



FRANKLIN TECHNOLOGY CENTER

A D U L T E D U C A T I O N

Medical Assistant

Information Guide and Application - 2019

August 19, 2019 - May 21, 2020

(Physician Front and Back Office)

Deadline for accepting applications is August 7, 2019

FRANKLIN TECHNOLOGY CENTER

Mills Anderson Justice Center, Suite 50

3950 East Newman Rd

Joplin, MO 64801

Phone: 417-659-4400

Fax: 417-659-4408

Email: leisanivens@joplinschools.org

Program Coordinator: Leisa Nivens

Phone: 417-659-4406

leisanivens@joplinschools.org



Medical Assistant

1050 Clock Hour Certificate Program **Deadline for applications-August 7, 2019**

Program Coordinator: Leisa Nivens

Monday – Thursday 8:00 am – 1:00 pm

Phone: 417.659.4406

leisanivens@joplinschools.org

Overview:

This exciting career offers students the opportunity to obtain the training needed to assist physicians both in the clinical (back office) area and in the administrative (front office) setting. The duties of Medical Assistants vary from office to office, depending on the office location, size, and specialty. In small practices, they are usually “generalists”, handling both front office and clinical duties and reporting directly to an office manager, physician, or other health practitioner. Clinical duties vary according to state laws and include taking medical histories, recording vital signs, explaining treatment procedures to patients, preparing patients for examination, and assisting the physician during the examination. They may collect and prepare laboratory specimens and prepare and administer medications. Graduates have the opportunity to work as a Clinical/Medical Assistant, Clinical Technician, Medical Office Assistant, Phlebotomist, EKG Technician, Medical Receptionist, Medical Secretary, and Medical Office Insurance Specialist. The program prepares the student to take the AMT Registered Medical Assistant examination. Students may also make application for the NCCT Phlebotomy Technician examination (NCCT fee is not included in cost of program).

Program Content:

- Program Orientation
- Introduction to Medical Terminology
- Anatomy & Physiology
- Computer Applications
- Administrative Medical Office Procedures
- Clinical Medical Office Procedures
- Principles of Pharmacology
- Medical CPT/ICD Coding I
- Computerized Medical Insurance Billing
- Employment/Job Placement Seminar
- Supervised Clinical Externship

Important Note: Franklin Technology Center programs are based on clock hours and may not be transferable to other education facilities. Franklin Technology Center requires students to maintain a 90% attendance and an overall “C” course average during the program. Students are not certified/registered upon graduation from the program. Students must meet national testing organization entrance requirements and successfully complete their examination to become certified/registered. Contact the Medical Assistant Program Coordinator at 417-659-4406 for more information.

**** Instruction subject to change, as determined by FTC.**

Application Procedure

STEP 1 - Submit application with fee to Franklin Technology Center

In order to be considered for the programs, the first step in the process is receiving this packet with enclosed materials, completing the application, and paying the application fee. Once your application has been submitted, you will move to STEP 2. Please do the following in Step 1:

Read information about the program in the Program Information Guide.

Review program cost sheet and keep a copy (Important: The school reserves the right to adjust program tuition and fees prior to the start of the program)

complete application form on both sides and sign.

Turn in application along with non-refundable \$50 application fee to the FTC office located @ 3950 E. Newman Road, Joplin MO 64801

All applicants must contact the Financial Aid Coordinator at (417) 625-9865 or cherylbrown@joplinschools.org

Please direct all correspondence and inquiries to:

Franklin Technology Center
3950 East Newman Road, Joplin, Missouri 64801-1595
Telephone: (417) 659-4406, Fax: (417) 659-4408

STEP 2 - Contact Financial Aid Office

All applicants must contact the Financial Aid Coordinator at (417) 625-9865

Important: In addition to Completion of the Financial Aid Application all students must ALSO complete the FTC Program Application Listed in Step 1 and pay the application fee)

STEP 3 - Conditional Acceptance Letter

A conditional acceptance letter" and forms required in Step 4 will be mailed to you upon the program receiving your application and the \$50.00 non-refundable fee.

STEP 4 - Health and Policy Forms

Submit all the following to the Program Coordinator:

Submit documentation of high school completion or GED or H.S.E (High School Equivalency Test) TRANSCRIPTS MUST BE SUBMITTED BEFORE THE FIRST DAY OF CLASS Signed Consent for Criminal Background Check Form
Signed Tuberculin Skin Test Policy
Signed MMR,Tdap & Varicella Immunization Form
Signed Annual Influenza Vaccination Policy Form
Signed Hepatitis B Immunization Policy Form
Signed Required Health Documentation Form
Signed Statement of General Health Form
Signed Physical Standards Form
Signed Student Services - Healthcare Policy Form
Signed Invasive Procedures Release Form
Signed Substance Abuse and Drug Testing Policy Form
Signed Drug Screening Consent Form
Signed Release of Records Form
Signed Felony Convictions Form
Signed Release of Criminal History Records Form

STEP 5 - Acceptance into the Program

Upon completion of STEP #1 & #2, you will be mailed a "Conditional acceptance letter". Upon submission of all forms listed in Step 4 your application will be changed from "conditional to "accepted" enrollment status.

(If for any reason you have not received a "conditional acceptance letter" and/or the forms, please call 417 659-4406 to have the forms mailed to you.)

Applicants for whom English is a second language may be required take the Test of English as a Foreign Language (TOEFL iBT) test. Non-English speaking applicants must meet the same general admission requirements as all others applicants. The TOEFL tests are offered only at selected sites and select dates in Missouri. Applicants are responsible for making their own arrangements for taking the TOEFL tests.

FRANKLIN TECHNOLOGY CENTER

Medical Assistant

Beginning date: August 19, 2019 ~ Ending Date: May 21, 2020

Non-Refundable Application Fee of \$50.00 is required prior to acceptance into program.

Tuition**: \$9,200.00

Supplies, Books, and Fees**: \$2,128.00

GRAND TOTAL: \$11,328.00

Revised 02/2019

Tuition Withdrawal Policy

A Title IV refund is completed on all financial aid recipients. The Title IV refund is calculated per payment period. If a student completes 60% of a payment period, a Title IV refund is not required.

NOTE: Any Title IV financial aid returned by FTC to the Direct Loan(s) and/or the US Dept. of Ed for Pell Grants will be charged back to the students account and will be his/her responsibility.

Institutional charges are due as follows: Days=class days

Student withdraws during the first 4 days of the pay period - 2% due **Fees, books, and supply fees will be assessed on usage*

Student withdraws from the 5th day through the 9th day of the pay period - 5% due

Student withdraws from the 10th day through the 15th day of the pay period - 10% due

Student withdraws from the 16th day through 21st day of the pay period - 20% due

Student withdraws from the 22nd day through the 30th day of the pay period - 40% due

Student withdraws after 30th day of pay period - 100% due

All costs including tuition, books, and supplies are considered institutional costs and are figured in the refund calculation. **Fees, books, and supply fees will be assessed on usage.*

All Credit balances must be eliminated before a Title IV refund calculation can be performed.

All Students completing a withdrawal form and received a Direct loan are required to complete an exit counseling session online at www.nslds.ed.gov

School will determine the student's withdrawal date as the last date the student ceased attendance.

All Title IV funds WILL BE RETURNED no later than 45 days after it determines the student withdrew.

NOTE: If a student withdraws (a leave of absence is not included) from a program and wishes to re-enter at a later time, he/she will be responsible for any previous tuition, books, and fees owed and any additional and/or increased tuition, books, and fees of the rear re-entered. If tuition has increased the student will be responsible for the additional costs. The re-entry request must be

approved by the Program Coordinator and Director of FTC before a student can begin in the program. If a student withdraws twice from any program at FTC he/she will not be allowed to re-enter ANY FTC program.

FRANKLIN TECHNOLOGY CENTER APPLICATION

Date received: _____
Receipt # _____
Agency: _____
Counselor: _____
Copy to Bookkeeper _____
2nd Packet Sent _____

PLEASE INDICATE WHICH PROGRAM YOU ARE APPLYING FOR:

____ Medical Office Assistant ____ Fall

Deadline for applications is August 7, 2019 @ 3:pm

PERSONAL INFORMATION (please print clearly)

Name: _____ Maiden: _____
(First) (M.I.) (Last)

Address _____
(City) (State) (Zip)

SS#: _____ Date of Birth: _____ Phone: _____
Email: _____

EDUCATIONAL HISTORY

I graduated in _____ from _____,
(MM/YY) (Name of School) (City) (State)

I completed my GED in _____ in the state of _____.
(MM/YY)

Have you completed any college coursework? ____ Yes ____ No If yes, where? _____
(Include state)

List any college degrees or vocational certificates held: _____

EMPLOYMENT HISTORY (list your last two places of employment beginning with most recent)

1. Employer w/ address: _____
Phone: _____ Date Employed: _____ Date of Termination _____
Reason for leaving (optional): _____

2. Employer w/ address: _____
Phone: _____ Date Employed: _____ Date of Termination: _____
Reason for leaving (optional): _____

3. ____ I have not been employed outside the home.

EMERGENCY CONTACT INFORMATION (List three people we may contact in case of emergency)

1. Name: _____ Relationship: _____
Home Phone: _____ Street Address: _____
Work Phone: _____ City, State, Zip: _____

2. Name: _____ Relationship: _____
Home Phone: _____ Street Address: _____
Work Phone: _____ City, State, Zip: _____

3. Name: _____ Relationship: _____
Home Phone: _____ Street Address: _____
Work Phone: _____ City, State, Zip: _____

CRIMINAL BACKGROUND CHECK:

All applicants applying for FTC programs will be required to undergo a criminal background check through VALIDITY. Failure to accurately list information may result in denial of entrance into the program. Students that are accepted through false or incorrect information for the background check will be terminated from the educational program. Students with an insufficient or questionable background check or adults attending programs located in a building with minors will be required to have fingerprints taken and sent to the FBI for review. **Failure to have a clear background check will result in immediate dismissal from the program.**

Have you ever been convicted as an adult offender of any crime? Yes No

If yes, is your name on the Department of Social Services Disqualification List? (This list includes people who have pled guilty to any A or B felony violation of chapters 565,566,569 RSMo). The felonies covered in these chapters focus primarily on crimes against another person and are listed below. Please check which ones apply to you:

- | | | |
|---|---|---|
| <input type="checkbox"/> Voluntary Manslaughter | <input type="checkbox"/> 1 st & 2 nd degree Arson | <input type="checkbox"/> 1 st & 2 nd degree Robbery |
| <input type="checkbox"/> 1 st & 2 nd degree Assault | <input type="checkbox"/> Murder | <input type="checkbox"/> Sexual Offender |
| <input type="checkbox"/> Other (Specify) _____ | | |

LICENSURE:

If the program you are applying for requires a licensure exam, you may be unable to receive a license if convicted of a criminal prosecution.

Have you ever been denied a health license in this or any other state? Yes No

DRUG SCREENING:

As part of the final steps in the selection process, Medical Office Assistant applicants will be required to submit to a drug screening.

PROGRAM INFORMATION:

Have you ever previously applied for any Health Science program? Yes No
Where? _____

Have you taken any entrance exam for a program? Yes No
Which test have you taken? HOBET TABE

How did you hear about the program?
 Radio School Sign Friend Other
 TV Brochure Newspaper

THE SCHOOL DISTRICT OF JOPLIN DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, CREED, NATIONAL ORIGIN, ANCESTRY, SEX, DISABILITY OR VETERAN STATUS, NOR WITH ANY PROVISIONS FOR THE "AMERICANS WITH DISABILITIES ACT" OF THE APPLICANT (SECTION IV).

If accepted as a student, I give FTC/MSSU permission to release a copy of my school records to inquiries such as employment for educational purposes, according to the Family Educational and Privacy Act of 1974. In connection with my application with the school, I understand that a consumer report, which may contain public record information, is being requested. This report may include the following types of information: Names and dates of previous employers, credit information, etc. I further understand that such report may contain public record information concerning my credit, bankruptcy proceeding, and etc. from federal, state and other agencies that maintain such records.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information. I certify that the information provided on this application is correct to the best of my knowledge and that I am at least 17 years of age. **Falsification of any part of this application may be grounds for dismissal from FTC/MSSU.**

NOTICE OF CONFIDENTIALITY:

Franklin Technology Center receives funds under certain programs of the US Dept of Education and is required by law to collect social security numbers (SSN) from its students for the administration of those programs. We are also required by law to maintain certain documents in accordance with Missouri's records retention policies. We do not collect or share personal information for any purpose other than to respond to you and the governmental agencies requiring us to report such information.

Date: _____

Signature: _____