

Student,

Thank you for your interest in our continuing education healthcare courses. Below you will find pre-admission information relevant to our Clinical Medical Assistant Training courses. This application packet **must be completed and returned to cehealthcare@collin.edu no later than 2 weeks prior to the start of class**. Paper applications are not accepted. Late applications will be considered for the next available class.

Please return completed application forms, vaccine printout from Bluestar Diagnostics (formerly ArcPoint Labs), and copies of your ID and Basic Life Support Card via e-mail to CEHealthcare@collin.edu **no later than 2 weeks prior to the start of class**. Paper applications are **not** accepted. There are free phone apps to download (such as Genius Scan) that will let you scan and e-mail.

Applications are reviewed several times a week by our review committee. After the review, students will be emailed for a live interview via Zoom.

A background report free of felonies and certain classes of misdemeanors, and a clean drug screen are required for approval into the mandatory externship.

Thanks again, and we look forward to working with you on your healthcare career goals!

Sincerely,

The CE Health Sciences Team

Checklist

Step 1:

- Complete the application information on page 3, read the Statements of Understanding, sign and date the bottom, and complete the short answer questions.
- Read the Waiver, Release & Indemnification Agreement on page 4. Enter your name in the first blank, and complete the box of information at the bottom of the page.
- Read the Externship Rights and Expectation on page 5. Enter the date, sign and print your name at the bottom of the page. **A background report free of felonies and certain classes of misdemeanors and a clear drug screen is required for entrance into the externship course.**

Step 2:

- All students must submit all vaccine documentation to Bluestar Diagnostics (formerly ArcPoint Labs) for verification, not Collin College. See page 6 for a map and detailed instructions. Cost for this service is \$30.

Required vaccines are:

- MMR – 2 doses (in accordance with CDC requirements) or positive titers through bloodwork
- Varicella – 2 doses (in accordance with CDC requirements) or positive titers through bloodwork
- Hepatitis B – 2 doses (in accordance with CDC requirements) or positive titers through bloodwork
- Tetanus – 1 dose within the past 10 years
- Tuberculosis – negative skin test or chest X-ray within the past 12 months
- Flu – current year's flu vaccine

These vaccines can be obtained at your doctors' office, the county health department, Bluestar Diagnostics (formerly ArcPoint Labs) labs, and some pharmacies.

Step 3:

- Copy the front and back of your Basic Life Support card.
 - If you do not have a card, please visit https://vssb.collin.edu/PROD/baninst1.CC_S_CEWEB_VIEW.courseInfo?pageid=HLTH5315 as we offer this course frequently. You will need to register and pay for the course, attend class and pass your exams to receive your BLS card and be eligible for admission into the CMA Training.
 - This course must follow American Heart Association guidelines and **MUST** include a hands-on skills assessment. Courses that are taken fully online will not be accepted.

Step 4:

- Submit ALL documentation to the CE Health Sciences Department. We need:
 1. Application packet
 2. Vaccine report from Bluestar Diagnostics (formerly ArcPoint Labs),
 3. Copy of State issued ID,
 4. Copy of Basic Life Support card.

Step 5:

- Completion of essay questions
 - Questions will be emailed to the student upon submission of your application.
- Interview
 - Arranged by Program Manager with student.

Name: _____

CWID or Birthdate: _____

Mailing address: _____

City: _____

Preferred phone: _____

Other languages: _____

E-mail address: _____

Course Start Date: _____

Statements of understanding. Initial each and sign below:

_____ I have attached ALL required documentation for consideration, including the vaccine printout from Bluestar Diagnostics (formerly ArcPoint Labs).

_____ I understand that Electronic Health Records is a Co-requisite for admission into the CMA program.

_____ I have read & understand the rules & regulations of the college this program abides by & these are terms of my continuation in the program.

_____ Information given is factual. Falsification of required documentation results in application rejection.

_____ During the course of my CMA training, I will be instructed of a date for submission for the mandatory criminal background check as required by clinical affiliates as a common practice and condition for clinical experiences. I will submit to BlueStar Diagnostics for this background check, at my expense (approximately \$40). The results will be reported directly to the College. **A background report free of felonies and certain classes of misdemeanors is required for entrance into the externship course.**

_____ I will be required to go to a designated facility and provide a urine specimen for a Substance Abuse Panel 10 (SAP10) or equivalent test at a designated time provided by the Director of the CE Healthcare Programs. **A clean drug screen is required for approval into the mandatory externship.** The cost of the testing will be my responsibility (approximately \$30). In the event there are positive findings, the results will be reviewed by the Medical Review Officer, who specializes in the interpretation of questionable results. I will bear the extra costs incurred with this requirement if needed. Once I am admitted into the Program, I may be subject to future drug screens in the event that "for cause" behavior (suspicious in nature) is demonstrated in the classroom or clinical areas or per agency/clinical requirement. I further realize that a positive test result may deem me ineligible for progression in the Program. This can be cause for withdrawal from the program with no refund, a "No-Pass" grade and referral to a substance abuse program.

_____ I have read and understand the potential for exposure to blood or other potentially infectious materials (information available at <http://www.cdc.gov/hepatitis/HBV/index.htm>) or exposure to inhalation of airborne microorganisms (smallpox, tuberculosis, latex...) and I will not hold Collin College liable for any accidental exposure I may experience.

_____ I have read and understand the terms related, and release Collin College and its employees from any liability.

_____ I understand that this type of course/career has specific physical requirements, which may include lifting up to 25 pounds.

_____ I understand that if I don't successfully complete and pass each requirement for admissions, my application will be declined.

_____ I understand that enrollment in these courses is limited, and seats will be awarded in date order based on those students who complete, turn in, and pass all pre-admission requirements.

_____ I understand that I must successfully complete competencies in the classroom portion of my training and maintain at least 90% classroom attendance to pass the course and be eligible for clinicals.

_____ I agree to the terms as laid out by the Student Handbook, located at <https://www.collin.edu/studentresources/personal/studenthandbook.html>. I understand if I do not follow the terms laid out by the Student Handbook could result in referral to the Dean of Students and possible expulsion. I understand if this happens at any time during the course, I will not receive a refund. I understand that any of the following can be grounds for dismissal from the course, effective immediately with no refund: Not maintaining a passing grade of 75% or higher; attendance falling below 90%; dishonorable conduct as stated in the Student Handbook; as ordered by the Dean of Students.

_____ I have read & understand the terms related, & release Collin College & its employees from any liability.



_____ I understand I must successfully complete the following to be considered for clinical placement:

- Achieve all competencies in the CMA Training (\$2000 + textbooks) **within the past 60 days**
- Externship Entrance Exam (no additional charge)
- Health Career Success (\$109)
- Electronic Health Records (\$220)

_____ I understand I must pay for the externship clinical experience, which includes the CMA Exam Review Course (\$749) & the additional fee of a non-refundable liability insurance (\$5-\$13) assessed at registration.

_____ I understand completion of the application and admittance into the CMA training does not guarantee me a position at a clinical site. Upon completion of the CMA training, I will be required to participate in an Externship Entrance Exam which will test my skills, the speed at which they are performed, and my professionalism. My performance on this Exam will be a factor in determining eligibility for placement at an externship site. Recommendations from my instructors will also be a contributing factor to eligibility.

_____ **A background report free of felonies and certain classes of misdemeanors, and a clean drug screen are required for approval into the mandatory externship.**

Applicant Signature

Date



WAIVER, RELEASE & INDEMNIFICATION AGREEMENT

I, _____, being of legal age, have voluntarily agreed to participate in an Externship (the "Externship") at: _____ (the "Facility").

In consideration for being permitted to participate in the Externship, I, acting individually & on behalf of my children, parents, heirs, successors, assigns, personal representatives & estate, hereby agree as follows:

- 1. Release from Liability. I hereby release, acquit, & forever discharge the Facility, Collin College & their respective employees, agents, servants, officers, directors, trustees, owners, affiliates & representatives...
2. Indemnification. I hereby agree to indemnify, defend, & hold harmless the Released Parties from any & all liability, loss or damages they or any of them incur or sustain...
3. Severability. I agree that this Waiver, Release, & Indemnification Agreement is intended to be as broad & inclusive as permitted by the laws of the State of Texas...
4. Representations. I release & discharge the Facility from all responsibility & liability for all injuries, illnesses, medical bills, charges, or similar expenses I may incur while participating in the Externship.
5. No Employment. I understand & agree that my relationship with the Facility is not one of employer/employee.

I HAVE CAREFULLY READ THIS WAIVER, RELEASE & INDEMNIFICATION AGREEMENT. I FULLY UNDERSTAND ITS CONTENTS & SIGN IT OF MY OWN FREE WILL. I UNDERSTAND THAT BY SIGNING THIS AGREEMENT I AM GIVING UP VALUABLE LEGAL RIGHTS.

Table with 2 columns: Information and Telephone. Rows include Name (Last, First, M.I.), Date, Address, Telephone, City, State, Zip, Signature, In case of emergency, please notify (NAME), and Relationship.



Externship Rights & Expectations

1. I understand that upon registration & payment for the externship experience, Collin College will make every effort to arrange an externship interview/orientation with a site within 45 days.
2. I understand a background report free of felonies and certain classes of misdemeanors, and a clean drug screen are required for approval into the mandatory externship.
3. Upon registration & full payment for the externship experience, Collin College will arrange for 1 interview with a potential clinical site. If I am not chosen by that site to complete my hours there, or if I refuse the placement, Collin College will find 1 more site. If I am not chosen by that second site, or if I refuse the placement, the obligation held by Collin College has been fulfilled, & my externship tuition will not be refunded.
4. As a student extern, my behavior at site is to be professional. If, after externship hours have begun, I am asked to leave site due to poor performance, behavior, attitude, or insubordination, Collin College is under no obligation to find me another site. The obligation held by Collin College will have been fulfilled, & my externship tuition will not be refunded.
5. I understand that I am expected to arrive at my site with all necessary paperwork (skills checklist, timesheet, & personal identification). I will arrive at least 10 minutes prior to my interview time.
6. Once I have been accepted by the site & my externship hours have begun, I will take initiative with tasks & be open to instruction & new techniques. I will be coachable in all aspects of the profession.
7. Timesheets are due to the Clinical Coordinator every week. I will have them signed by my site supervisor & will return them to Collin College via email, fax, or will personally deliver them each week.
8. After completing my assigned hours within the timeframe of my Externship, I will submit my completed & approved skills checklist to the Clinical Coordinator. If I am not able to complete my 160 hours prior to the end-date of my course, I will need to submit a Request for Extension.
9. My site supervisor will have the opportunity to submit an evaluation upon the completion of my externship. The evaluation will be given by the site supervisor directly to the Collin College Clinical Coordinator who will then review it with me. Poor performance on this evaluation will result in a grade of No-Pass (NP).

I have read the above rights & expectations & will comply with the best of my ability.

Student Signature

Date

Student Printed Name



Invasive Procedures Consent Form

I, _____ (Student Name) understand that during the course of my program of study, I will have the opportunity to practice specific invasive procedures on consenting students. The invasive procedures that may be practiced are limited to venipuncture, skin puncture, and injections. I understand that a clinical faculty member must be in attendance during any practice session in which venipuncture, skin puncture, and injections are practiced. I will not perform, nor allow to be performed on me, any practice session in which venipuncture, skin puncture, or injections are performed unless a clinical faculty member is present.

I understand that receiving venipuncture, skin puncture, or injections administered by other students is strictly voluntary and will not impact my grade. I understand that the risks of these procedures may include infection, feeling light-headed, bruising, or other damage to tissue or nerves. I hereby release, and will not hold Collin County Community College District, its directors, officers, executives, board members, faculty, employees, nor my classmates liable for any injury or complication that may result from any and all activity occurring in practice sessions.

I **give my consent** for students to practice, or faculty to demonstrate, venipunctures and/or skin punctures and/or injections on me.

Student Signature _____
Date

I understand that declining consent requires my practice be limited to practicing on mannequin arms only. I will not perform venipuncture, skin puncture, or injections on the mannequin arm unless a clinical faculty member is present, as there are risks associated with any performance of venipuncture, skin puncture, and injections. I understand that the risks of these procedures may include infection, feeling light-headed, bruising, or other damage to tissue or nerves. I hereby release, and will not hold Collin County Community College District, its directors, officers, executives, board members, faculty, employees, nor my classmates liable for any injury or complication that may result from any and all activity occurring in practice sessions.

I **decline** to have students practice, or faculty to demonstrate, venipuncture and/or skin punctures and/or injections on me.

Student Signature _____
Date

Reviewed by: _____
Collin College Representative Signature _____
Date

Bluestar Diagnostics (formerly ArcPoint Labs) Vaccine Verification Instructions

Go to Bluestar Diagnostics and submit all of your vaccine documentation. These documents should not be submitted to Collin College. **Submit copies only, documents will not be returned.**

Bluestar Diagnostics will collect documentation on the following vaccines:

- MMR – 2 doses (in accordance with CDC requirements) or positive titers through bloodwork
- Varicella – 2 doses (in accordance with CDC requirements) or positive titers through bloodwork
- Hepatitis B – 2 doses (in accordance with CDC requirements) or positive titers through bloodwork
- Tetanus – 1 dose within the past 10 years
- Tuberculosis – negative skin test or chest X-ray within the past 12 months
- Flu – current year’s flu vaccine

This documentation will be collected by Bluestar Diagnostics, verified, and consolidated into a standardized format. **The cost of this service is \$30.** Collect the vaccine printout form from Bluestar Diagnostics and submit to the CE Health Science office along with your other paperwork, via email at CEHealthcare@collin.edu





Short answer questions. Maximum score of 5 points each, observing grammar, spelling, and content.
Please limit responses to 100-250 words.

What would you do in an instance where you made a medical or dental mistake? Explain your answer in 100-250 words.

Working in healthcare, you will have access to private patient information. Explain in 100-250 words how you would protect the confidentiality of the patient.



A doctor/dentist has said to you, "Please check on Ms. Smith in room 2. We are waiting for her blood pressure to lower to a safe level to begin treatment." How would you respond? (Think about effective communication.) Explain your answer in 100-250 words.

What would you do in a situation if you saw your physician, dentist, nurse, or supervisor participating in an unethical practice? Explain your decision in 100-250 words.