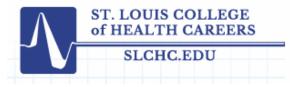


It only takes a few seconds to get a first impression of someone or somewhere. Often medical settings can make patients nervous, but Medical Assistants can make a difference. Patients remember those who care...**be remembered**.

MEDICAL ASSISTANTS are multi-skilled health professionals who perform a wide range of roles in physician's offices and other health care settings. Duties may vary, depending upon location and size of the practice and the physician's specialty, but Medical Assistants typically answer telephones, prepare patients under the supervision of a licensed medical professional, such as a physician, nurse practitioner, or physician assistant for examination, update and file patient medical records, fill out insurance forms, handle patient billing and bookkeeping tasks, telephone prescriptions to a pharmacy, schedule appointments, arrange hospital admissions, and purchase supplies and equipment.

Medical Assistants may also take vital signs and medical histories, assist the physician or nurse during patient examinations, collect and prepare laboratory specimens or arrange for laboratory services, blood draws (phlebotomy), perform electrocardiograms, remove sutures, administer injections and change dressings.

SLCHC GRADUATES are eligible to apply to sit for the national Certified Medical Assistant examination (CMA) through the American Association of Medical Assistants (AAMA).



City Campus 909 S Taylor St. Louis, MO 63110 (314)652-0300 County Campus 1297 N. Hwy. Drive Fenton, MO 63026 (636)529-0000

www.slchc.edu



MEDICAL ASSISTANT DIPLOMA & ASSOCIATE

Diploma/Certificate

Course #	Course	Hours	Credits
Semester I			
BI103	Human Biology Theory	60	4
BI103L	Human Biology Lab	30	1
HB303	Medical Terminology	45	3
PS101	Psychology	45	3
AH100	Professional Development	45	3
MT201	Technial Math	45	3
Semester II			
MA100	Medical Office Procedures	45	3
MA101	MA Fundamental Skills I Theory	45	3
MA101L	MA Fundamental Skills I Lab	30	1
MA102	MA Fundamental Skills II Theory	45	3
MA102L	MA Fundamental Skills II Lab	30	1
MA250	Medical Assistant Externship	160	3
36 Weeks	Program Totals	625	31

Associate Degree

Course #	Course	Hours	Credits
Semester III			
EN150	Communications	45	3
SC101	Sociology	45	3
ENG101	English Composition	45	3
MT204	Pre-Algebra	45	3
HM201	Electronic Health Records Theory	45	3
HM201L	Electronic Health Records Lab	30	1
Semester II			
PA204	Medical Billing Procedures Theory	45	3
PA204L	Medical Billing Proceudres Lab	30	1
PH202	Human Pathology & Pharmacology Concepts	45	3
HC101	Ethics	45	3
HM306	Legal Aspects of Medical Records	45	3
36 Weeks	Program Totals	465	29
72 Weeks	Combined Program Totals	1090	60
T '11 /	<i>i</i> 1 ¹ 1 ¹ <i>i i</i>		

Fill out the online application or to request an application packet contact:

CITY CAMPUS	COUNTY CAMPUS
909 S Taylor	1297 N Hwy. Drive
St. Louis, MO 63110	Fenton, MO 63026
(314)652-0300	(636)529-0000

What will you learn?

The Medical Assistant (MA) program offers a well -rounded curriculum including both general education and occupational courses developed to ensure that graduates acquire the knowledge and competencies to work side by side with doctors, nurses and others on the healthcare team. Students in this program will receive training in a variety of skills including obtaining vital signs, patient history, Electrocardiograms (EKGs), drawing blood (phlebotomy), utilizing Electronic Medical Records (EMR), and assisting providers with various specialty examinations.

Graduate Opportunities:

Graduates of the Medical Assistant program may seek employment opportunities in a physicians' offices, hospitals, clinics and outpatient medical facilities.

Certification:

Upon successful completion of the Medical Assistant program, graduates are eligible to apply for approval to take a national Certified Medical Assistant examination (AAMA) to become a Certified Medical Assistant, and/or a Registered Medical Assistant examination to become a Registered Medical Assistant.

*Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, 2016-17 Edition, Medical Assistants, on the Internet at http://www.bls.gov/ooh/healthcare/medical-assistants.htm





ST. LOUIS COLLEGE of HEALTH CAREERS

slchc.edu

APPLICATION FOR ADMISSIONS

Please complete all items on both sides of this form, and print legibly in ink.

Withholding information requested on this application or giving false information

may delay or void admission or result in dismissal following admission.

PERSONAL INFORMATION

Name: Last	First	Middle Initial		Maiden	Social Security #
Present Address:	Number & Street	City	State	Zip	Area Code & Home Telephone #
Date of Birth	Place of Birth		State of Permaner	nt Residence	Area Code & Cell Telephone #
Are you at U.S. Citizen?	Have	you ever served or are	you now serving in the A	Armed Forces?	E-Mail Address
\Box Yes \Box No		Yes 🗆 No I	Dates of Service:		

ADMISSIONS INFORMATION

Today's Date (Month - Date -	Application Status:	If a Readmission,	Program in which previously	
Year)	□ New Student □ Independent	date previously attended:	enrolled:	
	□ Readmission □ Dependent			
]	PLEASE INDICATE PROGRAM	1 & SCHEDULE OF INTERES	T:	
CITY CAMPUS PROGRAMS:	SCHEDULE:	COUNTY CAMPUS PROGRAM	S: SCHEDULE:	
□ Medical Assistant	□ DAY	□ Medical Assistant	\Box DAY	
□ Medical Assistant (AAS)	\Box EVENING	□ Medical Assistant (AAS)	□ EVENING	
□ Patient Care Technician		Occupational Therapy Assistant (AAS)		
□ Medical Office Administration		□ Patient Care Technician		
□ Professional Medical Billing (AAS)		Pharmacy Technician		
Pharmacy Technician		□ Pharmacy Technician (AAS)		
□ Pharmacy Technician (AAS)		□ Physical Therapist Assistant (AAS)		
		□ Practical Nursing		
		□ Respiratory Therapy (AAS)		

EDUCATIONAL INFORMATION

<u>ATTESTATION</u> By my signature on the reverse of this application, I declare that I have achieved high school or equivalent graduate status, and the information I am providing on this application is accurate and valid.			Do you have a CEI	Do you have a high school diploma? □ Yes □ No Graduation Date: Do you have a GED certification □ Yes □ No Date Earned:		
High School Name	City, State		Dates Attended		Diploma	
Name of School	City	State	Dates Attended	Diploma/Degre	ee/ # of Hours	
College/University						
College/University						
Other						



ST. LOUIS COLLEGE of HEALTH CAREERS

slchc.edu

EMPLOYMENT INFORMATION (this information is utilized to assist graduates pursuing employment opportunities)

Present or Most Recent Employer		Address & City/State/Zip Code	Area Code & Telephone #
Dates of Employment		Job Title	Immediate Supervisor
From	То		

Previous Employer	Address & City/State/Zip Code	Area Code & Telephone #
Dates of Employment	Job Title	Immediate Supervisor
From To		

SPECIAL NEEDS INFORMATION

What means of transportation will you use to get to school?	Personal Auto:	Year	Make/Model	License #
Do you feel that you have any physical/mental handicaps or disabilities that may restrict your ability to successfully complete your program or seek employment? \Box Yes \Box No	If Yes, please expla	in:		
Do you feel that you have or have had any illness/disease transmittable to patient or other individuals you may come in contact with in the classroom or clinical area? \Box Yes \Box No	If Yes, please expla	in:		

EMERGENCY CONTACTS (please provide two separate names & numbers)

Name	Relationship	Address	Telephone #
Name	Relationship	Address	Telephone #

STATEMENT OF AGREEMENT

All information and material submitted to St. Louis College of Health Careers shall become property of the College and shall only be disclosed to when deemed necessary for official purposes. The applicant affirms the information contained on the application is complete and true.

- Upon enrollment, you must submit any documents or records required for acceptance into the instructional program you have designated.
- Upon enrollment, you must submit \$50 application fee prior to meeting with Financial Aid. \$40.00 of this fee will be refunded if the applicant is denied admission with \$10.00 kept for Wonderlic Processing. An additional fee will be charged for High School Diplomas/Transcripts and GED information that may be required.
- You must sign and date this application.

Concerning the release of information, I hereby give my consent to release to the Admissions Representatives any and all of my previous academic records – including transcripts and diplomas – that may be needed to help determine my enrollment eligibility. I also hereby give my consent to release any and all information regarding my financial records to the Financial Aid Representatives acting in my interest before, during or after my attendance at St. Louis College of Health Careers.

Furthermore, I hereby give my consent to release my educational records to any sponsoring agencies to which I have applied for funding assistance, as well as my enrollment information to any other agencies with which I am associated for assistance, such as housing, child care, work study, clinical/practicum/externship, etc., and for which I will give prior notification to the College.

Additionally, I hereby give my consent for my parents of records or others that I designate to obtain information pertaining to my educational records at St. Louis College of Health Careers. However, the recipient of this information must present to a school official a written request signed and dated by me that contains my name, social security number, program and start date, as well as the recipient's name, relationship to me and the item to be released, and must display some form of identification.

Applicant Signature

Date

St. Louis College of Health Careers adheres to the principle of equal education and employment opportunity without regards to race, sex, age, color, creed, physical or mental handicap, veteran status or national origin. This policy extends to all programs and activities supported by the college.

The following information is being collected for statistical purposes only. This information will not be considered for Admission purposes.

RACE: 🗆 African American 🗆 Hispanic 🗆 Caucasian 📄 Asian 🗆 American Indian/Alaska Native 🗔 Other SEX: 🗆 Male 👘 🗍 Female