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. This application packet must be completed and returned to the CE Health Sciences department at the Courtyard Center prior to registering for classes. Submit copies only, documents will not be returned. We will not be able to provide a copy back to you after submission, so keep your originals.

Please return completed application forms, vaccine printout from ArcPoint labs, and copies of your ID and Basic Life Support Card to the CE Health Sciences Office, Courtyard Center in Plano, Texas between the hours of 8AM and 5PM, Monday through Friday. If needed, the documents may be faxed to 972.985.3782 or emailed to CEHealthcare@collin.edu.

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.
☐ 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.

Step 2:

☐ All students must submit all vaccine documentation to ArcPoint 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, ArcPoint 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 http://www.collin.edu/ce/courses/bls.html 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. Pages 3, 4, and 5 of this application packet,
   2. Vaccine printout from ArcPoint labs,
   3. Copy of State issued ID,
   4. Copy of Basic Life Support card.
**Clinical Medical Assistant**  
Pre-Admission Application

Name: ________________________________  
CWID or Birthdate: ____________________

Mailing address: ________________________________  
City: ______________________________

Preferred phone: ________________________________  
Other languages: ________________________________

E-mail address: ________________________________  
Course Start Date: ________________________________

**Statements of understanding:**

- I have attached ALL required documentation for consideration, including the vaccine printout from ArcPoint Labs.
- 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 Arc Point for this background check, at my expense (approximately $40). The results will be reported directly to the College. For more information, please contact the CE Healthcare department.
- 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. 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 a “No-Pass” grade and referral to a substance abuse program.
- 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 ($2,000 + textbooks) **within the past 3 months,**
  - Externship Entrance Exam (no additional charge),
  - Health Career Success ($109), and
  - Computers in the Medical Office ($220 + textbook).
- I understand I must pay for the externship clinical experience ($500) & 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.

________________________________________  ________________________________
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 (in their official & individual capacities) (collectively, the “Released Parties”) from any & all liability whatsoever for any & all damages, losses, or injuries, including death, to persons or property or both, including but not limited to any claims, demands, actions, causes of action, damages, costs, expenses & attorneys’ fees, which arise out of, during, or in connection with my participation in the Externship, including, but not limited to, any damages, losses, or injuries to persons or property or both which may be sustained or suffered by me or any person in connection with my association with, participation in, or travel to & from, & in conjunction with the Externship.

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 as a result of any claims, demands, damages, actions, causes of action, judgments, costs or expenses including attorneys’ fees, which result from, arise out of, or relate to my participation in, or travel to & from, & in conjunction with, the Externship.

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, & if any portion hereof is held invalid, it is agreed that the balance hereof shall, notwithstanding, continue in full legal force & effect.

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. None of the benefits provided by an employer to an employee, including but not limited to minimum wage & overtime compensation, workers’ compensation insurance & unemployment insurance & other employee benefits, shall be available from or through the Facility to me.

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>
<thead>
<tr>
<th>Name (Last, First, M.I.)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Telephone</td>
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<tr>
<td>City, State, Zip</td>
<td>Signature</td>
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<tr>
<td>In case of emergency, please notify (NAME)</td>
<td></td>
</tr>
<tr>
<td>Relationship</td>
<td>Telephone</td>
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</tbody>
</table>
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. 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.
3. 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.
4. 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.
5. 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.
6. 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.
7. 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.
8. 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).
   a. If the NP is due to poor behavior & I would like an opportunity to earn a Pass-Competency (PC) for the externship, I will be required to repeat Health Career Success, then repeat the externship. Repeats of all classes will require new registration & payment in full.
   b. If the NP is due to poor performance on skills & I would like an opportunity to earn a Pass-Competency (PC) for the externship, I will be required to repeat the full course or a remediation course, then repeat the externship. Repeats of all classes will require new registration & payment in full.

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

_________________________________________  ___________________________
Student Signature                                      Date

_________________________________________
Student Printed Name
ArcPoint Vaccine Verification Instructions.

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

ArcPoint Labs 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 ArcPoint Labs, verified, and consolidated into a standardized format. **The cost of this service is $30.** Collect the vaccine printout form from ArcPoint Labs and submit to the CE Health Science office along with your other paperwork.