Thank you for your interest in the Medical Assisting Program for Fall 2016. This application packet contains important information about admission requirements, the admission process, and program requirements for Fall 2016 (Note: these admission requirements are applicable to Fall 2016 only. For subsequent years, admission and program requirements are subject to change without notice).

Here are the Steps that must be followed to successfully apply to the program:

STEP 1: READ THE INFORMATION IN THIS PACKET
Please read all of the information in this packet carefully and follow all instructions. Admission to this Program is highly competitive and has a selective admission process. It is your responsibility to assure that you accurately understand the information in this packet and follow it accordingly.

STEP 2: COMPLETE ALL ADMISSION CHECKLIST REQUIREMENTS
The Admission Requirements Checklist in this packet details admission requirements and other important information. You must complete all checklist items for your application to be considered complete and ready for review. Please note that it is the applicant’s responsibility for assuring that the application is complete and received. If any of the required items are incomplete/missing when you submit your application material, your application will not be processed (i.e. reviewed). We will mail it back to you.

STEP 3: SUBMIT YOUR COMPLETED APPLICATION
We will begin taking completed applications on September 21, 2015. All completed applications received by close of business on February 12, 2016 will be reviewed for potential acceptance to the program. Completed applications may be considered under the same procedure after this date because space remains available in the program or waitlist, but there is no guarantee of such consideration. Admission to this program may close at any time after this date without notice. Thus, the only guarantee of consideration is to have the completed application submitted within the above dates. Applicants who submit completed applications between September 21, 2015 and February 12, 2016 will receive written notification of an admission decision in a letter postmarked by April 1, 2016. If offered admission, a non-refundable $100.00 deposit will be required to secure your acceptance to this Program.

- **Walk-in Submission** - We strongly recommend that you submit your items in person so that we can review them with you to make sure that your application items are complete.

- **Mail-in Submission** - As stated above, it is the applicant’s responsibility for assuring that the application is complete and received. You can mail the items to us (see the NSCC application form for address). However, if any of the required items are incomplete/missing when you submit your application material; your application will not be processed. We will mail it back to you.
## ADMISSION REQUIREMENTS CHECKLIST
### MEDICAL ASSISTING PROGRAM FALL 2016

**INSTRUCTIONS (Page 1 of 2):** The last Column of this form is to be completed by the applicant. It identifies the admission requirements for this program.

<table>
<thead>
<tr>
<th>Checklist Item</th>
<th>Important Information</th>
<th>Applicant: initial below when complete (NOTE: Requirements are considered incomplete if in progress, scheduled, or requested)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSCC Application for Admission</td>
<td>This form must be completed for the year for which you are applying; regardless of whether you are a new or current student (a previously submitted application does not count).</td>
<td>Initial: __________</td>
</tr>
<tr>
<td>Communications and Math Proficiency</td>
<td>There are many ways to demonstrate this, including but not limited to: placement testing, by course work here or at another College, SAT scores, and some Entrance Exams. For details visit: <a href="http://www.northshore.edu/academics/proficiency/basic_skills.html">http://www.northshore.edu/academics/proficiency/basic_skills.html</a></td>
<td>Initial: __________</td>
</tr>
<tr>
<td>Mandatory Information Session Attendance Form</td>
<td>Upcoming dates are included in this packet. When you attend the orientation, you will be given an attendance form to submit.</td>
<td>Initial: __________</td>
</tr>
<tr>
<td>High School transcript or GED score report</td>
<td>Submit an official copy of the high school transcript or GED score report. If you previously submitted the transcript or score report and attended classes within the past 5 years, then Enrollment likely has it on file.</td>
<td>Initial and check: Initial: __________ ____ submitted now with packet of application material. ____ previously submitted</td>
</tr>
<tr>
<td>Questionnaire</td>
<td>The questionnaire is included in this packet. A word-processed questionnaire must be submitted for the year in which you are applying.</td>
<td>Initial: __________</td>
</tr>
<tr>
<td>Program’s Student Handbook</td>
<td>Read the Student Handbook in its entirety. The Student Handbook can be accessed in the Library on the Lynn or Danvers campus or on the website: <a href="http://www.northshore.edu/academics/programs/mac/student_handbook">http://www.northshore.edu/academics/programs/mac/student_handbook</a></td>
<td>Initial: __________</td>
</tr>
</tbody>
</table>
## Admission Requirements Checklist

<table>
<thead>
<tr>
<th>Checklist Item</th>
<th>Important Information</th>
<th>Applicant: initial below when complete (NOTE: Requirements are considered incomplete if in progress, scheduled, or requested)</th>
</tr>
</thead>
</table>
| Official transcripts from ***all*** Colleges/Universities previously attended | Submit official transcripts from ***all*** Colleges/Universities previously attended. If the College/University will give an official transcript directly to you, then have them do so. This is the **most efficient way for you to ensure that receipt of transcripts do not hold up your application.** If you have previously submitted transcripts and have since completed courses or are currently registered for courses, then you need to **submit an updated transcript.** Transfer students from another CAAHEP accredited Medical Assistant education program must also provide:  
  - an official transcript proving enrollment in clinical courses within the last 5 years  
  - course syllabi from all previous Medical Assistant courses  
**NOTE:** The sooner you start the transfer request process the better. It has been the College’s experience that it can take on average 1-2 months for transcript requests to be processed and sent to us from other colleges. | Initial and check the option(s) that apply: Initial: __________  
____ submitted with this packet of application material.  
____ mailed directly to NSCC  
____ previously submitted (no new courses). |

### Evaluation Information

Admission decisions are based on careful evaluation of all admission requirements detailed in the checklist. All submitted transcripts will be evaluated for overall academic performance/history and course work in specific subjects (including but not limited to science, English, behavioral sciences, health courses and math). Questionnaire evaluation includes but is not limited to the following: correct grammar/spelling, overall content and quality of answer (e.g. accuracy, thoroughness, and relevance to the question asked).

### Confirmation Statement

When you can initial every checklist item (on this page and the previous pages) as complete, then sign the confirmation statement below and submit your application to the Enrollment Center in Lynn or Danvers (submit in person if possible, but you can mail it to the address on the NSCC application form):

I acknowledge that I have read all of the information in this admission application packet and the Medical Assisting Program’s Student Handbook in its entirety. I acknowledge that it is my responsibility that I understand all of the information contained in these items by seeking further information/clarification from an Academic Advisor and/or other appropriate College personnel. Furthermore, I agree to comply with all College policies including but not limited to Program policies should I be granted admission to this program.

Signature: ___________________________________________ Date: ______________
1. **If you are accepted** you MUST attend a **Mandatory Orientation/Registration** day scheduled for **Tuesday June 7, 2016**. Also, you will be **required** to attend additional orientation day(s) during the months of July and/or August, during which time you will receive further important program information and be orientated to guidelines for patient simulation scenarios. Further information (including dates/times) for these additional orientations will be given to you at the June 7, 2016 orientation.

2. **The program anticipates accepting approximately 20 students for Fall 2016.** The decision in response to your completed application will be: accepted to Medical Assisting; accepted conditionally to Medical Assisting; wait list for Medical Assisting; or denied admission to Medical Assisting.

3. Please be advised that **students accepted to this program will be required to fully participate in patient simulation scenarios** designed to closely replicate the healthcare workforce environment, which will prepare students to perform required competencies and care for patients. These scenarios are video recorded and viewed in debriefing sessions that allow for reflective learning, peer-to-peer learning, and evaluation by faculty/staff. Students are expected to respect and care for the patient simulators as if they were live patients, as well as to respect their fellow classmates during scenarios and debriefing sessions.

4. Students interested in participating in an academic program that involves working with children, the disabled, or the elderly, or which includes a clinical affiliation, practicum, internship, or field placement with a private or public health care provider, may be required to undergo a **Criminal Offender Record Information (CORI), and/or Sex Offender Record Information (SORI) check(s), and/or National County Background Check(s)**. Depending on the contents of student’s CORI(s) or SORI(s), a student’s participation in practicum, clinical internship or field placement course may not be allowed, and therefore may impact a student’s ability to complete program practicum requirements. Furthermore, please note that all screening requirements that occurred during the student’s enrollment in the program do not presume a guarantee of eligibility to sit for professional credentialing examination(s) or employment in a medical facility upon graduation.

5. **Drug Screening** - Student(s) accepted to a Health Profession program and/or enrolled in a health profession course may be required to undergo a drug screening analysis in order to be eligible for participation in clinical internship(s). The drug screening(s) may be random or for cause, and the student will be notified if they are required to undergo such drug screening(s). Students who either fail to pass, refuse to submit to, or fail to schedule and take a drug screening analysis within the designated time frame required in the notification of drug screening, will be deemed ineligible for clinical placement, which will affect their status in the program. If you have any questions pertaining to this policy, please contact the Dean of Health Professions, Human Services and Emergency Response Pathways, Maryanne Atkinson at matkinso@northshore.edu.

6. The Medical Assisting Education Review Board (MAERB) has established thresholds for outcome assessment in medical assisting programs accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). One of these mandated outcomes requires that a high percentage of our graduates take and pass a credentialing exam that grants either of the following credentials: CMA (AAMA), RMA (AMT), NCMA (NCCT), or CCMA (NHA). Although there is no mandated licensure requirement to practice as a medical assistant in Massachusetts, as a CAAHEP accredited program, we require that students must submit their application and nonrefundable $125.00 fee for the CMA (AAMA) Certification Exam to the program coordinator at the beginning of the Winter/Spring semester 2016. Please note that the AAMA has established policies regarding the
eligibility to earn the CMA (AAMA) credential. If an otherwise eligible candidate has been found guilty of a felony, or pleaded guilty to a felony, then the candidate can be denied eligibility to earn the CMA (AAMA) credential. However, the Certifying Board may grant a waiver based upon mitigating circumstances. Please contact the Program Director for further details or visit the AAMA’s web site: www.aama-ntl.org.

7. Working as a Medical Assistant is physically, mentally, and emotionally demanding. Applicants who are offered admission must document their ability to perform all essential tasks with or without reasonable accommodation in order to begin the professional courses. If you are an otherwise qualified individual with a disability who seeks a reasonable accommodation, you need to contact the Office of Disability Services for eligibility determination for reasonable accommodation(s). A list of the essential tasks is in this packet under the section entitled, “Technical Standards for The Medical Assisting Program”.

8. All students must document immunity to measles, mumps, rubella, varicella and Hepatitis B via immunization or titer; document one-dose of TDAP (tetanus, diphtheria and acellular pertussis) vaccination; and to provide evidence of a negative TST (Tuberculin Skin Test) within 6 months or one negative chest x-ray per OSHA/CDC requirements following a positive TST. Please be advised that most clinical facilities may also require you to document status of an annual flu vaccine within the prior 12 months of your clinical placement. Students who have not received the flu vaccine within the stated time frame, must comply with alternative requirements that the facilities may establish at their discretion. If you are accepted a Health Packet will be mailed to you and must be thoroughly completed by your physician or nurse practitioner AS SOON AS POSSIBLE, but no later than July 5, 2016. Additionally, if accepted, you will be sent and will need to sign the Technical Standards form (a copy is included in this packet for your review as part of the admission application process). Students are REQUIRED to make a complete copy of their Health Packet before submitting.

9. Prior to beginning their practicum, students must subscribe to Student Liability Insurance.

10. During the program, students are responsible for their own transportation to their assigned practicum site (which may or may not be accessible by public transportation).

11. The Medical Assisting Program is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Medical Assisting Education Review Board (MAERB). The next comprehensive evaluation of the program including an on-site review, is scheduled to occur no later than Spring 2021.
Application for Admission

How to Apply for Admission

GENERAL INSTRUCTIONS

• Complete ALL information requested on the application form. An incomplete application will delay admissions processing.
• Complete the In-State tuition form.
• Submit proof of high school graduation (diploma or high school transcript), GED/HISET, associate degree or higher. Some programs may require high school transcripts or GED/HISET scores.
• Submit official transcripts from each previous college listed on the application.
• Submit all documents to the following address:
  North Shore Community College, Enrollment & Student Records, PO Box 3340, Danvers, MA 01923

INFORMATION

• No application fee is required. NSCC has an open admissions policy.
• Some programs have specific selection procedures and interviews may be required. Prospective students are encouraged to call or visit the Enrollment Office in Danvers at 1 Ferncroft Road, or the Lynn Campus at 300 Broad Street.
• Students interested in participating in an academic program that involves working with children, the disabled, or the elderly, or includes a clinical affiliation, internship, or field placement with a private or public health care provider, may be required to undergo a Criminal Offender Record Information (CORI) check and/or Sex Offender Registry Information (SORI) check prior to participation.
• CORI and SORI checks are not used in any way as admission criteria. Depending on the contents of a student’s CORI and/or SORI, participation in a clinical affiliation, internship, or field placement may be denied. Programs involving a clinical affiliation, internship, or field placement are marked with a ✓ on the list of NSCC Credit Degree & Certificate programs.

For more information, please call 781-477-2107 or 978-762-4188. Admissions questions may also be emailed to: info@northshore.edu.

FINANCIAL AID

North Shore Community College awards millions of dollars in federal, state and institutional financial aid each year to eligible students. Many students, however, miss out because they do not think they are eligible and do not complete the Free Application for Federal Student Aid (FAFSA). To apply for financial aid, students must complete the FAFSA available on the Federal Financial Aid Web site at www.fafsa.ed.gov. Financial Aid can be used to pay for tuition, fees, books, transportation, and other educational expenses.

We strongly encourage you to complete the FAFSA. If you need help with your financial aid application or college financial planning, our Student Financial Services Office has counselors who can assist you.
NSCC Application for Admission

Please select a term:  ☐ FALL  ☐ WINTER/SPRING  ☐ SUMMER  YEAR: ______

LAST NAME

MIDDLE NAME

FIRST NAME

ANY PREVIOUS LAST NAME

ADDRESS

CITY

ENTER SOCIAL SECURITY #  Optional, but required if seeking financial aid or tax credit.

STATE

ZIP

DATE OF BIRTH

MONTH

DAY

YEAR

GENDER:  ☐ FEMALE  ☐ MALE

Contact Information

CELL PHONE

HOME PHONE

WORK PHONE

EMAIL ADDRESS (PLEASE PRINT NEATLY.)  @

Personal Information

• Ethnicity Information  Optional

ARE YOU HISPANIC OR LATINO?  ☐ YES  ☐ NO

ARE YOU:  Please check any that apply.

☐ AMERICAN INDIAN OR ALASKA NATIVE  ☐ ASIAN

☐ BLACK OR AFRICAN-AMERICAN  ☐ NATIVE HAWAIIAN OR PACIFIC ISLANDER

☐ CAPE VERDEAN  ☐ WHITE

• Military Information  ARE YOU PRESENT OR FORMER MILITARY PERSONNEL?  ☐ YES  ☐ NO

• Academic Information  PLEASE CHECK BOXES BELOW WHICH APPLY TO YOU. I AM:

☐ A TRANSFER STUDENT (PREVIOUSLY ATTENDED ANOTHER COLLEGE).  ☐ A FIRST-TIME STUDENT (NEVER ATTENDED COLLEGE BEFORE).

☐ AN NSCC GRADUATE SEEKING READMISSION.  ☐ A PREVIOUS NSCC STUDENT (NON-GRADUATE). WERE YOU IN A DEGREE PROGRAM?  ☐ YES  ☐ NO

• Residency Information

☐ U.S. CITIZEN  ☐ PERMANENT RESIDENT CARD (GREEN CARD)

If yes, enter Alien Registration number.  If no, enter type of Visa.

WILL YOU REQUIRE A TEMPORARY STUDENT VISA (F-1) TO ATTEND NSCC?  ☐ YES  ☐ NO

Generally, in order to qualify for the in-state tuition rate, applicants must have proof of Massachusetts residency. A resident is defined as a person who has lived for at least six (6) months in Massachusetts, and who intends to remain in Massachusetts indefinitely. International students and, under most circumstances, Non-Resident Aliens ARE NOT eligible for Massachusetts resident rates.
Educational Objectives

Choose A or B:

A. □ I INTEND TO PURSUE A DEGREE OR CERTIFICATE PROGRAM. Please refer to NSCC Degree & Certificate Programs List.
   
   FIRST CHOICE: ________________________________________________________________
   Some programs have specific admissions requirements. If you do not meet these requirements, your program of study will default to your second choice.
   
   SECOND CHOICE: ________________________________________________________________

B. □ I PREFER UNSPECIFIED STATUS. I DO NOT INTEND TO CHOOSE A PROGRAM OF STUDY AT THIS TIME.
   I understand I am not eligible for financial aid unless I choose a program of study.

Choose from A or B:

A. IF YOU ARE APPLYING TO AN NSCC DEGREE OR CERTIFICATE PROGRAM, SELECT THE GOAL WHICH BEST DESCRIBES YOU.
   
   □ I AM PLANNING TO GRADUATE WITH A DEGREE OR CERTIFICATE
   □ I AM TAKING ONE OR MORE COURSES TO TRANSFER

OR

B. IF YOU HAVE NOT YET SELECTED AN NSCC PROGRAM, SELECT THE GOAL WHICH BEST DESCRIBES YOU.
   
   □ I AM TAKING ONE OR MORE COURSES TO TRANSFER.
   □ I AM TAKING ONE OR MORE COURSES TO UPGRADE OR LEARN NEW JOB/ACADEMIC SKILLS.
   □ I AM TAKING COURSES FOR PERSONAL GROWTH.
   □ I AM NOT READY TO DECLARE AT THIS TIME.

Educational Background

1) HIGH SCHOOL EDUCATION □ HIGH SCHOOL GRADUATE □ GED/HISSET RECIPIENT □ DID NOT GRADUATE

<table>
<thead>
<tr>
<th>NAME OF HIGH SCHOOL OR GED TEST CENTER</th>
<th>CITY</th>
<th>STATE</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td>DID YOUR MOTHER OR FATHER GRADUATE FROM A 4-YEAR COLLEGE?</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>WILL YOU HAVE RECEIVED A BACHELOR’S OR PROFESSIONAL DEGREE BY THE TIME YOU ENTER NSCC?</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>IS ENGLISH YOUR PRIMARY LANGUAGE?</td>
<td></td>
</tr>
</tbody>
</table>

2) COLLEGE EDUCATION □ COLLEGE GRADUATE □ DID NOT GRADUATE

<table>
<thead>
<tr>
<th>NAME OF COLLEGE</th>
<th>CITY</th>
<th>STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRADUATION DATE/DEGREE RECEIVED</td>
<td>DATES OF ATTENDANCE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF COLLEGE</th>
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</tr>
</thead>
<tbody>
<tr>
<td>GRADUATION DATE/DEGREE RECEIVED</td>
<td>DATES OF ATTENDANCE</td>
<td></td>
</tr>
</tbody>
</table>

Signature Required

X

Signature of Applicant
I certify that all above information is true.

X

Signature of Parent
If applicant is under 18 years of age.
Massachusetts Community Colleges In-State Tuition Eligibility Form

LAST NAME

FIRST NAME

MIDDLE NAME

ANY PREVIOUS LAST NAME

ADDRESS

CITY

STATE

ZIP

DATE OF BIRTH

MONTH

DAY

YEAR

ENTER SOCIAL SECURITY #

Optional, but required if seeking financial aid or tax credit.

STUDENT ID NUMBER

Are you a U.S. Citizen?  ○ Yes  ○ No

If not, please complete the following.

ARE YOU A PERMANENT RESIDENT?  ○ YES  ○ NO  IF YES, LIST ALIEN REGISTRATION NUMBER

IF YOU ARE NOT A U.S. CITIZEN OR PERMANENT RESIDENT, PLEASE STATE YOUR VISAM OR IMMIGRATION STATUS IN DETAIL.

Please check the in-state or reduced tuition eligibility category that applies to you:

____ I HAVE BEEN A MASSACHUSETTS RESIDENT FOR SIX CONTINUOUS MONTHS AND INTEND TO REMAIN HERE.

As proof of my intent to remain in Massachusetts, I possess at least two of the following documents, which I shall present to the institution upon request. These documents* are dated within one year of the start date of the academic semester for which I seek to enroll (except possibly for my high school diploma). The institution reserves the right to make any additional inquiries regarding the applicant's status and to require submission of any additional documentation if deems necessary. Please check-off those documents you possess as proof of your intent to remain in Massachusetts.

- VALID DRIVER'S LICENSE
- VALID CAR REGISTRATION
- MASS. HIGH SCHOOL DIPLOMA
- RECORD OF PARENTS' RESIDENCY FOR UNEMANCIPATED PERSON*
- UTILITY BILLS*
- VOTER REGISTRATION*
- SIGNED LEASE OR RENT RECEIPT*
- EMPLOYMENT PAY STUB*
- STATE/FEDERAL TAX RETURNS*
- MILITARY HOME OF RECORD*
- OTHER

____ I AM AN ELIGIBLE PARTICIPANT IN THE NEW ENGLAND BOARD OF HIGHER EDUCATION'S REGIONAL STUDENT PROGRAM.

____ I AM A MEMBER OF THE ARMED FORCES (OR SPOUSE OR UNEMANCIPATED CHILD) ON ACTIVE DUTY IN MASSACHUSETTS.

Certification of Information

I certify that this information is true and accurate. I understand that any misrepresentation, omission or incorrect information shall be cause for disciplinary action up to dismissal, with no right of appeal or to a tuition refund.

Signature of Applicant

I certify that all above information is true.

Date

Signature of Parent

If applicant is under 18 years of age.

Date

For official use. Do not write in this box.

I have reviewed the above information in order to determine applicant's eligibility to receive the in-state tuition rate. Based on my review I have determined this applicant:

____ IS eligible for the in-state tuition rate.

____ IS NOT eligible for the in-state tuition rate.

____ I am unable to make a determination at this time. The following additional information has been requested from the applicant:

Authorized College Personnel Signature

Date

5/14
Did you know? The following opportunities are available to you while attending NSCC. Please review and check below if you would like additional information. Some programs have eligibility requirements.

☐ Financial Aid
Please select the option below that best describes your plans to complete a FAFSA. **This information will have no impact on whether you are admitted to the college.**

☐ I plan to apply for federal, state and institutional financial aid, and am applying as a degree seeking student. I am prepared to complete the FAFSA at www.fafsa.ed.gov.

☐ I plan to apply for federal, state and institutional financial aid, but I need help from the Financial Aid Office to complete the FAFSA.

☐ I do not plan to apply for federal, state or institutional financial aid at this time.

☐ Career Exploration
Explore your career path through guided and self-directed Career Exploration and Advising.

☐ Mass Transfer Program & Transfer Agreements
Admission to four-year colleges and universities guaranteed provided certain requirements are met. For more details on a list of participating four-year colleges and universities, contact NSCC’s Student Support & Advising Center (978-762-4036, 781-477-2132).

☐ Honors Program
An opportunity for academic challenge, social networking, and enhanced transfer opportunities.

☐ Presidential Scholars
A scholarship opportunity for eligible incoming high school graduates which includes leadership development.

☐ ESL Classes
I am interested in learning English as a second language.

Or, one of NSCC’s supportive learning communities:

☐ Bridges to the Stars
A bridge program, based at the Lynn campus, offering support and scholarship assistance for women and minority first-year college students interested in science, technology, engineering or math (STEM) programs.

☐ SAILL Program (Student Achievement in Life & Learning)
A first-year program on the Lynn campus designed for promising men and women who have overcome challenges and are seeking success through higher education.

☐ TRiO/Student Support Services
An academic support and leadership development program for students who meet federal eligibility requirements.

☐ Women in Transition
Based at the Danvers campus, WIT is a strength-based supportive learning community of mature students, which is dedicated to easing the transitions to college, career, and life changing possibilities.
**Technical Standards for the Medical Assistant Program**

**To the Applicant:** As you review these technical standards, please consider your physical ability and behavioral characteristics. These are the minimum requirements for practicing Medical Assistants. Are you able to perform the following physical actions listed with the expected level of performance? Are you able to be responsible for the behavioral standards? Please review carefully the general job description as you evaluate your ability.

**General Job Description:** Assist the physician with the examination, treatment, and education of the patient in the office or clinic setting. Perform administrative and clinical duties necessary to the daily operations of the medical office or clinic.

*Performance Level: O = occasionally 50-74%; F = frequently 75-89%; C = constantly 90-100%*

<table>
<thead>
<tr>
<th>PHYSICAL STANDARDS</th>
<th>Expected Level of Performance Freq*</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIFT: patients, equipment - up to 35 lbs.</td>
<td>F</td>
</tr>
<tr>
<td>CARRY: equipment, objects - up to 25 lbs.</td>
<td>F</td>
</tr>
<tr>
<td>KNEEL: to perform CPR; assist patients who fall; to retrieve items from a storage cabinet</td>
<td>O</td>
</tr>
<tr>
<td>STOOP/BEND/TWIST: to position the examination table, perform transfers</td>
<td>F</td>
</tr>
<tr>
<td>BALANCE: safely maintain while assisting patients in ambulation and transfer</td>
<td>C</td>
</tr>
<tr>
<td>CROUCH: to locate and plug in equipment</td>
<td>O</td>
</tr>
<tr>
<td>REACH: to adjust equipment; to guard patient; to reach supplies</td>
<td>C</td>
</tr>
<tr>
<td>HANDLE: equipment such as syringes, BP cuffs</td>
<td>C</td>
</tr>
<tr>
<td>DEXTERTITY: manipulate and fine-tune knobs, dials, blood pressure cuffs, tools, equipment, instruments, scales, phlebotomy, injection instruments, prepare and use equipment while maintaining sterile technique and keyboard 35 wpm</td>
<td>C</td>
</tr>
<tr>
<td>PUSH/PULL: wheelchairs, stretchers, patients</td>
<td>C</td>
</tr>
<tr>
<td>WALK: a distance of at least 2 miles during a normal work day</td>
<td>C</td>
</tr>
<tr>
<td>STAND: for periods of at least 2 hours</td>
<td>C</td>
</tr>
<tr>
<td>WEAR: personal protective equipment (PPE) as needed and gloves for extended periods of time</td>
<td>F</td>
</tr>
</tbody>
</table>

| TACTILE STANDARDS                          |                                     |
|--------------------------------------------|                                     |
| PALPATE: pulses, muscle contractions, bony landmarks, swelling, skin texture | C                                     |
| DIFFERENTIATE: between temperature and pressure variations | F                                     |

| VISUAL STANDARDS                          |                                     |
|-------------------------------------------|                                     |
| READ: accurately; numbers, letters, cursive writing in fine and other print in varying light levels, in English | F                                     |
| DETECT: changes in skin color, patient’s facial expressions, swelling, atrophy, forms of non-verbal communication (gestures) | F                                     |
**VISUAL STANDARDS (cont.)**

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
<th>Performance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBSERVE:</td>
<td>patient and environment in order to assess the patient’s condition or needs from a distance of 20 feet</td>
<td>C</td>
</tr>
<tr>
<td>SEE:</td>
<td>BP manometer, small print on vials, syringes, dials and gauges</td>
<td>C</td>
</tr>
</tbody>
</table>

**COMMUNICATION STANDARDS**

| SPEAK:         | in English language in clear, concise manner, to communicate with patients, families, health care providers, community | C                 |
| RESPOND:       | to patient with communication disorders (aphasia, hearing loss), or those who use ESL                                  | O                 |
| COMPREHEND:    | oral and written language, including health care terminology in order to communicate with patients, families, health care providers, and community | C                 |
| WRITE/WORD PROCESS: | in English, clearly, legibly, for charting and computer input                                                                   | C                 |

**AUDITORY STANDARDS**

| HEAR:          | blood pressure sounds through a stethoscope, breath sounds, patient distress sounds, machine timer bells and alarms; verbal directions from supervisor from a distance of 20 feet; verbal requests from patients, physicians, etc. | C                 |

**MENTAL/COGNITIVE STANDARDS**

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
<th>Performance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Function safely, effectively, and calmly under stressful situations.</td>
<td></td>
<td>F</td>
</tr>
<tr>
<td>Remain alert to surroundings, potential emergencies, respond to patient situations, i.e. falls, pain, change in physical status.</td>
<td></td>
<td>F</td>
</tr>
<tr>
<td>Integrate information, and make decisions based on pertinent data, in a collaborative manner.</td>
<td></td>
<td>C</td>
</tr>
<tr>
<td>Interact effectively and appropriately with patients, families, supervisors, and co-workers of the same or different cultures with respect, politeness, tact, collaboration, teamwork, discretion.</td>
<td></td>
<td>C</td>
</tr>
<tr>
<td>Communicate an understanding of basic principles of supervision, ethics, and confidentiality.</td>
<td></td>
<td>C</td>
</tr>
<tr>
<td>Display effective interpersonal skills necessary to interact in situations requiring close, personal contact.</td>
<td></td>
<td>C</td>
</tr>
<tr>
<td>Maintain personal hygiene consistent with close personal contact associated with client care.</td>
<td></td>
<td>C</td>
</tr>
<tr>
<td>Display attitudes/actions to effectively engage in the supervisory process including acceptance of feedback, modifying behavior in response to feedback and providing feedback.</td>
<td></td>
<td>C</td>
</tr>
<tr>
<td>Display attitudes/actions to approach workplace problems in a mature and responsible manner; seek and utilize effective strategies to resolve problems.</td>
<td></td>
<td>C</td>
</tr>
<tr>
<td>Maintain composure while managing/prioritizing multiple tasks simultaneously.</td>
<td></td>
<td>C</td>
</tr>
<tr>
<td>Prioritize multiple tasks</td>
<td></td>
<td>C</td>
</tr>
<tr>
<td>Remain free from alcohol and/or chemical impairment in the academic and practicum settings.</td>
<td></td>
<td>C</td>
</tr>
</tbody>
</table>

*Performance Level: O = occasionally 50-74%; F = frequently 75-89%; C = constantly 90-100%*

* Applicants who are offered admission must document their ability to perform all essential tasks with or without reasonable accommodation in order to begin the professional courses. A list of those essential tasks is listed above. If you are an otherwise qualified individual with a disability who seeks a reasonable accommodation, you need to contact the Office of Disability Services for eligibility determination for reasonable accommodation(s). **For those applicants offered admission, you will be asked to self certify by signing the Technical Standards which are included in the Health Forms packet that you will be required to complete no later than July 5, 2016.**
MEDICAL ASSISTANT PROGRAM ADMISSIONS QUESTIONNAIRE - FALL 2016

This questionnaire is NOT an application for admission. Instructions, page one: Please complete this page by printing all of your answers. Attach additional sheet(s) if needed or submit a resume (make sure your name is on each additional sheet).

Name: ___________________________________________________ Student ID #:___________________________
    Last    First    MI    (IF AVAILABLE)

Address:_________________________________________________________________________________________

Day Time Phone:_(____)_______________________ Evening Phone:_(____)________________________________

Cell Phone: _(_____)_________________________________ Email:_____________________@__________________

Are you applying to transfer Medical Assistant credits from another program of study?   Yes ☐ No ☐

Please PRINT all answers (or attach a word processed resume):

Your current job:                                            Employer:
Dates:

Duties and Responsibilities:

Prior job(s)
Dates:

Employer/Facility:

Duties and Responsibilities:

Employer/Facility:

Duties and Responsibilities:

Health Related Experiences or Site Visits
Dates:

Employer/Facility:

Duties and Responsibilities:

Please proceed to the next page and follow the instructions.
MEDICAL ASSISTANT PROGRAM ADMISSIONS QUESTIONNAIRE - FALL 2016 (Continued)

Instructions, page two: Please answer all following questions. Evaluation of the answers includes but is not limited to grammar, spelling, as well as overall content and quality of the answers (e.g. accuracy, thoroughness, and relevance to the question asked). Handwritten applications will not be accepted. Make sure your name is on each of the page(s) submitted.

1. **Describe your plan for balancing personal life and academic responsibilities in order to optimize your ability to be successful in this program.**

2. **Describe a challenging personal or work situation, explaining how you managed the situation and what you learned from it.**

3. **What are your academic and professional goals?**

4. **Why do you think you will be a good Medical Assistant?**
MANDATORY INFORMATION SESSIONS FOR APPLICANTS TO THE MEDICAL ASSISTING PROGRAM

Applicants to the Medical Assistant Program must attend a Mandatory Information Session. Please come to learn more about the admissions process and ask any questions you might have about the program. This information should enable you to make a more informed decision about the Medical Assisting Program. All information sessions are held on the Danvers Campus. You do not need to register to attend. Attendees must be present for the entire session to receive credit towards their application packet.

All sessions will be held on the Danvers Campus
Health Professions and Student Services Building
1 Ferncroft Road, Danvers, MA
HELD IN ROOM 223

2016 SPRING SEMESTER SCHEDULE

Tuesday, March 8, 2016 @ 2:00 pm
Tuesday, April 5, 2016 @ 2:00 pm
Tuesday, May 3, 2016 @ 2:00 pm
Tuesday, June 7, 2016 @ 2:00 pm
Wednesday, July 13 @ 11:00 am
Tuesday, August 9 @ 11:00 am

Conducted by Mariann Splaine
Henry (978) 762-4179
msplaine@northshore.edu

Last Updated: 5/3/16