

April 2025

Dear Student and Parent(s)/Guardian(s):

Welcome to the Medical Assistant Program at the Lebanon County Career and Technology Center. You have made a great first step into starting your healthcare career. I am excited to get to know you and to help you begin your journey.

Juniors, you will be attending the AM class from 8:00am to 10:25am. Seniors, you will be attending the PM class from 11:35am to 2:00pm. Your classes will be Monday through Friday, starting August 25, 2025. Our classroom is located in the E-wing, 2nd door on the right. Please be on time. You need to be in uniform for the first day of class and everyday thereafter. You will find the information needed for you to order your proper uniform attire on the Lebanon County Career and Technology Center website, www.lcctc.edu. At the top of the home page (on the blue banner) click on **Uniforms**. After clicking, you will pick your course, Medical Assistant on the left side. Major League is priced very well and Cherokee Work Wear is the required brand. Our main class color is Pewter. You need at least one pewter top and one pewter pant for group events. I suggest each student have 2-3 scrub tops, 2-3 scrub pants, and 1 scrub jacket. The scrub jacket is required and must have the MA emblem embroidered on the left sleeve by Major League (\$3). **The colors that you may purchase, as seen on the website are pewter or black.** The only print that is permitted is on the website. **No other colors or prints will be permitted.** You will also need to purchase one pair of **white all leather** sneakers, nursing shoes or clogs with backs. Shoes cannot be cloth, mesh or canvas and clogs may not have holes or open backs (NO CROCS) due to infection control reasons. No “jogger” style pants will be permitted.

You will need to purchase a stethoscope (suggestion: AllHeart.com for \$20 and less) and a watch with a second hand (suggestion: Wal-mart less than \$15). NO Apple watches or Fitbits of any kind are allowed to be worn in the classroom. Also, please make sure you have a black pen/pencil and notebook with you during class at all times. A 3-ring binder is needed to keep all your paperwork in order. I also ask that you purchase index cards for your abbreviation flash cards. Textbooks are provided for you and are property of the CTC.

Before the school year starts, you are required to complete a two-step PPD, have up to date vaccinations record, and a current physical exam. You also need to complete a background check on the Pennsylvania State Police website, www.psp.state.pa.us which is FREE for volunteers. Follow the “how to” instructions. Please make copies and bring in on the first day of school or bring in original to make copies. I will need copies of all paperwork for your files. After school begins, we will complete Healthcare Provider BLS certification (CPR) through American Heart Association for the juniors. All of these requirements need to be completed in order to be able to be placed for clinical training and/or shadow rotations. The CPR is active for two years, so seniors do not need to re-take their certification. **Due date for all paperwork is August 28, 2025. No exceptions.**

In addition to assisting you learn the proper knowledge, skills and techniques needed in the Medical Assistant field, I will also be helping you to learn the necessary work ethics and professionalism that will help you to succeed in finding and keeping a job and make it a life-long career! Once again, I am excited to meet you all and make this program a great learning experience! Included you will find a checklist, uniform guidelines, classroom rules and call-off policy. I have included my email, apetruska@lcctc.edu, so feel free to contact me with any questions at anytime.

Sincerely,

Alicia Petruska BS, RN

Medical Assistant Program Instructor

Checklist of things you need for the LCCTC Medical Assistant program:

_____ 2-3 scrub tops (at least 1 pewter, others may be black or assigned print only)

_____ 2-3 scrub pants (at least 1 pewter or black) NO “jogger” style

_____ 1 scrub jacket with emblem on left sleeve (may be pewter or black)

_____ **white all leather** sneakers, nursing shoes, or clogs with backs
NO cloth, mesh or canvas due to infection control reasons (NO CROCS)

_____ white socks (must go above ankles)

_____ stethoscope

_____ watch with second hand

_____ pens/pencils

_____ notebook

_____ 3 ring binder (3 inch suggested)

_____ index cards

_____ Two-step PPD, unless at high risk for TB

_____ Up to date vaccinations record

_____ Physical exam

_____ Criminal background check from Pennsylvania State Police website

_____ Healthcare provider BLS (to be completed in class)

All items are necessary for the first day of school. All paperwork is due by **August 25, 2025**. I hope you find this helpful!

Ms. Petraska

MEDICAL ASSISTANT PROGRAM

UNIFORM GUIDELINES

In addition to learning the skills needed to be a Medical Assistant, you also need to maintain a neat and professional appearance. Good personal hygiene and being well-groomed are two necessities of the Medical Assistant Program. Uniforms must be worn starting the first day.

Medical Assistant uniforms **MUST** be worn at all times. If there is an exception to this rule, you will be notified in advance. Classroom uniforms can be found on LCCTC website under “Buy your uniform online”. The main classroom color is **PEWTER**. All students should have at least one full uniform in pewter. Coordinating colors that may be worn are black, and assigned print. **No other colors or prints will be accepted. NO “jogger” style pants.** All scrubs may be purchased through Major League. **White all leather** sneakers or white nursing shoes or clogs, no holes, with backs must be worn, **NO CROCS.** Additional uniform rules that are required are as follows:

GOOD PERSONAL HYGIENE-Males must be well groomed. Females may wear limited makeup.

NO perfumes or colognes are allowed, only scented deodorants and light scented body lotions. Uniforms may not be wrinkled. No changing of clothes is permitted in classroom or bathroom during class hours.

HAIR-Males and females’ hair must be clean and kept, pulled back or styled off the face and above or to the collar. Hair cannot be of an unusual color-purple, pink, unnatural red, etc.

NAILS-Must be clean and filed. Nail polish is **NOT** permitted. Any artificial nails, tips or gel polishes are **NOT** acceptable. Nails must be no longer than 1/8 inch beyond the tip of finger.

JEWELRY-No jewelry is permitted. No visible body piercings or gauges are allowed, including but not limited to: tongue, eyebrows, nose, lips or face. Band-aids will be used to cover new piercings and work ethic points will be deducted. No new piercings will be permitted during the program. Additional work ethic points will be deducted.

TATOOS-Visible tattoos must be concealed.

SOCKS-White socks must be worn. Socks need to go above the ankle.

UNDERGARMENTS-All students must wear undergarments. Females must wear full coverage underwear, no thongs. Males should wear a white undershirt. Students may wear appropriate long sleeve undershirt as needed, coordinating colors only.

WATCHES-All students must wear a watch with second hand. Watches may be metal or white or any coordinating color of the classroom scrubs. Watches should be large enough to view, but not oversized. **NO** Apple watches or device watches are allowed to be worn in the classroom at any time.

JACKETS-All students must remove any outside jackets or hoodies before entering the classroom.

Warm-up jackets are available on the LCCTC website, on left hand side. The LCCTC emblem must be embroidered on the left sleeve. All students must have a warm-up jacket for shadow and clinical rotations. Fleece jackets are also available to purchase to wear in the classroom.

WRITING-All students must carry a **black** pen only or pencil and notepad at all times. Students are also required to purchase a notebook. No other ink colors are allowed, black only.

LANGUAGE-Students are expected to speak professionally in the classroom, upon arrival, until dismissal. Profanity is strictly prohibited, at all times.

The Uniform Guidelines were developed with professional growth and knowledge in mind. As you work through the Medical Assistant Program, these guidelines will become “second nature” to you and help you develop the professional attitude and work ethic that you will need to become a healthcare worker. These guidelines are actual policies that will be required when you become an employee in the healthcare field at a hospital, office or health center.

If I do not follow the above Uniform Guidelines, I may be denied participation in classrooms skills and clinical rotations. Deductions from daily work ethic grades will also reflect my neglect to follow the Uniform Guidelines.

Student signature: _____ Parent/guardian signature: _____

DATE: _____ Parent/guardian daytime contact number: _____

MEDICAL ASSISTANT CLASSROOM RULES

Students are expected to be reliable and dependable. This means students must be in their seat and have uniform check-in completed by the time the class bell rings... AM session-8:00am and PM session 11:35am. Failure to do so will result in being sent to the Guidance Office for a tardy slip. Students are also expected to come to class prepared. If books, worksheets, writing utensils, etc. are forgotten, a deduction in work ethic grade will be given.

Uniforms must be worn to class and until class is dismissed. No changing of clothes will be allowed during class hours. Uniform guidelines must be followed. Certain uniform violations receive discipline referrals. Three discipline referrals for uniform violations will lead to a Saturday detention.

Students must be responsible for their actions. Students may only leave the classroom with the instructor's permission. Students may only use classroom supplies, equipment and skill areas with the approval of the instructor. Failure to do so will result in the decrease of the work ethic grade.

Each student will be responsible for cleaning his or her work area at the end of each class. Whether, it is the classroom desk, front office area or the exam room area. I will assign additional duties on a rotating basis. I will also assign an "Office Manager" and "Inventory Manager". These students will be expected to lead by example and oversee that all duties are done. The "Office Manager" will supervise the group and ensure that all areas are clean and kept and that all students have completed their duties. The "Inventory Manager" will ensure that all equipment utilized by students during the day is replaced and accounted for. Repeated reminders to those students being negligent of these duties could result in disciplinary action including lowering the work ethic grade and potentially the marking period grade.

Courtesy, kindness and consideration toward all fellow students and CTC staff are expected at all times. This will prove to your instructor that you can convey a proper and professional attitude and ability to work in the medical field. This also is proof that you deserve clinical placement.

Absolutely, **NO** profanity, insubordination or unprofessional language or actions will be tolerated by any student in the classroom, clinical setting or anywhere on school grounds. This includes actions towards any student within the school, any other instructor or staff in the CTC and or guest speakers, etc. The appropriate level of action will be taken and could even include dismissal from the program.

A weekly classroom schedule will be handed out and posted on the board for students to follow. It will list what subjects will be covered as well as any upcoming quizzes, tests or projects due. Students are expected to check their folders.

It is the student's responsibility to make up any missed work or tests with the instructor. If the student does not make up the missed work or test within three days, the student will receive a 0%. Exceptions may be granted based on the reason for absence or extensions due to illness, injuries or hospitalization.

ACADEMIC DISHONESTY will **NOT** be tolerated and an automatic 0% will be given and proper steps will be followed per the student handbook. Homework and assignments are expected to be on time.

All purses and backpacks are required to be stored in the student's locker before class starts. Please ensure your book bag is not oversized. Students also may not wear any outside jackets or hoodies into the classroom. Warm-up or scrub jackets only. The student will be allowed to retrieve "necessary" items from their locker as needed. Please refer to the student handbook for the cell phone policy. Cell phones are **NOT** permitted for use in the MA classroom. They must be kept in the classroom hanger.

BULLYING of any form is unacceptable and also will **NOT** be tolerated. The student handbook policy will be followed at the time of incident. This includes any incident in the classroom, on school grounds or clinical setting. If any bullying incident does occur while in the Medical Assistant Program, clinical rotation could be refused for that student. Dismissal from the program could also be considered.

Consumption of any food is limited to the cafeteria. Eating in the classroom is prohibited. Only purchased water bottles with caps are permitted in the classroom. Water bottles must be kept on the floor and not on the tables with books or laptops. NO gum is allowed in the MA classroom.

Think of this program as a job. If you do not follow the rules for things such as, absence or tardiness you would not be able to stay employed at a real job. Following rules is part of a job. I wish to prepare all of you to get jobs and keep them. This program will be getting you into habits for a real life career. You will need to “call-off” when you will be absent or late. Please see attached sheet for instructions and explanations.

Please remember, the way you act and react in the classroom proves to me that you can or cannot handle being sent to a clinical rotation. Also remember that I must share your “resume” with the office managers before you are accepted for a clinical rotation. We all have “bad days”, but bad days cannot affect your work performance which in turn can affect your patient care. That is what is expected in the classroom. You will also be signing a “code of conduct” for the program, which is included in this packet.

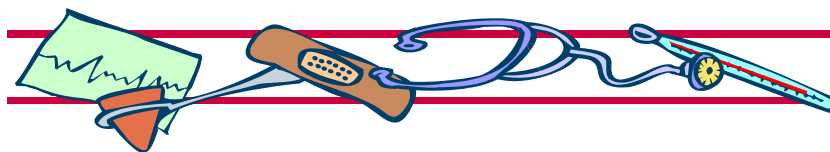
If any student, parent or guardian has any questions about CTC rules or regulations, please refer to the student handbook. Additional rules and exceptions will occur in the Medical Assistant classroom. Also, new rules and procedures may be introduced throughout the school year.

REMEMBER~~You are in this program because you **CHOSE** to be in this program. There are other students who did not make it into this program, but wanted to. I want to make this a wonderful learning experience for you with real life lessons. Now, **YOU** need to make the most of your time here in the Medical Assistant program the best for you and your fellow students.

Work Ethic points will be deducted and discipline referrals will be sent to administration when students do not follow the uniform guidelines and classroom rules. Each student needs to have an 80% overall average grade maintained as well as an 80% work ethic grade to be eligible for clinical rotations, field trips, skills, shadow experience, etc...please see attached shadow/clinical eligibility sheet.

Alicia Petraska RN

Medical Assistant Instructor



Return this portion to class the next day...

We, (parent/guardian and student) have read and understand the **CLASSROOM RULES**.

Student

signature: _____ Date: _____

Parent/guardian

signature: _____ Date: _____

Medical Assistant Program

CALL-OFF POLICY

As we move into the healthcare career, you the students, will be learning and gaining more and more responsibility. With that said, part of having a job is also having the responsibility to “call-off” of work when you will not be attendance. This pertains to sick days, field trips or any day you will not be starting at your normal start time. On these days, YOU the student, will need to “call-off” duty, not your parent. You must call a minimum of 60 minutes prior to your start time. If you do not, you will lose work ethic points. The point values are as follows: if you call-off late between 30 minutes and 60 minutes before start time, you will lose one work ethic point for “did not follow instructions”. If you call in less than 30 minutes before start time you will lose two work ethics points, one for “did not follow instructions” and one for “lack of teamwork”. If you do not call in at all, you will lose two points for “did not follow instructions” and two for “lack of teamwork”.

The number you will call is 717-273-8551, then dial extension 2119, leave a message with your name, time that you are calling, reason and/or estimated arrival time. A reason would be “ill, sick, appointment, etc...”.

Thank you and I enjoy watching you all grow as mature professionals!!

Sincerely,

Ms. Petruska

ANY QUESTIONS, PLEASE FEEL FREE TO CALL ME!



Please detach and return bottom, signed and dated...



I have reviewed and understand the call-off policy...

Student

signature: _____ Date: _____

Parent/guardian

signature: _____ Date: _____



As per administration, NO cell phones will be allowed to be used in my classroom at any time. No exceptions. I would like to take the time to make sure you all have my classroom contact information. You must first dial the school's main number at 717-273-8551, and then dial my direct extension 2119. If you have an emergency, this is the protocol that should be followed. Lastly, all phones should be put away by the bell at 8:05am or work ethic points will be deducted. All students will then be able to retrieve them at 1030. Thank you...

Sincerely,

Ms. Petraska

Medical Assistant Program Instructor

Hello, students, parents and/or guardians of the
Medical Assistant Program,

I would like to take the time to make sure you all have my contact
information. My email is apetruska@lcctc.edu. My direct extension is
717-273-8551, extension 2119.

Please do not hesitate to call or email me. I will make every
attempt to get back to you as soon as possible.

Please include your contact information below...

Thank you!

Sincerely,

Ms. Petruska

Medical Assistant Program Instructor



Please cut on line below and return bottom portion...

I acknowledge that I have been given Ms. Petruska's contact information, if needed.

Parent/guardian signature:_____Date:_____

Email:_____

Contact number:_____

Student signature:_____Date:_____

Email:_____

Contact number:_____

Tuberculin Screening

Dear Parent/Guardian/Physician,

Prior to the start of the school year, the student must have a **TWO STEP** intra-dermal tuberculin skin test also known as a PPD test for tuberculosis (TB). This one-step is a requirement of the rules and regulations that govern healthcare facilities. The student must have this completed **no later than August 25, 2025, completed.**

Physician, please complete the following information and return to LCCTC with the required physical form

(Student's name)

PPD test #1 received on _____
(date)

PPD test #1 read on _____
(date)

Results were Positive Negative Read by: _____
(circle one)

Within 1-2 weeks after the first PPD test, a second PPD test must be administered.

PPD test #2 received on _____
(date)

PPD test #2 read on _____
(date)

Results were Positive Negative Read by: _____
(circle one)

Any follow up required: _____

Physician's signature

Date



Bureau of Community Health Systems
Division of School Health

Private or School PHYSICAL EXAMINATION OF SCHOOL AGE STUDENT

PARENT / GUARDIAN / STUDENT:

Complete page one of this form before
student's exam. Take completed form to
appointment.

Student's name _____ Today's date _____

Date of birth _____ Age at time of exam _____ Gender: ☐ Male ☐ Female

Medicines and Allergies: Please list all prescription and over-the-counter medicines and supplements (herbal/nutritional) the student is currently taking:

Does the student have any allergies? ☐ No ☐ Yes (If yes, list specific allergy and reaction.)

☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Complete the following section with a check mark in the YES or NO column; circle questions you do not know the answer to.

GENERAL HEALTH: <i>Has the student...</i>	YES	NO
1. Any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infection Other _____		
2. Ever stayed more than one night in the hospital?		
3. Ever had surgery?		
4. Ever had a seizure?		
5. Had a history of being born without or is missing a kidney, an eye, a testicle (males), spleen, or any other organ?		
6. Ever become ill while exercising in the heat?		
7. Had frequent muscle cramps when exercising?		
HEAD/NECK/SPINE: <i>Has the student...</i>	YES	NO
8. Had headaches with exercise?		
9. Ever had a head injury or concussion?		
10. Ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
11. Ever had numbness, tingling, or weakness in his/her arms or legs after being hit or falling?		
12. Ever been unable to move arms or legs after being hit or falling?		
13. Noticed or been told he/she has a curved spine or scoliosis?		
14. Had any problem with his/her eyes (vision) or had a history of an eye injury?		
15. Been prescribed glasses or contact lenses?		
HEART/LUNGS: <i>Has the student...</i>	YES	NO
16. Ever used an inhaler or taken asthma medicine?		
17. Ever had the doctor say he/she has a heart problem? If so, check all that apply: <input type="checkbox"/> Heart murmur or heart infection <input type="checkbox"/> High blood pressure <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other: _____		
18. Been told by the doctor to have a heart test? (For example, ECG/EKG, echocardiogram)?		
19. Had a cough, wheeze, difficulty breathing, shortness of breath or felt lightheaded DURING or AFTER exercise?		
20. Had discomfort, pain, tightness or chest pressure during exercise?		
21. Felt his/her heart race or skip beats during exercise?		
BONE/JOINT: <i>Has the student...</i>	YES	NO
22. Had a broken or fractured bone, stress fracture, or dislocated joint?		
23. Had an injury to a muscle, ligament, or tendon?		
24. Had an injury that required a brace, cast, crutches, or orthotics?		
25. Needed an x-ray, MRI, CT scan, injection, or physical therapy following an injury?		
26. Had joints that become painful, swollen, feel warm, or look red?		
SKIN: <i>Has the student...</i>	YES	NO
27. Had any rashes, pressure sores, or other skin problems?		
28. Ever had herpes or a MRSA skin infection?		

GENITOURINARY: <i>Has the student...</i>	YES	NO
29. Had groin pain or a painful bulge or hernia in the groin area?		
30. Had a history of urinary tract infections or bedwetting?		
31. FEMALES ONLY: Had a menstrual period? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: At what age was her first menstrual period? _____ How many periods has she had in the last 12 months? _____ Date of last period: _____		
DENTAL:	YES	NO
32. Has the student had any pain or problems with his/her gums or teeth?		
33. Name of student's dentist: _____ Last dental visit: <input type="checkbox"/> less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> greater than 2 years		
SOCIAL/LEARNING: <i>Has the student...</i>	YES	NO
34. Been told he/she has a learning disability, intellectual or developmental disability, cognitive delay, ADD/ADHD, etc.?		
35. Been bullied or experienced bullying behavior?		
36. Experienced major grief, trauma, or other significant life event?		
37. Exhibited significant changes in behavior, social relationships, grades, eating or sleeping habits; withdrawn from family or friends?		
38. Been worried, sad, upset, or angry much of the time?		
39. Shown a general loss of energy, motivation, interest or enthusiasm?		
40. Had concerns about weight; been trying to gain or lose weight or received a recommendation to gain or lose weight?		
41. Used (or currently uses) tobacco, alcohol, or drugs?		
FAMILY HEALTH:	YES	NO
42. Is there a family history of the following? If so, check all that apply: <input type="checkbox"/> Anemia/blood disorders <input type="checkbox"/> Inherited disease/syndrome <input type="checkbox"/> Asthma/lung problems <input type="checkbox"/> Kidney problems <input type="checkbox"/> Behavioral health issue <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Sickle cell trait or disease Other: _____		
43. Is there a family history of any of the following heart-related problems? If so, check all that apply: <input type="checkbox"/> Brugada syndrome <input type="checkbox"/> QT syndrome <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Marfan syndrome <input type="checkbox"/> High blood pressure <input type="checkbox"/> Ventricular tachycardia <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other: _____		
44. Has any family member had unexplained fainting, unexplained seizures, or experienced a near drowning?		
45. Has any family member / relative died of heart problems before age 50 or had an unexpected / unexplained sudden death before age 50 (includes drowning, unexplained car accidents, sudden infant death syndrome)?		
QUESTIONS OR CONCERNS	YES	NO
46. Are there any questions or concerns that the student, parent or guardian would like to discuss with the health care provider? (If yes, write them on page 4 of this form.)		

I hereby certify that to the best of my knowledge all of the information is true and complete. I give my consent for an exchange of health information between the school nurse and health care providers.

Signature of parent / guardian / emancipated student _____ Date _____

STUDENT'S HEALTH HISTORY (page 1 of this form) REVIEWED PRIOR TO PERFORMING EXAMINATION: Yes ☐ No ☐

Physical exam for grade: K/1 <input type="checkbox"/> 6 <input type="checkbox"/> 11 <input type="checkbox"/> Other <input type="checkbox"/>	CHECK ONE			*ABNORMAL FINDINGS / RECOMMENDATIONS / REFERRALS
	NORMAL	*ABNORMAL	DEFER	
Height: () inches				
Weight: () pounds				
BMI: ()				
BMI-for-Age Percentile: () %				
Pulse: ()				
Blood Pressure: (/)				
Hair/Scalp				
Skin				
Eyes/Vision Corrected <input type="checkbox"/>				
Ears/Hearing				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart				
Lungs				
Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				
Spine (Scoliosis)				
Other				

TUBERCULIN TEST	DATE APPLIED	DATE READ	RESULT/FOLLOW-UP

MEDICAL CONDITIONS OR CHRONIC DISEASES WHICH REQUIRE MEDICATION, RESTRICTION OF ACTIVITY, OR WHICH MAY AFFECT EDUCATION

(Additional space on page 4)

Parent/guardian present during exam: Yes ☐ No ☐Physical exam performed at: Personal Health Care Provider's Office ☐ School ☐ Date of exam _____ 20____

Print name of examiner _____

Print examiner's office address _____ Phone _____

Signature of examiner _____ MD ☐ DO ☐ PAC ☐ CRNP ☐

HEALTH CARE PROVIDERS: *Please photocopy immunization history from student's record – OR – insert information below.*

IMMUNIZATION EXEMPTION(S):

Medical ☐ Date Issued: _____ Reason: _____ Date Rescinded: _____

Medical ☐ Date Issued: _____ Reason: _____ Date Rescinded: _____

Medical ☐ Date Issued: _____ Reason: _____ Date Rescinded: _____

NOTE: The parent/guardian must provide a written request to the school for a religious or philosophical exemption.

VACCINE	DOCUMENT: (1) Type of vaccine; (2) Date (month/day/year) for each immunization				
Diphtheria/Tetanus/Pertussis (child) Type: DTaP, DTP or DT	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (adolescent/adult) Type: Tdap or Td	1	2	3	4	5
Polio Type: OPV or IPV	1	2	3	4	5
Hepatitis B (HepB)	1	2	3	4	5
Measles/Mumps/Rubella (MMR)	1	2	3	4	5
Mumps disease diagnosed by physician <input type="checkbox"/>	Date: _____				
Varicella: Vaccine <input type="checkbox"/> Disease <input type="checkbox"/>	1	2	3	4	5
Serology: (Identify Antigen/Date/POS or NEG) i.e. Hep B, Measles, Rubella, Varicella	1	2	3	4	5
Meningococcal Conjugate Vaccine (MCV4)	1	2	3	4	5
Human Papilloma Virus (HPV) Type: HPV2 or HPV4	1	2	3	4	5
Influenza Type: TIV (injected) LAIV (nasal)	1	2	3	4	5
	6	7	8	9	10
	11	12	13	14	15
Haemophilus Influenzae Type b (Hib)	1	2	3	4	5
Pneumococcal Conjugate Vaccine (PCV) Type: 7 or 13	1	2	3	4	5
Hepatitis A (HepA)	1	2	3	4	5
Rotavirus	1	2	3	4	5
Other Vaccines: (Type and Date)					

Medical Assistant Clinical expectations for Senior Year

Dear students, parents and/or guardians,

I am excited to not only expand the knowledge, skills and work ethic aspects of the student, but the hands-on clinical experiences as well. Hands-on clinical hours are defined as students using their skills and knowledge to actually do a job. This includes vital signs, escorting patients to rooms, observing patients, billing, coding, scheduling, and all of the other skills they have learned and will learn to do. In order to qualify for a clinical, the student must have an 80% as an overall grade in the program, which breaks down to an 80% in knowledge, 80% in skills, and an 80% in work ethic for the first half in the second year in order to be placed in a clinical rotation. The student is also responsible to continue to keep an 80% during that rotation or they will be removed for the remainder of the rotation. All students who wish to take their certification exam for medical assisting after they graduate must be eligible by completing all of the tasks on the task list and must have completed a required number of hands-on clinical hours as contracted by the instructor. They also must have proven to me that they are able to be respectful and work with the public on their own and are able to complete skills in an effective manner without assistance. Students may not have any disciplinary incidents at the CTC. Absences also play a role with clinical placement during the first and second year. Starting in August your student may not miss more than 10 days within the first half of the program of the second year. If the student has chronic absences, that states to me and the office that you are not reliable. Also, students may not have any “no call no shows” at all during the year. They must follow the “call-off” policy. During clinical, you may only miss 2 days. A 3rd day of absence will result in immediate removal from clinical. Also any “no call no shows” will result in immediate termination from clinical. You must be in uniform and be a “10” every day in the office. Two reports from the office of not being a “10” will also result in immediate removal from the clinical site. The clinical sites and I correspond practically every day. I also make bi-weekly surprise evaluation visits to each office. If one of these requirements are not met, the student is not eligible for clinical and therefore, is not eligible to take the certification exam. The exam will be scheduled here at the CTC before and upon graduation and costs approximately \$160 which you are responsible to pay. Lastly, some offices, especially hospital based are now requiring drug screens, child abuse and FBI background checks and vaccinations at your expense. The estimate additional cost is approximately \$100.

Your student’s schedules during this time will be as follows; Students who are eligible for clinical will report to their clinical site at their usual time, 11:35am and are expected to be on time. They must find their own transportation to their clinical office. Clinicals will take place from the offices assigned time which could be 11:30 to 4:00, Monday through Friday from approximately beginning to mid-January to end of March, The student must complete a contracted number of hours, which is approximately 140-180 hours. One day during the week will be in the classroom to catch up on tests, quizzes, skills and handing in homework. After talking with the offices, they make the decisions on what hours they prefer the students are present. I wanted to make sure you are aware of this information, so that you can start making transportation plans for the future.

If you have any concerns, please let me know. I personally am driven to make sure the students have every possible experience made possible to them to further expand their education.

Ms. Petraska

I acknowledge that I have been given the clinical expectations information for the second year of the program.

The checklist below needs to be completed by the first week of the program in order to be eligible for clinical placement. DUE DATE is August 29th, 2024. NO exceptions...

_____ **Completed Two-step PPD** (both PPD's need to be completed and READ upon first day of school)

_____ **Up to date** vaccinations record

_____ Physical exam, **current within one year**

_____ Criminal background check from Pennsylvania State Police website

www.psp.state.pa.us (volunteer background check is acceptable at this time)

Parent/guardian

signature: _____ Date: _____

Student

signature: _____ Date: _____

MEDICAL ASSISTANT CODE OF ETHICS

In order to promote excellence in patient care and professionalism, the medical assistant student shall:

- Treat people and patients with respect for the dignity, rights and value of each individual
- Provide nondiscriminatory and equitable treatment for all patients
- Promote and strive to protect the health, safety and rights of each patient, including placing the well being of the patient before his or her own well-being
- Maintain confidentiality of patient information following privacy regulations required by law (HIPAA)
- Not reference any person, place or affiliated agency associated with any clinical experience in or on any form of social media including, but not limited to, blogs, Facebook, Twitter, YouTube, Snapchat, etc...Information displayed on these formats is considered public and could be identified as a HIPAA violation
- Perform procedures or functions within his or her level of education and scope of practice
- Refuse to participate and/or post on any social media situations that are illegal, unethical or incompetent acts
- Disclose any illegal, unethical or incompetent acts of others to the proper authority
- Avoid any conduct that will create a conflict of interest
- Demonstrate behavior that reflects integrity
- Follow all principles of ethical and professional behavior, as identified in the code of ethics of his or her chosen health field

Students may be denied clinical rotation and participation for breaches in any of the above code of ethics. Students who are in a clinical rotation and breach the code of ethics will be dismissed from their clinical rotation and possibly the medical assistant program.

I have read and understand the Medical Assistant Code of Ethics and I understand that any breach in ethics may result in the inability to participate in a clinical rotation, removal from a clinical rotation, or removal from the program.

Student
signature: _____ Date: _____

Parent/guardian
signature: _____ Date: _____

LATE WORK POLICY

Dear students, parents and guardians,

As we move into the new school year we are anxious to teach you more and more every day. There is one thing that does concern us. We find that the majority of students are not handing in assignments by the due dates. This does not teach you to be responsible with your time management for your new careers.

With that said, to explain, all assignments are due upon the due date assigned. If you do not hand in your work on the assigned due date you will receive a “0”. After the due date, you will have one week to hand in late work and you will only receive half credit for the assignment.

We are trying to foster a more responsible and professional academic environment for you all, instead of enabling you to procrastinate.

Sincerely,

Ms. Petruska

I, the student, understand the above guidelines of late work.

Signatures: _____

Date: _____