

RSU 25 ADULT AND COMMUNITY EDUCATION

Create Your Path to Success

102 Broadway, Suite One
 Bucksport, ME 04416
www.rsu25.maineadulted.org



Kathy L. Pelletier, Director

Phone: (207) 469-2129

Fax: (207) 469-2192

www.facebook.com/RSU25ADED

To: CCMA Applicants

From: RSU 25 Adult and Community Education

Re: Certified Clinical Medical Assistant with Integrated Education and Training Program Packet

Enclosed is our CCMA packet. This program is one of our Integrated Education and Training Programs. All components of the program must be completed **prior** to your certification exam. Please read this information carefully, fill out the necessary forms and return to RSU 25 Adult and Community Education: 102 Broadway, Suite One, Bucksport, ME 04416.

Applications should be completed as soon as possible.

1. Personal Data Sheet
2. Immunization Sheet
3. Background Check
4. Social Security Release
5. FERPA Release
6. Records Release
7. College and Career Readiness Agreement
8. CASAS Assessments
9. WOWi Assessment

Course fee is \$2,599.00 which includes:

Textbooks
 Registration Fee
 Healthcare Academy
 BLS/CPR and First Aid Certification
 Digital Literacy Certification
 Medical Terminology
 Initial Background Check

Exam fee is: \$155

Total Course Fee: \$2,754.00

NOTE: You will not be considered for acceptance into the CCMA Program until payment has been received by this office or a training approval has been received.

NOTE: You do not need to wait until your packet is complete to send in your payment. In order to be accepted, full payment and all requested information must be received by this office.

CERTIFIED CLINICAL MEDICAL ASSISTANT PROGRAM PHILOSOPHY

Nursing care is concerned with the basic needs of individuals who have physical, mental, social, and cultural dysfunctions. You will gain the training and education to work in healthcare under the supervision of a supervisor.

OBJECTIVES:

The purpose of this course is to prepare students to assist physicians by performing functions related to the clinical aspects of a medical office.

At the completion of this course, the student will be cover the following:

- a. Clinical responsibilities of the medical office – assisting the physician with patient related care
- b. Preparing patients for examination and treatment, routine procedures and diagnostic testing
- c. HIPPA, patient confidentiality, legal aspects of healthcare and regulatory patient care issues
- d. Recording and taking of vital signs, blood pressure, and other patient care items related to the physician office visit
- e. Review and administration of medications, allergies and other pharmacology related items
- f. Assist in emergency situations
- g. Communicate in an effective, positive manner
- h. Assist the registered professional nurse to provide general patient care
- i. Recognize several life-threatening emergencies, provide CPR, use of an AED and how to relieve choking in a safe, timely, and effective manner. (AHA BLS PROVIDER Certification)
- j. Respond to and manage first aid, sudden cardiac arrest, choking, or other emergencies in the first few minutes until emergency medical services arrive. Learn skills such as how to treat bleeding, sprains, broken bones, shock and other first aid emergencies (Heartsaver First Aid Certification)
- k. Demonstrate ability to perform and or navigate Basic Computer Skills, Internet, Windows, Email, Microsoft Office programs, Social Media, and Information Literacy. (Northstar Digital Literacy Certification)

PERSONAL DATA SHEET

LAST NAME _____ FIRST NAME _____ MI _____

LIST ANY AND ALL ADDITIONAL NAMES USED: _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

SEX M F HISPANIC Y N ETHNICITY _____ EMPLOYED Y N

ADDRESS _____

MAILING ADDRESS (If different) _____

TELEPHONE: (H) _____ (C) _____ (W) _____

EMAIL ADDRESS _____

EMERGENCY CONTACT NAME AND NUMBER _____

DID EITHER OF YOUR PARENTS EARN A 4-YEAR DEGREE? MOTHER FATHER BOTH NONE

EDUCATION – Complete for any attended
COLLEGE COURSEWORK IS NOT REQUIRED FOR ADMITTANCE TO PROGRAM
HIGH SCHOOL COMPLETION IS REQUIRED TO SIT FOR NATIONAL CERTIFICATION EXAM

HIGH SCHOOL _____ YEAR GRADUATED _____

GED/HiSET TEST CENTER _____ YEAR GRADUATED _____

COLLEGE ATTENDED _____

Course of study _____

Degree acquired _____

Have you ever been convicted of any crime other than a minor traffic violation? _____

If yes, in what State? _____ Explain _____

If you have been convicted of abuse, neglect or misappropriation of property, you may NOT be able to work after completion of this course.

Signature _____ Date _____

Please submit to: RSU 25 Adult and Community Education PHONE: 207-469-2129
102 Broadway, Suite One FAX: 207-469-2192
Bucksport, ME 04416

RSU 25 Adult and Community Education
Bucksport, Orland, Prospect, Verona Island

RECORD OF IMMUNIZATIONS

Working in healthcare, the student may be at greater risk of transmitting communicable disease to the patient seeking medical attention. Therefore, proof of immunity or vaccination against communicable disease is a requirement of our clinical sites. Recent resurgence of communicable has led the CDC/ACIP (Association of Infection Control Practitioners) to recommend that all healthcare workers be required to show proof of vaccination, doctor office documented history of disease, or lab proof of immunity to the following:

PLEASE NOTE DATES MUST BE ENTERED. CHECKMARKS WILL NOT BE CONSIDERED.

Rubeola (Measles):

Lab confirmation of immunity or	Date: _____	Result: _____
Documentation of (2) MMR's or (2) doses of rubeola vaccine	Date of: 1st _____	2nd _____
Physician diagnosed/documentated history of rubeola/measles disease		Date: _____

Mumps:

Lab confirmation of immunity or	Date: _____	Result: _____
Documentation of (2) MMR's or (2) doses of mumps vaccine	Date of: 1st _____	2nd _____
Physician documented history of disease		Date: _____

Rubella (German Measles):

Lab confirmation of immunity or	Date: _____	Result: _____
Documentation of (1) MMR or (1) dose of Rubella vaccine		Date: _____

Varicella (Chickenpox):

Lab confirmation of immunity or	Date: _____	Result: _____
Documentation of (2) doses of varicella vaccine or	Date of: 1st _____	2nd _____
Physician documented history of chickenpox or herpes zoster (shingles)		Date: _____

Hepatitis B:

Documentation of (3) dose series of Hepatitis B vaccine,	Date of: 1st _____	2nd _____	3rd _____
followed by Lab confirmation of immunity (HEPBsAb)	Date: _____	Results: _____	

Tetanus/Diphtheria (Td) or Tetanus/Diphtheria/acellular Pertussis (Tdap):

Documentation of (5) doses of DTaP protection (childhood immunizations)	Date of: 1st _____	2nd _____
	3rd _____	4th _____
		5th _____
Plus (1) recent dose of TDaP (regardless of last date of plain tetanus)		Date: _____

Tuberculosis: (Please note test must be GIVEN twice rather than read twice)

Documentation of 2-part TB testing	Date of: Part 1 _____	Results: _____
	Date of: Part 2 _____	Results: _____

Influenza:

It is recommended that all healthcare students receive Influenza vaccination annually.

Documentation of last Influenza dose	Date: _____	(Optional)
--------------------------------------	--------------------	-------------------

Physician's Signature _____ **Date:** _____
and/or documentation attached.

Please Return to:	RSU 25 Adult and Community Education	Phone: 207-469-2129
	102 Broadway, Suite One	Fax: 207-469-2192
	Bucksport, ME 04416	

RSU 25 ADULT AND COMMUNITY EDUCATION

Create Your Path to Success

102 Broadway, Suite One
Bucksport, ME 04416
www.rsu25.maineadulted.org



Kathy L. Pelletier, Director

Phone: (207) 469-2129

Fax: (207) 469-2192

www.facebook.com/RSU25ADED

**To: Health Care Facilities hosting
RSU 25 Adult and Community Education's
CCMA**

From: RSU 25 Adult Education

RE: Policy for Students Regarding Hepatitis B

Since OSHA'S regulations regarding occupational exposure to bloodborne pathogens does not include Health Occupation students, we have developed our own policy that states the procedure a student is to follow should possible exposure to Hepatitis B occur during their clinical experience (see attached).

We hope this policy will clarify RSU 25 Adult and Community Education's position regarding the OSHA regulations and will assist the student, faculty, and the Health Care Facility in dealing with any incident that puts the student at risk for Hepatitis B.

POLICY REGARDING HEPATITIS B EXPOSURE

Students enrolled in RSU 25 Adult and Community Education's CCMA program are at minimal risk for exposure to the Hepatitis B virus during their clinical experience. However, should accidental contamination with blood or other body fluids occur to a student via a needle stick, wound or other injury to the skin, the following protocol must be initiated:

1. The student should wash the injured area immediately with plenty of soap and water.
2. Report the incident to your instructor as soon as possible.
3. Complete a facility incident report which should indicate the possible source of injury.
4. Your instructor will notify the appropriate health care facility personnel who will initiate that facility's policy regarding such injuries.
5. The student should be seen by a physician, or follow the facility's policy recommendations for follow-up treatment.
6. The cost of any testing or treatment that may be deemed necessary will be the responsibility of the student. Neither the health care facility nor RSU 25 Adult and Community Education will be held responsible for any of these costs.

RSU 25 ADULT AND COMMUNITY EDUCATION

Create Your Path to Success

102 Broadway, Suite One
Bucksport, ME 04416
www.rsu25.maineadulted.org



Kathy L. Pelletier, Director

Phone: (207) 469-2129
Fax: (207) 469-2192

www.facebook.com/RSU25ADED

CCMA STUDENT CRIMINAL RECORDS CHECK INFORMATION SHEET

NAME: _____

ADDRESS: _____

PHONE: _____

SOCIAL SECURITY NUMBER: _____

BIRTH NAME: _____

OTHER NAMES USED, IF ANY: _____

DATE OF BIRTH: _____

RSU 25 ADULT AND COMMUNITY EDUCATION

Create Your Path to Success

102 Broadway, Suite One
Bucksport, ME 04416
www.rsu25.maineadulted.org



Kathy L. Pelletier, Director

Phone: (207) 469-2129

Fax: (207) 469-2192

www.facebook.com/RSU25ADED

Release of Social Security Numbers And Exchange of Information

Adult Education in Maine is required by Title II of the Workforce Innovation and Opportunity Act to report how many adult learners:

- Are employed after attending adult education and/or
- Have entered college or a training program after attending adult education

Federal funds are used to pay for some of our classes including reading, writing, math, high school equivalency, and high school diploma courses. Gathering employment and postsecondary education information is needed to receive the funding that pays for this part of adult education.

To get this information, this adult education program will use your Social Security Number to match adult education enrollment records with employment and postsecondary records with the agencies listed below.

- The Maine Department of Labor – To report how many adults from Maine Adult Education Programs are employed. The data match does not identify you by name or where you work.
- The National Student Clearinghouse – To report how many adults from Maine Adult Education Programs are enrolled in postsecondary institutions.

We are asking you to sign this form giving us permission to use your Social Security Number for a data match in order to obtain the information we need for federal reporting.

The information obtained by the Department of Education will be used for the sole purpose of data match reporting and will not be shared with any other individuals or agencies without your written permission. All data used to conduct the data match and will be purged from the Department of Labor system after the report is complete.

I give permission to use my Social Security Number

Signature _____

Print Name _____

Social Security Number _____

Date _____

I do not give permission to use my Social Security Number

Signature _____

Print Name _____

Social Security Number _____

Date _____

RSU 25 ADULT AND COMMUNITY EDUCATION

Create Your Path to Success

102 Broadway, Suite One
Bucksport, ME 04416
www.rsu25.maineadulted.org



Phone: (207) 469-2129
Fax: (207) 469-2192

www.facebook.com/RSU25ADED

Kathy L. Pelletier, Director

Family Educational Rights and Privacy Act (FERPA)

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that Maine Adult Education, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your education records. However, Maine Adult Education may disclose appropriately designated “directory information” without written consent, unless you have advised the program to the contrary in accordance with District procedures. The primary purpose of directory information is to allow Maine Adult Education to include this type of information from your education records in certain school publications. Examples include:

- The annual yearbook
- Honor roll or other recognition
- Graduation programs

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without your prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories – names, addresses, and telephone listings – unless you have advised the LEA that you do not want your information released without your prior written consent.¹

If you do not want Maine Adult Education to disclose directory information from your education records without your prior written consent, you must notify the program in writing at intake. Maine Adult Education has designated the following information as directory information. **[Note: An LEA may, but does not have to, include all of the information listed below. You may view the K-12 directory information policy on the district website at www.rsu25.org.]**

- Student’s Name
- Address
- Telephone Listing
- Electronic Mail Address
- Photograph
- Date and Place of Birth
- Dates of Attendance
- Degrees, honors, and awards received
- The Most Recent Educational Agency or Institution Attended

I give permission for my directory information to be released without my written permission

Signature: _____ **Date:** _____

I do not give permission for my directory information to be released without my written permission

Signature: _____ **Date:** _____

¹ These laws are: Section 9528 of the ESEA (20 U.S.C. 7908), as amended by the *No Child Left Behind Act of 2001* (P.L. 107-110), the education bill, and 10 U.S.C. 503, as amended by section 544, the *National Defense Authorization Act for Fiscal Year 2002* (P.L. 107-107), the legislation that provides funding for the Nation’s armed forces.

RSU 25 ADULT AND COMMUNITY EDUCATION

Create Your Path to Success

102 Broadway, Suite One
Bucksport, ME 04416
www.rsu25.maineadulted.org



Kathy L. Pelletier, Director

Phone: (207) 469-2129

Fax: (207) 469-2192

www.facebook.com/RSU25ADED

Student Authorization and Records Release Form

I, _____
Last Name First Middle

Birth Name Date of Birth

do hereby grant you permission to send my records to

Signature

Date signed

.....

Please return this release form to

RSU 25 Adult & Community Education
102 Broadway, Suite One
Bucksport, Me 04416-1341

CERTIFIED CLINICAL MEDICAL ASSISTANT APPLICATION CHECKSHEET

Name (Printed) _____

- _____ I have read the entire CCMA packet carefully. AFTER doing this, I have asked any questions I need to understand and complete the packet.
- _____ I have made an appointment with the office at RSU 25 Adult and Community Education to take the CASAS and WOWi Assessments.
- _____ I have taken the CASAS Assessments.
- _____ I have taken the Wowi Assessment.
- _____ I have completed the Personal Data Form (Application/3) and submitted it to RSU 25 Adult and Community Education.
- _____ I have had my doctor complete the Immunization form (Application/4) and submit it to RSU 25 Adult and Community Education. I understand that it is my responsibility to check that the form has arrived fully completed at RSU 25 Adult and Community Education. **Physicians must sign proof of immunizations on check sheet and/or documentation must be attached.**
- _____ I have completed the Criminal Records Check (Application/6) and submitted it to RSU 25 Adult and Community Education.
- _____ I have completed the Release of Social Security Numbers and Exchange of Information (Application/7) and submitted it to RSU 25 Adult and Community Education.
- _____ I have completed the Family Educational Rights and Privacy Act (FERPA) (Application/8) and submitted it to RSU 25 Adult and Community Education.
- _____ I have completed the Student and Authorization and Records Release Form (Application/9) and submitted it to RSU 25 Adult and Community Education.
- _____ I have submitted full payment to RSU 25 Adult and Community Education. If you are working with an agency, please let us know. We will need an authorized training approval from the agency for enrollment.
- _____ I have read and signed the Computer and Internet Use Acknowledgement form.
- _____ I have read and agree to comply with the Tobacco Use and Possession Policy.
- _____ I have read and agree to comply with the Bullying Policy.
- _____ I have read and agree to comply with the Drug and Alcohol Use by Students Policy.
- _____ I have read and agree to comply with the Student Use of Cell Phones and Electronic Devices Policy and Student Use of Cell Phones and Electronic Devices Administrative Procedures.

_____ I have read and agree to comply with the Students Rights and Responsibilities.

_____ I have read and agree to comply with the Weapons, Violence, and School Safety procedures.

_____ I have read and agree to comply with the Student Allergies policy. RSU 25 Adult Education requests that students do not wear scents, perfumes, colognes, or other heavily scented personal products due to allergies of current staff and students.

_____ I understand that this program consists of the Certified Clinical Medical Assistant (CCMA) course, Basic Life Saving (BLS) Certification, Northstar Digital Literacy Certification, Healthcare Preparation 101 and various workforce preparation activities designed to prepare the student for employment. The CCMA portion of the course is 140 classroom hours with additional labs and is conducted in partnership with Condensed Curriculum International (CCI). Students should be aware that the course includes a phlebotomy and an EKG section. In order to successfully complete the course, students are required to practice both the phlebotomy and the EKG portions of the class on each other. An optional 160 hour externship may be arranged for students successfully completing the CCI portion of the course. Healthcare Preparation 101 will be additional hours and varies per student need. Students must complete a CASAS pre and post test as part of their course completion requirements. An optional 160 hour externship may be arranged for students successfully completing the CCI portion of the course. Northstar Digital Literacy Certification is provided through RSU 25 Adult Education with proctors certified by Northstar. RSU 25 Adult Education provides the remaining portions of the program and hours needed to complete may vary among individual students. Approximate number of hours to finish the complete program is 200. The national certification exam is proctored on site through NHA.

I have read, understood, agree to comply with and completed the above initialed items listed on Application pages 10 and 11.

Signature _____

Date _____