Dear Applicant,

Congratulations on exploring the Medical Assisting career path!

In this packet, you will find the basic information and application requirements to apply for the Medical Assisting Certificate at Tillamook Bay Community College (TBCC).

TBCC is proud to be accredited by the Northwest Commission on Colleges and Universities. The goal of Tillamook Bay Community College's CMA Program is to provide the best education possible to prepare competent entry-level medical assistants in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains. Classroom training and clinical practicum prepare students to take the certification exam. Successful completion of the CMA Program is not a guarantee for certification. Applicants must pass the NHA certification exam to receive certification.

Registration at TBCC is required prior to application to the CMA program. Detailed information is available upon request. For convenience, the application steps checklist and point grid worksheet are included in this packet along with the actual application document.

Application Process
  o  Submit application (Forms 1, 2, 3, & 4) and supporting documentation to:
     AHApply@mail.tillamookbaycc.edu
  o  Email subject line format:
     **LastName FirstName ID Number TBCC CMA Winter Application Packet**
  o  Save application document and supporting documents with the following naming
     structure: LastName_FirstName_TBCCIDNumber_CMA25.
     For example: **Smith_John_88888888_CMA25**

**Applications may also be mailed, or delivered in person to:**
Tillamook Bay Community College Attn: CMA Program
4301 Third Street
Tillamook, OR. 97141

Tillamook Bay Community College and the Allied Health Program have specific requirements pertaining to clinical/field experience. The various healthcare organizations providing student training opportunities have requirements as well. An acceptable Criminal History Background Check, negative toxicology report, and current appropriate medical documentation is mandatory prior to participation in clinical/field experiences.

**NOTE:**
Applications due no later than **5:00pm, September 9th, 2024**

## Required Coursework

| | FALL TERM | WINTER TERM | SPRING TERM |
|---|---|---|---|
| **YEAR 1** | AH140 EHR and Administrative Skills (4 CR) | AH 141 Body Systems for Medical Assistants (3 CR) | |
| | AH 100 Medical Terminology (4 CR) | AH 112 Clinical Procedures II (4 CR) | |
| | HE 110 CPR/AED for Health Care Providers (1 CR) | AH 112 C Medical Assisting Clinical Experience (6 CR) | |
| | AH 110 Clinical Procedures II (5 CR) | AH150 Math for Health Professionals (2 CR) | |
| | Total Credits: 14 | Total Credits: 15 | **Total Credits: 29 – Apply for CPC!** |
| | | | |

# FORM 1: Medical Assisting Certificate Program Application

Complete application packets are due no later than **September 9th, 2024**.

## Applicant Information

| | |
|---|---|
| TBCC Student ID Number: | |
| TBCC Student E-mail: | |

| | |
|---|---|
| Last Name | |
| First Name | |
| Middle Name | |
| Cell Phone: | Personal E-mail: |

| Current Address | Street: | | |
|---|---|---|---|
| | City: | State: | Zip: |
| Emergency Contact Name: | | Phone: | |

## High School Diploma or GED (Yes/No): _____

## Post-Secondary Education

| Name of College or Training Facility | Date From | Date To | Degree/Certificate |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## Relevant Work or Life Experience

| Employer/Situation | Date From | Date To | Location |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## Attestation

I hereby affirm that all information supplied on this form, including all required documentation, is complete and accurate. It is my understanding that failure to list previously attended colleges or universities or the submission of false information and/or academic records is grounds for denial of admission or immediate suspension.

Applicant Signature: _____ Date: _____

# Form 2: Immunizations and Certifications

## Immunizations

*Immunizations must be current. Immunizations requiring multiple steps that are not yet complete must have a projected completion date. Please provide a copy of your immunization record.*

| Immunization | Date Completed | Notes |
|---|---|---|
| Varicella | | |
| MMR | | |
| Hepatitis B (Series) | | |
| Tdap (<10 years) | | |
| COVID-19 (or declination) | | |
| Influenza (or declination) | | |

*\*If a declination was signed for COVID-19 or Influenza, please attach to this application with other documentation.*

## Other Certifications or Licensures

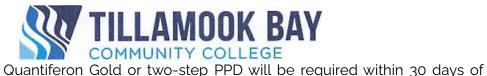| Certificate/License | Expiration Date | Number |
|---|---|---|
| Certified Nursing Assistant | | |
| Basic Life Support | | |
| Other: | | |
| Other: | | |
| Other: | | |

*BLS Certification must be kept current while in program. Certification must be from the American Heart Association (AHA), which is valid for 2 years.*

## FORM 3: MA PROGRAM APPLICATION CHECKLIST

**I have completed the following and submitted prior to the application deadline. Please read and check each box.**

☐　　A.　Completed the TBCC Admission process at https://tillamookbaycc.edu/getting-started/apply/ and obtained a TBCC E-mail address

☐　　B.　Submitted the application documents and all supporting documents to AHApply@mail.tillamookbaycc.edu
- Application documents (FORM 1, FORM 2, FORM 3, FORM 4)
- Supporting documents (unofficial transcripts, DD214 (if applicable), proof of healthcare certification or licensure, etc.)

**Conditions of Application: (Read and check each box)**

☐　　A.　I have read ALL information in the MA Program Application Information Packet.

☐　　B.　I understand that my application will not be returned and that it is my responsibility to keep a personal copy.

☐　　C.　I understand that I am NOT considered an applicant to the program unless all required admission steps are completed, and documentation has been received prior to the application deadline.

☐　　D.　I understand that if accepted into the program, **mandatory** attendance at the orientation session is required. Information about the following requirements will be provided: Fingerprints, immunizations, CPR certification, background check; drug screening, etc.

☐　　E.　I understand that this program is eligible for Financial Aid and that Scholarships are also available. Please see https://tillamookbaycc.edu/financial-aid-cost/financial-aid/ and https://tillamookbaycc.edu/financial-aid-cost/scholarships/ for more information.

☐　　F.　I understand that I must provide copies of my immunizations with this application, and they must be current. Immunizations that require several steps and are not complete should have an anticipated date of completion.

- Quantiferon Gold or two-step PPD will be required within 30 days of starting clinical rotations, so this is not required prior to program start.

☐     G.   I understand that it is required I purchase personal health insurance if I do not already have it.

I affirm that all application information and documentation submitted by me is accurate and authentic and I understand that errors I may have made on the forms will not be corrected by the Health Professions Department.

Applicant Signature: _____     Date: _____