

- x READ ALL INFORMATION LISTED BELOW THOROUGHLY BEFORE SIGNING FORMS
- x DO NOT BEGIN ANY PROCESS PRIOR TO MEETING WITH THE PROGRAM DIRECTOR
- x ALL ITEMS WILL BE DISCUSSED, IN DETAIL, AT PROGRAM ORIENTATION BEFORE FALL SEMESTER

Program Entry

- x Students are strongly advised to complete program forms, program requirements and pre-requisites early.
- x Seats in the program will be filled on a first-come, first-served basis due to the limited availability of practicum clinical sites.
- x Once enrolled in the program, you must meet with an academic advisor regularly to plan course selection.

Returning Students

- x To meet current program accreditation guidelines and/or to prepare for successful completion of required credentialing examinations, all medical assisting and allied health courses completed more than five years ago must be repeated. Talk with the program director for re-entry policy and any test-out/skill assessment options available.

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drug screenings and/or to require students to submit to additional screenings over the course of the student's placement at the practicum site.

- x Students who refuse to submit to a drug screening required by a practicum site may be denied participation in a practicum experience by the site. Additionally, students who fail a drug screening (e.g., have a positive drug screening and/or second "dilute" result) may be ineligible for placement at a practicum site. Students who fail a drug screening (e.g., have a positive drug screening and/or second "dilute" result) may also be subject to disciplinary action under the Health Science Fitness for Learning Policy and by the college under the College's Student Code of Conduct.

Physical Examination

- x Practicum partners require students to submit to a physical examination before the student will be permitted to begin the practicum experience at the site. Students are responsible for the cost of the physical examination. The Physical Exam must be completed on the SSCC physical form, results must be presented to the MAST/ALTH office, dated within the previous 12 months. Students who do not submit to a physical and/or do not submit the required documentation may be denied participation in a practicum experience by the site.
- x Review the SSCC Physical Examination form for current health/vaccination requirements.

Responsibility for Treatment

- x The student enrolled in a clinical/practicum experience will assume the cost of treatment or care for any injury or medical condition incurred during the course.

Health Insurance

- x Most, if not all, practicum partners require students to provide proof of personal health insurance prior to attending their clinical/practicum courses. Students are responsible for the cost of any required personal health insurance.

Liability Insurance

- x Students are required to obtain professional liability insurance through the SSCC Business Office prior to attending their clinical/practicum courses. This insurance is in effect for one year from the date of purchase and may need to be renewed for second year/last term courses. Students are responsible for the cost of liability insurance.

Clinical/Practicum

- x The student enrolled in a practicum experience will receive a copy of the Practicum Guidelines with their packet of information at practicum orientation. This contract outlines the responsibilities of the student during the practicum experience.
- x Students must have a cumulative and immediate term completion GPA of 2.4 to be eligible for practicum experience.

Mental and Physical Qualifications Required of

STUDENT RESPONSIBILITIES
MEDICAL ASSISTING PROGRAM

I understand that upon entrance into the program, my student responsibilities will include:

1. Obtaining and/or submitting documentation of physical exam and required vaccinations.
2. Successfully completing required MAST/ALTH courses with a final grade of "C" or higher and earning a final grade of "C" or higher in all other required courses including pre-requisites. Note: Maintaining a minimum 2.4 immediate previous term and cumulative GPA is required to be eligible for practicum.
3. Following the timelines and guidelines/standards established by the course and/or program

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READ CAREFULLY, CIRCLE/MARK YES OR NO AND SIGN BELOW

Eligibility for Clinical Placement Information

Southern State Health Sciences students are assigned care of older adults and children throughout their practicum/ clinical experience. Therefore, all students enrolled in a Health Sciences program will have a criminal background record check run. In order to assist you and the Division in determining the potential impact of this background check, please complete the following. (Note: * = Absolute Bar)

2903.01 -	Homicide*	2903.02 -	Murder*
2903.03 -	Voluntary Manslaughter*	2903.04 -	Involuntary Manslaughter

STEPS FOR PROGRAM ENTRY

You may use this checklist for your personal convenience to ensure that all items are /have been completed.

1. Apply to Southern State Community College. This process must be completed before entering the Medical Assisting (MAST) and/or Allied Health (ALTH) programs. Review admission criteria in the college catalog online at <http://www.sccc.edu/academics/catalog.shtml>. Paper applications are available in the Admissions Office or online at <http://www.sccc.edu/admissions/apply.shtml>. College admission does not guarantee program

STUDENT ENTRY INFORMATION FORM
MEDICAL ASSISTING

Office use only	Date received _____	Initials _____	GPA _____
ACCUPLACER Result	Date: _____	ENGL: _____	MATH: _____
Work Keys	_____	_____	_____
HESI	_____	ACT or TEAS _____	Photo ID _____

- x TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK ONLY .
- x All correspondence will be sent via the email address(es) indicated below. Notify the MAST/ALTH Department of any changes after submission.
- x It is your responsibility to ensure that all requested documents are received before the deadline date.
- x Bring your Photo ID and your SSCC Student ID, if applicable, to your meeting with the program director.

Name: %dMr. _____
%dMs. Last First Middle (Other names used)

Address _____
Street City State/Zip

Day Phone _____ Evening Phone _____

SSCC Email _____@live.sccc.edu Personal Email (Print Legibly) _____
We are not responsible for illegible or incorrect email addresses; a response may not be received by student.

Student SSCC ID# _____ Date of Birth _____

High School/GED _____ Graduation date/GED date _____

List any colleges or post-secondary schools attended (regardless of relevance to health sciences field)

List any healthcare work experience

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