



**WEST LOS ANGELES COLLEGE  
DIVISION OF ALLIED HEALTH  
MEDICAL ASSISTING PROGRAM  
9000 OVERLAND AVE., CULVER CITY, CA 90230-3519  
Phone: (310) 287-7226 Fax: (310) 287-4352**

**SPRING & FALL SEMESTER**

Dear Applicant,

Thank you for your interest in the Medical Assisting Program. **Orientations will be held on November 5, December 14, 2020; January 4 & 25, 2021 Via Zoom, from 5 :00 pm – 6:30 pm.** Attached you will find all the information you should need to be eligible for these programs.

Attached you will find:

- A student Application check list
- The need of Medical Assisting Professionals
- Medical Assisting Program Overview- Responsibilities
- Medical Assisting Application
- Description of Medical Assisting Program
- Administrative- Clinical & Administrative and Clinical Medical Assisting Program
- Associate of Science in Medical Assisting Program
- Licensing and Accreditation
- Costs and Financial Aid
- Los Angeles Community College District Health Record
- Student Resource Information

Please review the information in this packet. If you have any questions, please contact us at (310) 287-7226 or email at [CastilJC@wlaac.edu](mailto:CastilJC@wlaac.edu).

**Deliver the application and requirements to:**

Juan Carlos Castillo, Medical Assisting & CAN-HHA Programs Coordinator  
SC Bldg., Room 104

Sincerely,

*Juan Carlos Castillo*

Juan Carlos Castillo, Program Coordinator  
SC Bldg., Room 104  
West Los Angeles College  
9000 Overland Avenue  
Culver City, CA 90230  
T: 310-287-7226  
F: 310-287-4352

# Medical Assisting Programs

## Student Application Check list

Student Name: \_\_\_\_\_ Term: \_\_\_\_\_

Students must have all of the following items present in their student file to be eligible to participate in the program.

- ☐ West Los Angeles College Student Application Check List
- ☐ Medical Assisting Program Application Complete
- ☐ No required the college assessment examination anymore
- ☐ Cardiopulmonary Resuscitation (CPR) – Basic Life Support for Health Care Providers Card valid through the duration of the program (will be offered at WLAC).
- ☐ Physical Examination. An original note signed and dated by a physician, (completed within the 2 months prior to the start of the program) that specifies that you can participate in the classroom and clinical internship portions of the program without any limitations.
- ☐ Negative Urine Drug Screen (need lab report showing a minimum of 8 panels) within 2 months Of start of program

### **Immunization proof or titer results confirming:**

- ☐ Tdap (within past 10 years)
- ☐ Hepatitis B (vaccination or titer result)
- ☐ MMR (Measles, Mumps, Rubella) titer or proof of vaccination
- ☐ Proof of Absence of Tuberculosis (negative skin test or negative chest x-ray within two months of start of program)
- ☐ Varicella (Chicken pox) (titer or proof of vaccination)
- ☐ Malpractice Insurance Application (District requires \$1,000,000 single occurrence & \$3,000 aggregate).
- ☐ Criminal Background Clearance. Certified Background.com / Phone (888) 666- 7788 / Fax 910 815- 3881

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

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Student file reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

If complete, provide:

- ☐ Evidence of Understanding from Student Handbook (will be done in class)

Student approved for entrance into program by: \_\_\_\_\_ Date: \_\_\_\_\_

## **The Need for Medical Assisting Professionals**

The California Employment Development Department (EDD) projects the job market for Medical Assistants in Los Angeles County to increase 29.2 percent until 2025, with 876 average annual openings. EDD reports the median wage for Medical Assistants in Los Angeles County in 2019 was \$39,962 annually and \$14.41 hourly. In Los Angeles County, there are 25,121 facilities that employ medical assistants, medical secretaries, and related job titles, representing 92.80 percent of total employment for occupations in the state of California.

### **Medical Assisting Program overview**

The Medical Assisting program prepares students with the skills necessary to be responsible for a wide range of front office and back office functions in the medical field. With a medical assisting diploma, you can assist physicians in medical facilities, helping them provide quality care to patients. Coursework includes hands-on training concluding with an externship during which students will use acquired skills in a medical facility as a medical assistant performing administrative and patient contact tasks required of the job with high standards.

WLAC and the Community Advisory Committee further desire for all students to possess job ready skills and be eligible for employment. In this program, students will discover:

#### **Responsibilities**

Clinical duties performed by Medical Assistants may vary according to state law. MA performs any combination of the following duties under the direction of physician, in order to assist in the examination and treatment of patients:

- Calling Medical Facilities to schedule patients for tests
- Cleaning and sterilizing instruments
- Completing Insurance forms and keeping x rays and other billing and medical record
- Computing and Mailing monthly statements to patients, including receipt of money for bills
- Draping patient with covering and position instrument and equipment
- Entering financial transactions into bookkeeping ledgers
- Explaining treatment procedures to patient
- Giving Injections, vaccines or treatments to patients
- Making inventory and ordering medical supplies and materials
- Measuring pulse rate, temperature, blood pressure, weight and height and record information on patient's charts
- Operating electrocardiograph (EKG) and other equipment to administer routine diagnostic tests
- Performing data information to maintain office and patient records
- Scheduling appointments
- Assisting the Doctor in Minor surgeries and Clinical emergencies

#### **Upon successful completion of the program, students will be able to:**

- Assume Office Manager Responsibilities and Duties
- Becomes familiar with the Physician's goals
- Describe the terminology and procedures involved in patient care and healthcare delivery
- Demonstrate standard safety practices and procedures
- Exhibit competence in clinical and administrative duties as a medical assistant
- Demonstrate effective communication skills with patients and providers
- Demonstrate competence in cognitive, affective, and psychomotor skills related to medical assisting
- Perform Medical Assisting competencies within legal and ethical boundaries



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**Phone: (310) 287-7226 Fax: (310) 287-4352**  
**Medical Assisting Program Spring 2013**

**Medical Assisting Program Admission Application**

Give careful consideration to each question on this form. This form must be completed in its entirety for Consideration by the committee.

**STUDENT ID#** \_\_\_\_\_ **SOCIAL SECURITY NUMBER:** \_\_\_\_\_

1. NAME \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN OR FORMER
2. PERMANENT ADDRESS \_\_\_\_\_  
NUMBER & STREET CITY STATE ZIP
3. EVENING PHONE \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_
4. E-MAIL ADDRESS \_\_\_\_\_
5. BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_
6. DO YOU NEED TO ACCESS THE COLLEGE'S STUDENT RESOURCES?  
**PLEASE CHECK ALL THAT APPLY:**  
A. ☐ BASIC SKILLS D. ☐ CHILD CARE  
B. ☐ COUNSELING E. ☐ Extended Opportunity Program & Services  
C. ☐ FINANCIAL AID F. ☐ Disabled Student Program & Services
7. DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED? **Y** \_\_\_\_\_ **N** \_\_\_\_\_ **WHAT YEAR?** \_\_\_\_\_
8. HAVE YOU TAKEN THE WEST LOS ANGELES COLLEGE MATH AND ENGLISH ASSESSMENT TEST?  
**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **WHAT YEAR?** \_\_\_\_\_
9. DO YOU HAVE A BASIC LIFE SUPPORT CPR CARD? Expiration date \_\_\_\_\_
10. **EXAMINATIONS/VACCINATIONS:** *Required before the start of the program. Immunization paperwork will be provided before the start of the program*
  1. COMPLETE PHYSICAL EXAMINATION
  2. Tdap
  3. HEP B (Vaccination or titer result)
  4. MMR (titer or proof of vaccination)
  5. TB SCREENING NO OLDER THAN TWO MONTHS
  6. Varicella (chicken pox) titer or proof of vaccination.

11. **REQUIRED ITEMS:**

- ✓ Watch with second hand
- ✓ Uniform- scrubs
- ✓ Textbooks
- ✓ Stethoscope and Sphygmomanometer
- ✓ Malpractice Insurance: Contact The Medical Protective Company at 1-800-221-4904
- ✓ Student Tuition
- ✓ Background Check

14. **ETHNIC BACKGROUND:**

**Check One:**

- |  |   |
|--|---|
| 1. <input type="checkbox"/> Decline to State               | 2. <input type="checkbox"/> Chicano/Hispanic-Mexican/American |
| 3. <input type="checkbox"/> White/Caucasian                | 4. <input type="checkbox"/> Asian/Pacific Islander            |
| 5. <input type="checkbox"/> American Indian/Alaskan Native | 6. <input type="checkbox"/> Filipino                          |
| 7. <input type="checkbox"/> Other _____                    | 8. <input type="checkbox"/> Black/African-American            |

Students successfully completing the Medical Assisting course will be eligible for certification through the State of California. To participate in the clinical portion of the program the applicant will need to be fingerprinted and have a criminal background check completed. This is also required for certification. Applicants who have been convicted of a criminal offense may not be eligible for certification. Please contact our office at (310) 287-7226 or visit the certification requirements online at <http://www.dhs.ca.gov/Inc/cert/Training.htm>

By signing this form, you are verifying that you understand the prerequisites and the licensing requirements for the Medical Assisting Program. I understand that falsification or intent to withhold information under penalty of perjury shall constitute grounds for dismissal.

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SIGNATURE

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DATE

## Description of Medical Assisting Program:

There are three certificate options and an Associate Degree available:

- Administrative (only) Medical Assistant
- Clinical (only) Medical Assistant
- Administrative and Clinical Medical Assistant.
- Associate Degree in Medical Assisting

### ***Administrative Medical Assistant Certificate Program – 22 Units***

- ALD HTH 57 Introduction to computers in Health Occupations (1 unit)
- ALD HTH 33 Medical Terminology (3 units)
- HLTHOCC 51 Medical Office Microcomputer Management Applications (1 unit)
- HLTHOCC 52 Medical Office Procedures I (4 units)
- HLTHOCC 53 Medical Office Procedures II (4 units)
- HLTHOCC 61 Medical Insurance (3 units)
- HLTHOCC 55 Clinical Assisting Techniques I (4 units)
- HTLHOCC 59 Medical Assisting Practicum (2 units)

### ***Clinical Medical Assistant Certificate Program – 31.5 Units***

- ALD HTH 57 Introduction to computers in Health Occupations (1 unit)
- ALD HTH 33 Medical Terminology (3 units)
- HLTHOCC 51 Medical Office Microcomputer Management Applications (1 unit)
- HLTHOCC 52 Medical Office Procedures I (4 units)
- HLTHOCC 54 Human Disease (4 units)
- HLTHOCC 55 Clinical Assisting Techniques I (4 units)
- HLTHOCC 56 Clinical Assisting Techniques II (4 units)
- HTLHOCC 57 Medical Office Laboratory Procedures (3.5 units)
- HLTHOCC 58 Pharmacology for Medical Assistants (2 units)
- HLTHOCC 59 Medical Assisting Practicum (2 units)
- HLTHOCC 60 Medical Assisting Internship (3 units)

### ***Medical Assistant Certificate (Administrative & Clinical) Program – 38.5 Units***

Total cost: \$ 1771.00 (38.5 x \$46.00)

- ALD HTH 57 Introduction to computers in Health Occupations (1 unit)
- ALD HTH 33 Medical Terminology (3 units)
- HLTHOCC 51 Medical Office Microcomputer Management Applications (1 unit)
- HLTHOCC 52 Medical Office Procedures I (4 units)
- HLTHOCC 53 Medical Office Procedures II (4 units)
- HLTHOCC 61 Medical Insurance (3 units)
- HLTHOCC 54 Human Disease (4 units)
- HLTHOCC 55 Clinical Assisting Techniques I (4 units)
- HLTHOCC 56 Clinical Assisting Techniques II (4 units)
- HTLHOCC 57 Medical Office Laboratory Procedures (3.5 units)
- HLTHOCC 58 Pharmacology for Medical Assistants (2 units)
- HLTHOCC 59 Medical Assisting Practicum (2 units)
- HLTHOCC 60 Medical Assisting Internship (3 units)

## ***Associate of Science in Medical Assisting* – 60 units**

Students wishing to earn an ***Associate of Science in Medical Assisting*** must successfully complete the Medical Assistant Certificate (Administrative and Clinical) and must satisfy the Plan B General Education requirements for a minimum of 60 units as listed in the Course Catalog and Schedule of Classes.

### **Licensing and Accreditation**

Students completing the Medical Assistant Program at West Los Angeles College are able to sit for the California Certifying Board for Medical Assistants (CCBMA). The CCBMA offers an option to be certified as an Administrative Medical Assistant, Clinical Medical Assistant or both Administrative and Clinical Medical Assistant. The cost for sitting for the CCBMA certification exam is:

- Basic and Clinical Specialty \$115
- Basic and Administrative Specialty \$115
- Basic, Clinical & Administrative Specialties \$175

For additional information regarding certification visit: [www.ccbma.org](http://www.ccbma.org).

### **Additional Costs**

- Textbooks/workbooks (approx. \$300)
- Laboratory materials (approx. \$165)
- California Certification Exam (\$115 - \$155)
- Malpractice Insurance (approx. \$25)
- Clinical uniform (approx. \$75)
- Stethoscope & Sphygmomanometer (Approx. \$65)
- Background check ( Approx.\$ 70 )
- Financial Aid is available for qualifying students and may be used to offset these additional costs. Visit West Los Angeles College Office of Financial Aid by email at [wlacfa@wlac.edu](mailto:wlacfa@wlac.edu) or by telephone at (310) 287-4532 for more information.

Post Data Information:

**Due to Covid 19, the Clinical Portion for Spring and Fall Semester required 40 Hours of Face to Face Clinical Practices at the WLAC Lab Skills Room SC 105 & SC102.**

**Every Student in the Medical Assisting Program must comply with all CDC, LACCD & CDPH Guideline for COVID 19 to ensure a safe environment for the Clinical Practices. Also every student is required to complete 200 hours of Clinical Internship at Medical Office.**

LAST NAME	FIRST NAME:	INITIAL:	MARITAL SATUS SINGLE      DIVORCED MARRIED      NO CHILDREN
ADDRESS: (STREET, CITY, ZIP)			
TELEPHONE:	WHAT ARE YOU STUDYING TO BE?		
NAME AND ADDRESS OF FAMILY DOCTOR/CLINIC:			STUDENT ID NUMBER:
DATE OF BIRTH:	LAST HIGH SCHOOL ATTENDED (NAME, CITY, STATE):		



UNDERLINE DISEASE YOU HAVE HAD: ANEMIA      NERVOUS BREAKDOWN ASTHMA      PLEURISY APPENDICITIS      PNEUMONIA BLACKOUTS      POLIO BRONCHITIS      RHEUMATIC CHICKEN POX      RHEUMATIC FEVER DIABETES      SCARLET FEVER DIPHTHERIA      SMALL POX EPILEPSY      SICKLE CELL HAY FEVER      SINUSITIS EAR PROBLEM      TONSILITIS HEART TROUBLE      TYPHOID FEVER JAUNDICE      THYROID DISORDER KIDNEY PROBLEM      TUBERCULOSIS LARYNGITIS      ULCER MUMPS      VARICOSE VEINS MEASLES      WHOOPING COUGH  FAMILY HISTORY: UNDERLINE AND NOTE RELATIVE TUBERCULOSIS NERVOUS BREAKDOWN DIABETES CANCER	WHAT VACCINATIONS OR TESTS HAVE YOU HAD?    WHAT YEARS? <input type="checkbox"/> SMALL POX <input type="checkbox"/> TETANUS <input type="checkbox"/> CHEST X-RAY <input type="checkbox"/> POLIO  SERIOUS ILLNESSES:   OPERATIONS:   LIST YOUR MAJOR INJURIES:   ALLERGIES:
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A complete physical examination including labs is required every two (2) years unless otherwise Specified by affiliated hospital contracts.

PHYSICAL EXAM:		DATE:	ADDITIONAL DATA – SUMMARY - RECOMMENDATIONS
GENERAL APPEARANCE:	HEIGHT	WEIGHT	
POSTURE			
SKIN:	BACK:		
EYES:	PERLA:	RETINA:	
EARS:	R      L	HEARING:	
NOSE AND THROAT:			
TEETH:	GUMS:	DENTAL HYGIENE	<input type="checkbox"/> FREE OF COMMUNICABLE DISEASES – DOES NOT CREATE HAZARD TO SELF OR OTHERS
GLANDS:	THYROID		<input type="checkbox"/> APPROVED AND RECOMMENDED FOR MEDICAL ASSISTING PROGRAM
LUNGS:			<input type="checkbox"/> NO APPROVED – SEE ABOVE
HEART:			<input type="checkbox"/> APPROVED PENDING AS ABOVE
PULSE:			EXAMINED BY: _____,MD
ABDOMEN:			NURSE PRACTITIONER
ENDOCRINE SYSTEM:			LICENSE NO:
NERVOUS SYSTEM:			ADDRESS & PHONE NO.
BLOOD PRESSURE:			



STUDENT'S NAME (Print) \_\_\_\_\_ Student ID #: \_\_\_\_\_

	Date	Results	Dr. Signature/Address/Phone Number
(*Required for MA Program)			
*Tuberculin Skin Test	_____	_____	_____
OR			_____
Chest X-ray			_____
*Rubella (Measles)*	_____	_____	_____
(Titer/Vaccine)			_____
			_____
*Varicella (Chicken Pox)*	_____	_____	_____
(Titer/Vaccine)			_____
			_____
*Rubella	_____	_____	_____
(Titer/Vaccine)			_____
			_____
*Hepatitis B	_____	_____	_____
(Titer/Vaccine)	_____	_____	_____
			_____
*Mumps	_____	_____	_____
(Titer/Vaccine)			_____
			_____

Polio (All students enrolled in health related courses are encouraged to ascertain that they are immune to poliomyelitis.)

_____	_____	_____
_____	_____	_____
		_____

\*Diphtheria/Tetanus (Series of two, one month apart. Boosters in one year, then repeat in ten years. If you had series as a child, All you need is the booster).

_____	_____	_____
		_____

\*Drug Screen (with Lab results) \_\_\_\_\_

IF THE TITER IS NEGATIVE, A VACCINE WILL BE REQUIRED. THEN A REPEAT TITER AS DESIGNATED PER MEDICAL PROTOCOL.

**COPIES OF ALL LABORATORY REPORTS ARE REQUIRED.**

## **STUDENT RESOURCE INFORMATION**

### **Fingerprinting/Background Check**

WLAC Allied Health Program sends students into Healthcare facilities to practice their clinical skills. Many healthcare facilities require students to have a criminal background check before beginning their clinical rotations. A conviction or any arrest does automatically disqualify students from admission to a program keep them from clinical experience.

CertifiedBackground.com / Phone (888) 666 - 7788

### **Malpractice Insurance**

You can obtain malpractice insurance at The Medical Protective Company 1-800-221-4904. Also you may obtain your Mal Practice Insurance at NSO.com, Just mentioned for Medical Assisting Student.

Please provide Your Mal Practice Insurance to me. My Email: [CastilJC@wlac.edu](mailto:CastilJC@wlac.edu) We need a copy of your Insurance liability (proof of your insurance) in our Folder

### **Uniforms and Supplies**

The required uniform is Royal Blue scrubs. No designs or other colors permitted. You can obtain this uniform anywhere.

### **Immunizations, Physical Examinations and Drug Screens**

If you have an immunization card, this will have many of the required vaccinations listed. The physical examination, drug screen and remaining immunizations or titers can be obtained from your personal physician or by contacting the resources below:

#### **WLAC STUDENT HEALTH CENTER**

310-287-4478

Fax 310-287-4459

#### **WELLNESS SMART MEDICAL OFFICES**

[www.wellnessmart.com](http://www.wellnessmart.com)

12200 WILSHIRE BLVD. Los ANGELES, CA 90025

310-820-2150, <http://wellnessmart.com/>

#### **CURTIS TUCKER HEALTH CENTER**

123 W. MANCHESTER BLVD.

INGLEWOOD, CA 90301

310-419-5325

#### **Central Health Center**

241 N, Figueroa St.

Los Angeles CA, 90012

213 240 8203



**West Los Angeles College**  
**Medical Assisting Program Schedule - Spring 2021**  
**02/08-----6/07, 2021 (Remotely/Online) - West-Canvas/Web Platform**  
**(Subject to change)**

#	Class Title & Section #	Start Date	End Date	Delivery Mode	Unit	Weeks
1	<b>ALD HTH033 # 13844</b> (Medical Terminology)	02/08/2021	03/29/2021	Online	3	8
2	<b>ALD HTH057 # 14269</b> (Comp. for Health Occs.)	02/08/2021	04/01/2021	Online	1	8
3	<b>HLTH OCC 061 # 16224</b> (Medical Insurance)	02/08/2021	04/01/2021	Online	3	8
4	<b>HLTH OCC 055 # 16221</b> (Clinical Asst. I )	02/20/2021	06/07/2021	Online + mandatory zoom meeting + mandatory Lab Skills practice on campus	4	16
5	<b>HLTH OCC 052 # 21427</b> (Med. Office Proc. I )	04/12/2021	06/07/2021	Online	4	8
6	<b>HLTH OCC 051 # 16216</b> (Medisoft)	04/12/2021	06/07/21	Online	1	8

**Holidays and Non-Instruction Days**

Feb. 13, 2021 Saturday- Non-Instruction  
 Feb. 15, 2021 Monday- President's Day  
 Mar. 31, 2021 Wednesday - Cesar Chavez Day  
 April 3 ----April 09, 2021 Spring Break  
 May 31, 2021 Monday – Memorial Day



West Los Angeles Community College  
Nursing Assistant Program  
MA Lab Fee

Student Full Name \_\_\_\_\_

Student ID Number \_\_\_\_\_

Nursing Assistant Program Lab Fee: \$40.00

Semester: Spring 2021

Latest Day to pay the fee: January 25, 2021

Approved by:

Thank you

The CNA Student needs to mail a cashier's check or a money order to the business office, with a copy of the Lab Fee form. Please indicate the ID number with the name on them. **Phone: (310) 287-4262**

**West Los Angeles College, Business Office. Student Services Building (SSB), 2nd Floor  
9000 Overland Avenue, Culver City CA 90230**

