Medical Assistant
Program Application Packet

Semester Requested (Check one):  ☐ Fall  ☐ Spring  ☐ Summer  Year: ________

Access to Austin Community College’s programs or activities shall not be limited on the basis of race, color, creed, national origin, religion, age, gender, sexual orientation, political affiliation, or physical disability. Applications accepted year round.

Please Type or Clearly Print

ACC Student ID: ____________________________  e-mail address: ____________________________

Name: ____________________________  ____________________________  ____________________________

Home Address: ____________________________  ____________________________  ____________________________

Day Phone: ____________________________  Alternate Phone: ____________________________  Last 4 of SS #: ____________________________

The following items are required for the Registered Medical Assistant Program:

Application Checklist:

1. Create student account with CastleBranch by visiting: https://mycb.castlebranch.com
   There is a $30.00 cost for this.

2. Immunization form completed, signed and dated by a licensed health professional. Use Packet code UL64im to upload immunization form.

3. HIPAA Training Module at: http://sites.austincc.edu/hipaa/ (Initial and sign 3 pages of the “HIPAA Confidentiality and Security Agreement Form” and sign Post-test completion form). All 4 sheets must be uploaded to CastleBranch, using code: UL43im.

4. If you are under 22 years old, you must submit verification of meningitis vaccine. (See latest information on college website at: http://www.austincc.edu/apply-and-register/enrollment-steps/comply-with-meningitis-law/meningitis-compliance-steps

5. Schedule your orientation interview (512) 223-7055 or (512) 223-7120.
   Bring this application and a copy of your GED, High School Diploma or College Transcript to the orientation meeting. (Orientation Date: ____________________________)

6. Complete and Sign this form (pages 1-2)
For a list of program costs, course schedule and course requirements, please visit: http://continue.austincc.edu/medical

If you have additional questions, please contact the Application Specialist 512-223-7118. For further questions contact Coordinator, Bettye Kochendorfer: bettye.kochendorfer@austincc.edu

ADMINISTRATIVE COURSEWORK:

- HPRS 1006 Essentials of Medical Terminology (32 Contact hours)
- MDCA 1009 Anatomy and Physiology (64 Contact hours)
- MDCA 1002 Human Disease/Pathophysiology (64 Contact hours)
- HITT 1053 Legal and Ethical Aspects of Health Information (48 hours)
- MDCA 1021 Administrative Procedures, CPR & First Aid Included (80 contact hours)
- HITT 1049 Pharmacology (48 Contact hours)
- MDCA 1017 Procedures in a Clinical Setting, EKG included (112 Contact hours)

CLINICAL COURSEWORK:

Before registering for your clinicals, MDCA-1076 and MLAB-1001 students must:

1. Complete (2) TWO-STEP TB SKIN TESTS, A CRIMINAL BACKGROUND CHECK, INFLUENZA
2. MDCA 1076 Administration of Medication (32 hours)
3. MLAB 1001 Introduction to Clinical Lab Science (80 hours)

PRACTICUM COURSEWORK:

Before registering for your practicum, MDCA-1064 students must:

1. Complete a 10-panel drug screen. Drug screens are only valid for 30 days.
2. Submit proof of health insurance coverage. See the following link for a short term insurance quote if not currently insured: https://quote.hccmis.com/stm/Quote/Step1
   Other health insurance links include but are not limited to: https://www.healthcare.gov/ and http://www.medicalaccessprogram.net/
3. MDCA 1064 Practicum (160 contact hours)

Acceptance of an application does not guarantee a student a seat in the course. Classes may fill quickly, preventing you from registering even though you have completed the application process. Students must notify the Health Professions Institute, Continuing Education of any change in applicant data. Failure to do so may result in the withdrawal of permission to register in the classes or the inactivation of the application.

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission or expulsion from the College. I understand that the faculty and staff of the Health Professions Institute, Continuing Education will read the information contained in this application.

I have read and understand all information included as part of this application.

Signature of Applicant

Date

Updated: JUNE 2019 (VDD)
<table>
<thead>
<tr>
<th>For Continuing Education Office Use Only</th>
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</thead>
<tbody>
<tr>
<td>ApplicationReviewed By:</td>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>MDCA 1076 and MLAB 1001 petitioned by</td>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>MDCA 1064 petitioned by</td>
<td>Date:</td>
<td></td>
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# Immunizations and Tests

## Required by State Law/Clinical Facilities

**Name:** 
**ACC ID#:** 
**Program:** 
**Date of Birth:** 

*Measles, Mumps, Rubella (MMR)/Varicella vaccines if not given on same day MUST be 28 days apart. ALL DATES MUST INCLUDE MONTH, DAY AND YEAR.*

### Measles (Rubeola), Mumps & Rubella (MMR)

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Two doses of Measles, Mumps, Rubella (MMR) vaccine on or after their first birthday and at least 28 days apart</td>
<td>Date #1:</td>
</tr>
<tr>
<td>OR</td>
<td>Serologic test positive for Measles antibody</td>
<td>Date of Collection:</td>
</tr>
<tr>
<td>B.</td>
<td>Serologic test positive for Mumps antibody</td>
<td>Date of Collection:</td>
</tr>
<tr>
<td>B.</td>
<td>Serologic test positive for Rubella antibody</td>
<td>Date of Collection:</td>
</tr>
</tbody>
</table>

### Varicella

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Two doses of Varicella vaccine on or after their first birthday and at least 28 days apart</td>
<td>Date #1:</td>
</tr>
<tr>
<td>OR</td>
<td>Serologic test positive for Varicella antibody</td>
<td>Date of Collection:</td>
</tr>
<tr>
<td>C.</td>
<td>Physician documented history of Varicella (Chicken Pox)</td>
<td>Disease Date:</td>
</tr>
</tbody>
</table>

### Hepatitis B

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Dose 1 (initial dose)</td>
<td>Date #1:</td>
</tr>
<tr>
<td></td>
<td>Dose 2 (minimum 4 weeks after date #1)</td>
<td>Date #2:</td>
</tr>
<tr>
<td>A.</td>
<td>Dose 3 (minimum 8 weeks after date #2 and minimum 16 weeks after date #1)</td>
<td>Date #3:</td>
</tr>
<tr>
<td></td>
<td>Serologic test positive for Hepatitis B antibody</td>
<td>Date of Collection:</td>
</tr>
</tbody>
</table>

### Tdap

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Tdap—received after 6/10/05</td>
<td>Date (Tdap):</td>
</tr>
<tr>
<td>B.</td>
<td>Td—if Tdap is 10+ years old (must list both dates)</td>
<td>Date (Td):</td>
</tr>
</tbody>
</table>

**Physician or Approved Licensed Health Professional Information:** Date of signature must be after last immunization or additional immunizations must be signed and dated separately. Validates all information above.

**Printed Name**

**Address**

**Signature**

**Date**

*Revised 6/26/18*
Order Instructions for

**Austin Community College - CE Medical Assistant**

1. Go to https://mycb.castlebranch.com/

2. In the upper right hand corner, enter the Package Code that is below.

Package Code **UL43im**: Phase 1

**About**

**About CastleBranch**

Austin Community College - CE Medical Assistant and CastleBranch – one of the top ten background screening and compliance management companies in the nation – have partnered to make your onboarding process as easy as possible. Here, you will begin the process of establishing an account and starting your order. Along the way, you will find more detailed instructions on how to complete the specific information requested by your organization. Once the requirements have been fulfilled, the results will be submitted on your behalf.

**Order Summary**

**Payment Information**

Your payment options include Visa, Mastercard, Discover, Debit, electronic check and money orders. Note: Use of electronic check or money order will delay order processing until payment is received.

**Accessing Your Account**

To access your account, log in using the email address you provided and the password you created during order placement. Your administrator will have their own secure portal to view your compliance status and results.

**Contact Us**

For additional assistance, please contact the Service Desk at 888-723-4263 or visit https://mycb.castlebranch.com/help for further information.
Order Instructions for
Austin Community College - AA Immunizations

1. Go to https://mycb.castlebranch.com/

2. In the upper right hand corner, enter the Package Code that is below.

Package Code **UL64im**: Core Requirements for Applicants

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Submitting Documents

Submitting documents to myCB can be achieved three ways: via upload, fax, or mail. This guide will cover all three options. If you need any further assistance, please call the number located at the bottom right of every page.

UPLOADING DOCUMENTS

The most efficient way to submit. Uploading your documents through myCB is not only secure, but ensures faster processing time.

Options for Digitizing Your Document

- Take a picture
- Use the myCB app
- Scan your document
- Utilize a local FedEx, UPS, Library, or University’s resources

Submitting Through myCB

- Click To-Do Lists within the myCB panel on the left
- Expand the requirement you wish to upload to
- Click Browse next to Your Computer or Flash Drive
- Select file(s) needed, one at a time
- Hit Submit

Note: Document removal may only happen before submission. Make sure you have attached the correct file name(s) before submitting. To remove a document, simply click Remove Document and re-attach the correct version.

Replacing Rejected Documents

- Read the rejected reason
- Re-upload using the same steps above

The two most common rejection reasons are missing information and illegible documentation. Make sure your documents are easily legible and contain their essential information, such as: signatures, physical exam dates, vaccination dates, or titer collection dates.
Submitting Documents

FAXING DIRECTLY TO REQUIREMENTS

Following the steps below will result in your documents automatically attaching to their specific requirements, designated by their included cover letters.

Print Cover Letters

1. Click To-Do Lists within the myCB panel on the left
2. Expand the requirement you wish to upload to
3. Click Download at the bottom
4. Read and close the warning prompt
5. Print the cover letter
6. Follow the directions on the cover sheet
7. Repeat for all requirements to be faxed

FAXING TO DOCUMENT CENTER

Following the steps below will result in your documents going into your myCB document center, where you will need to attach them to each requirement individually.

Print Cover Letter

1. Click Document Center within the myCB panel on the left
2. Click Print/Fax Mail Cover Sheet on far right
3. Read and close the warning prompt
4. Print the cover sheet
5. Follow the directions on the cover sheet
6. Faxed documents will display under My Documents within the Faxed folder

Submit Through myCB

1. Click To-Do Lists within the myCB panel on the left
2. Expand the requirement you wish to upload to
3. Click Browse next to My Documents
4. Choose the Faxed folder
5. Pick document needed
6. Hit Submit
MERGING FAXED PAGES

If submitting more than one document to a requirement, you have the option to merge them together.

To Merge Pages

1. Click Document Center
2. Find the Faxed/Mailed Documents folder
3. Select one file you wish to merge with another
4. Click Add PDF to Merge Queue
5. Repeat until all pages you wish to merge are queued
6. Select Merge These Documents at the top right
7. All merged files can be found in the Merged Files folder.

MAILING DOCUMENTS TO CASTLEBRANCH

Follow the steps below to mail documents to CastleBranch for review.

Print Cover Letters

1. Click To-Do Lists within the myCB panel on the left
2. Expand the requirement you wish to mail in
3. Click Download at the bottom
4. Read and close the warning prompt
5. Print the cover letter
6. Repeat for all requirements to be sent in
7. Mail to:

   CastleBranch
   1844 Sir Tyler Drive
   Wilmington, NC 28405
   Attn: TDL Document Center

Note: Pages mailed to CastleBranch should be ordered accordingly:

Cover letter A, document A
Cover letter B, document B