



**WEATHERFORD
COLLEGE**

**WORKFORCE
EDUCATION**

**Weatherford College in partnership with
Condensed Curriculum International (CCI)**

Program Summary: The Clinical Medical Assistant program is intended for students who want to prepare for an exciting, challenging and rewarding career in healthcare. This program will train students to assist physicians by performing functions related to the clinical responsibilities of a medical office. Instruction includes among other things preparing patients for examination and treatment, routine laboratory procedures, diagnostic testing, technical aspects of phlebotomy and the cardiac life cycle. Students will review important topics including phlebotomy, pharmacology, the proper use and administration of medications, taking and documenting vital signs, cardiology including proper lead placements, a professional workplace behavior, ethics and the legal aspects of healthcare. This program combines classroom/lab instruction of 140 hours and the off-site externship of 160 hours to provide students with a comprehensive learning experience. Starting Pay: U.S. Department of Labor national average: \$10 – 16 per hour. (Total 300 hours) 16 students per class

Course Fee: \$2,399 includes books, consumable supplies, and externship. **Not included:** immunizations, CPR-BLS Certification fee, health exam and drug screen.

Financial Assistance: Students with a need for financial assistance may apply for WEG funding and/ or Workforce Scholarship until funds are depleted. This certificate program is also approved for WIOA/ Workforce funding. Call 817-598-8870 for information.

Certification: Weatherford College Certificate of Completion will be awarded after successful completion of the course and externship. Graduates will have the option to sit for the Certified Clinical Medical Assistant (CCMA) National Healthcare Association (NHA) exam. Exam fees are the responsibility of the student.

REQUIREMENTS PRIOR TO REGISTRATION- See back

REQUIREMENTS PRIOR TO EXTERNSHIP (COORDINATED THROUGH CCI) - See back

**Clinical Medical
Assistant Program**

COURSE INFORMATION:

GRANBURY CAMPUS

FALL Classroom	9/27/18-3/7/19	M R	10:00 AM – 1:30 PM	ECGB 205
Externship	3/8/19-5/23/19	TBA	TBA	TBA

WEATHERFORD CAMPUS

FALL Classroom	9/27/18-3/7/19	M R	6:00 - 9:30 PM	LART 106
Externship	3/8/19-5/23/19	TBA	TBA	TBA
SPRING Classroom	3/18/19-8/8/19	M R	6:00 - 9:30 PM	LART 106
Externship	8/9/19-10/24/19	TBA	TBA	TBA

WISE COUNTY CAMPUS

FALL Classroom	9/12/18-1/31/19	W F	8:30AM– 12:30PM	WCWF 1C
Externship	9/12/18-5/10/19	TBA	TBA	TBA
SPRING Classroom	3/4/19-7/10/19	M W	8:30AM– 12:30PM	WCWF 1C
Externship	3/4/19-10/11/19	TBA	TBA	TBA

**FOR MORE INFORMATION ON WISE COUNTY CALL
940-626-3263**

Americans with Disabilities Act

Any student with a documented disability (e.g. learning, psychiatric, vision, hearing, etc.) may contact the Office of Disabilities located in the Student Services Office (817-598-6350) to request reasonable classroom accommodations.

CLASSES FORMING NOW!

Visit our Web site at wc.edu/workforce or call:

Weatherford Campus: 817-598-8870

WC Wise County: 940-627-2690

Education Center at Granbury: 817-598-6339

Education Center at Mineral Wells: 800-300-2591



**WEATHERFORD
COLLEGE**

WORKFORCE EDUCATION

CMA Registration Packet Checklist

REQUIREMENTS PRIOR TO REGISTRATION:

We encourage students to make copies of all required paperwork to leave with this packet.

- Minimum 18 years of age**
- H.S. Diploma, HSE/ GED or College Transcript**
- Valid Driver's License or photo ID**
- Signed Social Security Card**
- CPR-Basic Life Support (BLS) Current Certification*** - 4 hour class with 2 year certification. (Online course not accepted.)
- Hepatitis B* (series of 3 shots)**- Entire series or positive titer completed
- Measles, Mumps, Rubella (MMR)***-born before 1957-one dose or positive titer is required, born in or after 1957-two doses one month apart or positive titer required.
- Tetanus/Diphtheria/Pertussis (Tdap)***-one dose within the past 10 years is required.
- Tuberculin Skin Test* (TB)** - Negative reading within 12 months of course completion date or chest x-ray is required.
- Varicella (chicken pox)***-two doses unless first dose is prior to age 13, report of a positive titer, or documented date of illness is required.
- Satisfactory Criminal Background Check**- (WC will process)
 - For students in this course who may have a criminal background, please be advised that the background could keep you from being placed for clinical externship, a requirement for course completion as well as employment. If you have a question about your background, please contact the program coordinator by calling 817-598-8870. You also have the right to request a criminal history evaluation from Weatherford College before you register.

REQUIREMENTS PRIOR TO EXTERNSHIP (COORDINATED THROUGH CCI):

- Updated Resume**
- Student Waiver**
- Urine Drug Screen*** – Must be 9 or 10 panel with itemized negative results from a lab completed NO MORE THAN 30 DAYS PRIOR to externship. (Instant results and 5-panel not accepted.)
- Second Criminal Background check may be ran** - (WC will process)
 - (For students with criminal background, see above)
- Letter from Healthcare provider*** stating that you are free from all communicable diseases and cleared to participate in an externship.
- Based on externship site, you may be required to complete additional health exams, tests and/ or provide additional documents.*
- Students will not be allowed to begin the externship if all requirements are not met prior to first day of externship - No refunds will be given.

***ALL additional fees are the responsibility of the student.**

***Without proper documentation, you will not be eligible to enroll in class.
NO EXCEPTIONS.***



REGISTRATION STEPS

- OBTAIN REGISTRATION PACKET TO DETERMINE PROGRAM REQUIREMENTS
- COMPLETE ALL REQUIREMENTS IN PACKET
- EXPLORE FINANCIAL AID & SCHOLARSHIP OPPORTUNITIES
 - See page 3 of catalog
- QUESTIONS OR CONCERNS? VISIT WITH PROGRAM COORDINATOR
 - Call 817-598-8870
- TURN IN COMPLETED PACKET BEGINNING JULY 23 TO ANY WFE OFFICE.
 - See locations and hours in catalog
- YOU WILL BE NOTIFIED WITHIN 10 BUSINESS DAYS UPON RECEIPT OF PACKET AS APPROVED FOR REGISTRATION OR OF INCOMPLETE PACKET
- UPON APPROVAL, YOU WILL BE REGISTERED
- PAY TUITION AND PARKING FEES
 - We accept cash, checks, money orders, American Express, Discover, MasterCard, Visa and debit cards.



IMPORTANT INFORMATION: Please read!

- ➔ **ATTENDANCE IS VITAL FOR SUCCESSFUL COMPLETION OF THIS PROGRAM.**
If you are unable to attend the first class session or any class session, you must contact the Instructor and/or Weatherford & Granbury Campus Program Coordinator, Jessica McKee, at 817-598-6387 or Wise County Campus Program Coordinator, Kristin McLaughlin, 940-626-3263 prior to the absence. Leave a message if necessary!
- ➔ **REFUND POLICY:** No refunds or transfers will be made on or after the first class day. Requests to drop a class must be received at least one business day prior to the first day of class in order to receive a 100% course refund.



Attn: Workforce Education | 225 College Park Drive, Weatherford, TX 76086 | 817-598-8870 | Fax: 817-598-6381 | wc.edu/workforce

SSN or STUDENT ID# _____ LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

STREET ADDRESS _____ PO BOX/APT. # _____ CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____ E-MAIL _____

DATE OF BIRTH _____ TEXAS COUNTY OF RESIDENCE _____ COUNTRY OF CITIZENSHIP _____ GENDER: MALE FEMALE

EMERGENCY CONTACT NAME _____ EMERGENCY PHONE NUMBER _____

FINANCIAL AID – Will you be using any type of financial aid? Yes No If yes, what type? WEG WIA/Workforce DARS Other

ETHNIC BACKGROUND: Are you Hispanic or Latino? (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) Yes No

Please select the racial category or categories with which you most closely identify. Check as many as apply.

White Black or African American Asian International Native Hawaiian or Other Pacific Islander

RESIDENCY: *Please check one box* Are you a U.S. citizen? Yes No

Parker County Resident of another county Alien resident or out-of-state resident International Student Hispanic

Residency: State of legal residence _____

Verification: How long have you resided in Texas? _____ Years _____ Months Previous state or country of residence: _____

If you moved to Texas within the past 5 years, why? Education Other Employment

To be completed by Non-U.S. Citizens only:

Country of birth: _____ Do you hold Permanent Resident status for the U.S.? Yes No

Do you hold Temporary Resident status for the U.S.? Yes No

If Yes, Visa Type: _____ Issue Date: _____ Expiration Date: _____

**LIST ALL COURSES FOR REGISTRATION.
NO REFUNDS WILL BE MADE ON OR AFTER THE DAY THE CLASS BEGINS.**

COURSE NUMBER	COURSE NAME	DATES	FEES
MDCA 1000	Intro to Medical Assisting		\$2399
MDCA 1009	Anatomy & Physiology		
MDCA 1052	Med. Assistant Lab Procedure		
MDCA 1064	Practicum/Externship		

PARKING PASS – All vehicles parked at the Weatherford campus must have a valid parking permit clearly displayed. At registration, the Workforce Education Office will issue a temporary parking permit at no charge for classes lasting 14 days or less. A Workforce Education student parking permit for classes lasting longer than 14 days will be \$2. Vehicle license number, make, model, year and color will be required only for the student parking permit.

All applicants must read the Oath of Residency, Liability Release, and Refund Policy; and sign and date this application.

- OATH OF RESIDENCY:** I understand that information submitted herein will be relied upon by Weatherford College officials to determine my status for Texas residency eligibility. I authorize Weatherford College to verify the information I have provided. I agree to notify the Office of Student Services of Weatherford College of any changes in the information I have provided.
- LIABILITY RELEASE:** I release Weatherford College from all responsibility in case of an accident. Minors (under 18 years of age) must have a legal parent or guardian sign a consent/release form to be included with this registration form.
- REFUND POLICY:** I understand that no refunds will be made on or after the day the class begins. Yo comprendo que no habrá reembolso el primer día de clase o después del primer día de clase.

SIGNATURE _____ **DATE** _____

THE ABOVE SIGNATURE CONFIRMS THAT ALL INFORMATION IS TRUE AND CORRECT.

Information supplied on this application is required by federal or state agencies and is not used as the basis for admission decisions. An Equal Opportunity institution/equal access institution. The Privacy Act of 1974 will be observed.



**STUDENT CONSENT FOR ACCESS TO WORKFORCE
EDUCATION RECORDS (FERPA RELEASE FORM)**

Name of Student (Last, First, Middle Initial): (PLEASE PRINT) _____	Student ID: _____	Date: _____
--	----------------------	----------------

The Family Educational Rights and Privacy Act (FERPA) affords all students certain rights regarding educational records. Other than information defined as directory information (see WC Student Handbook), a student's academic record is treated confidentially and will not be released to a third party without the written consent of the student. Students may choose to complete and submit this form to the Workforce Education offices allowing the release of their education records to specified third parties. Please note that while this form authorizes Workforce Education to release education records to third parties, it does not obligate Workforce Education to do so. Workforce Education reserves the right to review and respond to requests for release of education records on a case-by-case basis. For additional information, visit the U.S. Department of Education's website at <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>.

SECTION A Education records to be released (check all that apply):

Theoretical Information (academic transcript, admission and registration information, assessment test scores, student ID number, academic progress, enrollment status, residency information, and any other documentation contained in the academic records)

Student Account Information (billing statements, charges, credits, payments, past due amounts, collection activity, records hold information relating to parking tickets, library fines and other accounts receivable information in student account records)

All Records Listed Above

Other (please specify): _____

SECTION B Person(s) to whom access to education records may be provided:

Name of person to whom access to records may be provided	Relationship to Student
Name of person to whom access to records may be provided	Relationship to Student
Name of person to whom access to records may be provided	Relationship to Student

SECTION C Duration of release

Limited Use: This authorization expires 30 days after program ends.

SECTION D Purpose of release (check ONE):

Family Communications

Employment

WIAO Workforce programs; Grant funded training; WISD programs

Other (please specify): _____

I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this Consent, and (3) I have the right to revoke this consent at any time by delivering a written revocation to the Workforce Education.

Student's Signature	(Date)	Signature of Parent or Guardian (if under 18)	(Date)
---------------------	--------	---	--------

Records cannot be released if any Section of this form is not filled out entirely. FERPA pertains to the release of records only. It does not give others the right to act on your behalf or to change your records.
This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.04 22 2014



Request for Student's Taxpayer Identification Number

(Substitute Form W-9S)

Return completed signed form, in person or by mail, to:

Weatherford College Admissions Office
225 College Park Drive
Weatherford, TX 76086

**Do not submit
this form to
the IRS.**

PART I	Name of Student	
	Address	
	Taxpayer Identification Number (SSN or ITIN) ____ - ____ - _____	Weatherford College Identification Number
PART II	I certify that the number shown on this form is my correct taxpayer identification number.	
	Signature _____	Date _____
OR		
PART III	<input type="checkbox"/> I am a foreign national/nonresident alien and do not have a Social Security number or individual taxpayer identification number. I do not plan to file an income tax return in the U.S.	
	<input type="checkbox"/> I do not wish to provide my taxpayer identification number to Weatherford College at this time. I understand that I may be subject to an IRS fine of \$50 for failure to do so. I further understand that the IRS will not be able to use the Form 1098-T filed by Weatherford College to confirm my eligibility for certain education tax benefits without my taxpayer identification number.	
	Signature _____	Date _____

See instructions on back.



Request for Student's Taxpayer Identification Number

(Substitute Form W-9S)

Instructions

Purpose. Weatherford College must get your correct identifying number to file Form 1098-T, Tuition Statement, with the IRS and to furnish a statement to you. This will be your Social Security number (SSN) or, if you are not eligible to obtain an SSN, your individual taxpayer identification number (ITIN). Form 1098-T contains information about qualified tuition and related expenses to help determine whether you, or the person who can claim you as a dependent, may take either the tuition and fees deduction or claim an education credit to reduce Federal income tax. For more information, see IRS Pub. 970, Tax Benefits for Higher Education.

Under federal law, you are required to provide the requested information.

Part I.

Enter your name and mailing address. The name should match that used by the Social Security Administration or Internal Revenue Service.

Taxpayer identification number. Enter your SSN or ITIN. If you do not have an SSN or ITIN, apply for one and fill out and return this form when you receive it.

Part II.

Sign your name in the space provided to confirm the information provided. The Admissions Office cannot change your records without your signature.

Part III.

Please fill out this part only if you are unwilling or unable to provide a taxpayer identification number. Check either the first or second box and sign the statement. By law, Weatherford College must ask you at least once a year for your taxpayer identification number in order to meet its obligation to file Form 1098-T.

Deliver or mail the completed form to the address provided. Do not email the form. Email is not a secure way to transmit personal information.

Penalties

Failure to furnish correct SSN. If you fail to furnish your correct SSN or ITIN to Weatherford College, the IRS may impose a penalty of \$50 unless your failure is due to reasonable cause and not to willful neglect.
Misuse of SSNs. If Weatherford College discloses or uses your SSN in violation of Federal law, Weatherford College may be subject to civil and criminal penalties.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct SSN or ITIN to persons who must file information returns with the IRS to report certain information. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation and to cities and states to carry out their tax laws.

**Weatherford College
Workforce Education Department**

CRIMINAL HISTORY POLICY STATEMENT

WC Workforce Education Health Programs require applicants to complete a criminal history background check. This is necessary to screen applicants to allow for student admission in the WC service area clinical training sites used for the required “hands on” training and testing of national or state of Texas certification skills and/or written testing.

Results of this report may prevent a student from attending clinical in some areas and from obtaining licensure through the Texas Department of State Health Services. The following histories will disqualify an individual from consideration for clinical rotations:

- Felony convictions
- Misdemeanor convictions or felony deferred adjudications involving crimes against persons (physical or sexual abuse)
- Misdemeanor convictions related to moral turpitude (prostitution, public lewdness/exposure, etc)
- Felony deferred adjudications for the sale, possession, distribution, or transfer of narcotics or controlled substances
- Registered sex offenders
- Other charges will be reviewed and considered based on specific program requirements and restrictions

Criminal History Background Check Process

I understand that the Workforce Education Department will conduct a background check per their policy and I must be clear of any of the above stated Felony or Misdemeanor(s) on the Texas Department of Public Safety Crime Records Service Department background check database. I hereby understand there will be a Criminal Search of TDPS crime records and voluntarily print and sign this document based on this understanding.

Print Name Clearly: _____ S.S.#: _____

Signature: _____ Date of Birth: ____/____/____

Phone #: _____ Date: _____

FOR OFFICE USE ONLY:	
Date completed: _____	WFE Authorized Staff Signature: _____
Results: _____	
