



**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 8, December 6, 2023, January 10, 17, & 31, 2024, June 12 & 26, July 10 & 24, August 7, 21 & 28, 2024 Via Zoom, from 3:30 pm – 5:00 pm.** Attached you will find all the information you should need to be eligible for these programs. Join Zoom Meeting:

<https://laccd.zoom.us/j/89619599411>, Meeting ID: 896 1959 9411

Passcode: 167110

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.

Deliver the application and requirements to: Castiljc@wlaac.edu

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

Date line for MA Health Requirements: **February 1, 2024**

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

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

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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Medical Assisting Program

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. <input type="checkbox"/> BASIC SKILLS | D. <input type="checkbox"/> CHILD CARE |
| B. <input type="checkbox"/> COUNSELING | E. <input type="checkbox"/> Extended Opportunity Program & Services |
| C. <input type="checkbox"/> FINANCIAL AID | F. <input type="checkbox"/> 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 titter result)
4. MMR (titer or proof of vaccination)
5. TB & DRUG SCREENING NO OLDER THAN TWO MONTHS
6. Varicella (chicken pox) titer or proof of vaccination.
7. Covid 19 Vaccine

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.

SIGNATURE

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 \$145
- Basic and Administrative Specialty \$155
- Basic, Clinical & Administrative Specialties \$175

For additional information regarding certification visit: www.ccbma.org.

Additional Costs

- Textbooks/workbooks (approx. \$400)
- Laboratory materials (approx. \$365)
- California Certification Exam (\$145 - \$175)
- Malpractice Insurance (approx. \$30)
- Clinical uniform (approx. \$105)
- Medical Shoes around \$ 90.
- Stethoscope & Sphygmomanometer (Approx. \$65)
- Background check (Approx.\$ 70)
- MA Program Tuition \$ 1771.00
- 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 wlaafa@wlaac.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 42 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 as follows:

- **110 Hours in The Summer and Fall Period**
- **110 Hours in the Winter and Spring Semester.**

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 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

12200 WILSHIRE BLVD. Los ANGELES, CA 90025

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

CURTIS TUCK/ER 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

LAST NAME	FIRST NAME:	INITIAL:	MARITAL SATUS SINGLE DIVORCED MARRIED NO CHILDREN		HEALTH RECORD
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:		

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.

