page 11 lists some examples of Barrier Crimes that can show on someone’s background check.*

*The clinical facility may deny your entry into clinical settings based on criminal convictions; if denied, the student will be withdrawn from the Clinical Medical Assistant program, with any Clinical Medical Assistant tuition payments forfeited.*

*Please see the information below for acquiring your background check.*

Instructions for accessing CastleBranch.com

Background Check Required
The clinical sites require that each student purchases a background check. Germanna partners with CastleBranch to perform such background checks.

About CastleBranch
Castlebranch.com is a background check service that allows students to purchase their own background check. The results of a background check are posted to the Castlebranch.com web site in a secure, tamper-proof environment, where the student, as well as organizations can view the background check.

To order your background check from Castlebranch.com, please follow the instructions below.

1. Go to https://portal.castlebranch.com/GE10 and click on Place Order
2. In the Package Code box: (1) enter package code GD60 for Clinical Medical Assistant Background check; GD60dt for Drug Screen.
3. Select a method of payment. They accept Visa, MasterCard, check cards, and money orders. Once your order is submitted, you will receive a password to view the results of your background check. The results will be available in approximately 48-72 hours.

These background and drug screen check packages are a Virginia Statewide Criminal Search, and the combined cost is approximately $90.

www.Castlebranch.com 1-888-666-7788
Resource Information for Health Care Students

Please note: We do not endorse any specific providers. Those that are listed below are suggestions we received from prior students. You are free to use other resources. However, those that are highlighted must be used for class*.

*Student Medical Malpractice Insurance: [www.hpso.com](http://www.hpso.com)  Phone number: HPSO 1-800-982-9491

*Since Germanna partners with CastleBranch for all background checks, we do not accept background check results from another organization.

*CPR Certificate: Germanna only accepts American Heart Association (health care provider) certifications

Germanna Center for Workforce & Community Education offers AHA CPR (540) 891-3095

Mary Washington Hospital Training Center (540) 741-1585

Germanna does not endorse any health insurance companies, however, you may inquire into such coverage by searching online for Temporary Health Insurance coverage.

Funding:

- The Clinical Medical Assistant program is approved for the Virginia FastForward grant. This grant will be available to any students that are considered Virginia Domicile. The grant will reduce tuition by two-thirds. The grant will be applied automatically during the electronic registration process by answering questions on pop-up forms that will appear during registration, so there is no lengthy application process. For students who need additional financial assistance for the remaining one third payment, there is also FANTIC funding to help assist with lowering that cost, and it is based on the student’s financial status. Any students who need to apply for FANTIC funds will need to contact our Financial Aid office representative, Saberina Ballard, at 540-834-1953.

- Additional funding may also be available through Virginia Career Works, please call 540-419-2190 to verify if you may qualify for Virginia Career Works funding.
This communication is to inform you that Germanna Community College may need to provide some of your personal information to the healthcare facility where you will be doing your clinical. We fully understand the importance of keeping your information completely confidential, and in accordance with the FERPA regulations and guidelines we need your signature permitting such release. The specific information that may be released – depending on the request from the clinical site – could include the following:

- Your name
- Home address
- Email
- Phone number
- Immunization records
- Malpractice insurance
- Copy of CPR card

Please sign, date, and return this form to the Healthcare Coordinator. **Important:** If you believe you cannot release this information you will not be allowed in the program.

Student Signature: ____________________________ Date: ____________________________