



Scioto County Career Technical Center  
Post-Secondary Education

**Medical Assisting**

**Getting started at Scioto Tech**

\*Program Cost: \$7,513.00

**2017-2018 Entrance Requirements**

Program Hours: 900

<b>Application</b>	
<input type="checkbox"/> Complete and Submit Application for Admission.	<u>Post-Secondary Office</u> 740.259.5526
<input type="checkbox"/> Submit high school diploma or GED certificate.	
<b>WorkKeys (Pre-entrance Cost)</b>	
<input type="checkbox"/> Schedule WorkKeys Pre-Entrance Exam.	<u>Post-Secondary Office</u> 740.259.5526
<input type="checkbox"/> Required scores: Math 4; Locating Information 4; Reading 4.	
<input type="checkbox"/> Testing fee \$60.00 (cash, check, money order or major credit card).	
<input type="checkbox"/> Picture ID required.	
<b>Financial Aid/Financial Arrangements</b>	
<input type="checkbox"/> Apply for Financial Aid by completing a FAFSA application at <a href="http://www.fafsa.gov">www.fafsa.gov</a> (Federal PELL Grants & Direct Student Loans).	<u>Financial Aid Office</u> 740.259.5526
<input type="checkbox"/> Schedule appointment with Financial Aid Coordinator to review financial aid application, veterans' benefits, and/or other payment options.	
<input type="checkbox"/> You must have awarded financial aid, set-up payment plan or paid program costs by the deadline date given at the program orientation.	
<b>Informational</b>	
<input type="checkbox"/> Attend a program informational meeting for acceptance into the program.	<u>Post-Secondary Office</u> 740.259.5526

**The following requirements and deadline dates will be given at the Informational Meeting:**

<input type="checkbox"/> <b>Background Check</b> (Estimated Pre-entrance Cost: \$46.00)
<input type="checkbox"/> <b>Drug Screen</b> (Estimated Pre-entrance Cost: \$60.00)
Potential outside agencies to contact for funding or additional funding to cover program cost. Contact agencies at least 30 days prior to program start date.
<ul style="list-style-type: none"> <li>o Bureau of Vocational Rehabilitation - 4303 Old Scioto Trail, Portsmouth, Ohio 740.354.7951</li> <li>o Bureau of Workers' Compensation - 1005 4<sup>th</sup> Street, Portsmouth, Ohio 740.354.7974</li> <li>o CAO - Workforce Investment Act (WIA) - 433 Third Street, Portsmouth, Ohio 740.354.4531</li> <li>o Workforce Investment Act (WIA) - 941 Market Street, Piketon, Ohio 740.289.2371</li> </ul>

\*Program costs do not include pre-entrance costs. Pre-entrance costs are the sole responsibility of the student.



# Medical Assisting Information Hand-Out

Classes Meet: Monday-Thursday  
Classroom Schedule: 9:00 a.m. -- 2:00 p.m.  
Instructor: Leslie Johnson & Tami Hall

Total Course Hours: 900  
Total Course Weeks: 47

<b>Externship</b>
<ul style="list-style-type: none"><li><input type="checkbox"/> Extern schedule will begin the last 5-6 weeks of the program</li><li><input type="checkbox"/> The externship site will be assigned by the instructor</li><li><input type="checkbox"/> Students are required to complete externship hours</li></ul>
<b>Certification</b>
<ul style="list-style-type: none"><li><input type="checkbox"/> National Center for Competency Testing (NCCT)<ul style="list-style-type: none"><li>➤ National Certified Medical Assistant (NCMA)</li><li>➤ National Certified Insurance &amp; Coding Specialist (NICIS)</li></ul></li><li><input type="checkbox"/> Ohio Proficiency Assessment &amp; Certification (OPAC)<ul style="list-style-type: none"><li>➤ Excel</li><li>➤ Indexing</li><li>➤ Keyboarding</li><li>➤ Math</li><li>➤ Medical Terminology</li><li>➤ Word</li></ul></li><li><input type="checkbox"/> First Aid / CPR</li><li><input type="checkbox"/> OSHA (10 hour)</li></ul> <p>Certification Exams will be held at the end of the program. Pre-Registration by student is required.</p>
<b>Attendance</b>
<ul style="list-style-type: none"><li><input type="checkbox"/> Attendance is recorded daily on an hourly basis by the instructor and it is the expressed responsibility of the student to be in attendance</li><li><input type="checkbox"/> Students must maintain a minimum attendance of 90% of the clock hours scheduled</li><li><input type="checkbox"/> Student who will be absent must notify the Post-Secondary office at least 1/2 hour before class begins</li><li><input type="checkbox"/> NOTE: Refer to the most recent Post-Secondary Education Center Student Handbook and Planner for more information.</li></ul>
<b>Information</b>
<ul style="list-style-type: none"><li><input type="checkbox"/> Any questions about the program, please contact the instructor <a href="mailto:leslie.johnson@sciototech.org">leslie.johnson@sciototech.org</a> or <a href="mailto:tami.hall@sciototech.org">tami.hall@sciototech.org</a></li></ul>

Program curriculum includes:
<ul style="list-style-type: none"><li><input type="checkbox"/> Anatomy &amp; Physiology</li><li><input type="checkbox"/> Medical Terminology</li><li><input type="checkbox"/> Pharmacology</li><li><input type="checkbox"/> Phlebotomy</li><li><input type="checkbox"/> ICD &amp; CPT Coding</li><li><input type="checkbox"/> Insurance &amp; Billing</li><li><input type="checkbox"/> Electronic Health Records Software</li><li><input type="checkbox"/> PC's</li><li><input type="checkbox"/> Medical Office Skills</li></ul>





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For Office Use Only

**Application for Admission**

Please print clearly and return to the SCCTC Post-Secondary Office, 951 Vern Riffe Drive, Lucasville, OH 45648, Phone 740.259.5526, Fax 740.259.8312.

\*\*All questions must be answered. If not applicable, answer N/A.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_ Maiden Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Program(s) of Interest: \_\_\_\_\_ Program start date(s): \_\_\_\_\_

High School Attended: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

High School Location: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Year GED Earned: \_\_\_\_\_

(Please attach a copy of your diploma or GED certificate with this application)

**Education Advancement:**

List all career technical centers, colleges, and/or universities previously attended:

Name of Institution: \_\_\_\_\_ Type of Degree \_\_\_\_\_

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**Equal Opportunity Statement**

Scioto County Career Technical Center does not discriminate in admission, access, or treatment in programs, and activities or employment policies or practices on the basis of race, creed, sex, color, national or ethnic origin, religion, marital status, age, sexual orientation, or disability. Inquiries regarding Title IX may be directed to the Title IX coordinator at 740.259.5522 ext. 2234.

