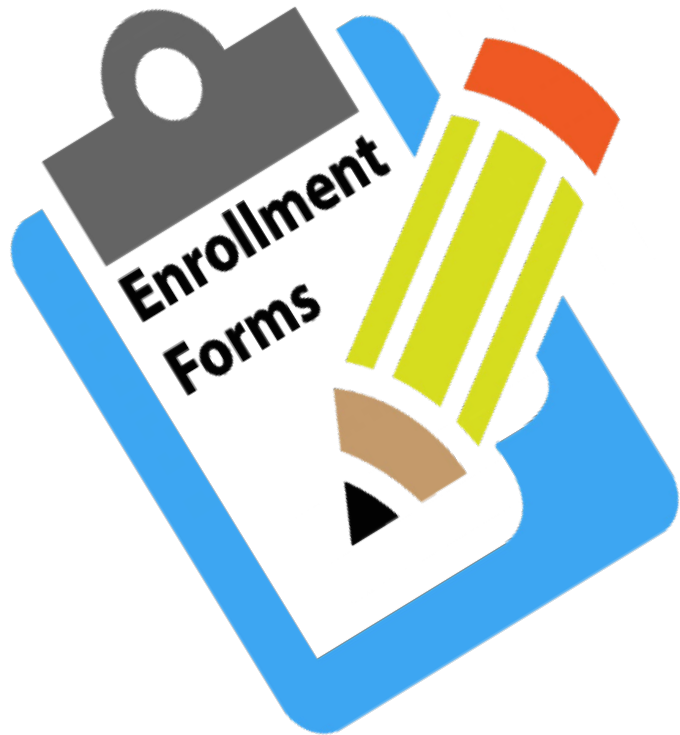


Phoenix College

Clinical Medical Assisting Program

Instructions for Health and Safety Requirements



Clinical Medical Assisting – PLEASE READ ME!

The clinical portion of the medical assisting program at Phoenix College has a formal admission process. You must complete and submit an online application and wait to be accepted in the program. **YOU WILL NOT BE ABLE TO SELF-ENROLL IN CLINICAL MEDICAL ASSISTING CLASSES. THESE CLASSES ARE SET TO “DEPARTMENT CONSENT” ONLY.**

Once you have submitted a program application, you will be notified through your Maricopa student email that you have been accepted into the program, typically within 2-3 weeks.

Due to the large number of applicants for our program, clinical medical assisting students will NOT be able to choose what campus location or class session. Instead, students will be offered a spot in our Medical Assisting program based on available seating/campus space.

***Clinical Medical Assisting Students may be offered acceptance in a morning, afternoon or evening session at either or the two program locations:

1. Phoenix College location: **Address: 3144 North Seventh Avenue Phoenix, Arizona 85013**
2. Paradise Valley Community College at Black Mountain Location. **Address: 34250 N 60th St. Scottsdale, AZ 85266**

In the event, students are unable to attend the session they are offered, they may choose to be added to the waitlist until a spot in another session becomes available. **However, a spot is not guaranteed for that semester.**



**Maricopa Allied Health
Health and Safety Documents**

What if I already completed the Medical Administrative Assisting (MAA) Program?

Students who have already completed the Medical Administrative Assisting program at Phoenix College and wish to continue, need to do the following:

Step# 1 - Complete a medical assisting program application! [Click Here!](#)

Step# 2 - Wait to be accepted and assigned (campus location and class session)

Step# 3 - Begin working on required **Maricopa Health and Safety documentation Check List** right away!

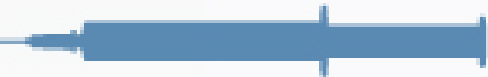
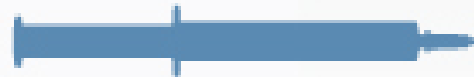
Once your documents are COMPLETE, please email these to deborah.audin@phoenixcollege.edu





IMMUNIZATION

REQUIREMENTS



Required Immunizations

For the protection of students, employees, and patients, allied health students enrolled in Maricopa Community Colleges Healthcare programs must comply with the health and safety requirements for immunizations.

Here is what you will need to provide:

1. Measles/Rubeola, Mumps and Rubella (MMR) vaccines or positive titers (for all three) **(x2)**
2. Chickenpox/ Varicella Zoster vaccine or positive titers **(x2)**
3. Tetanus/Diphtheria/Pertussis (Tdap) given in the last **ten years**
4. Complete Hepatitis B vaccine series or positive titers
5. Annual TB screening (TB skin test, chest x-ray or blood test - QuantiFERON)
6. Seasonal Flu vaccine
7. COVID-19 vaccines series **(x2)**





REQUIRED DOCUMENTS

1. Clearance for Participation in Clinical Practice Form
2. Health Care Provider CPR (BLS) Card
3. Level-One Fingerprint Clearance Card

Clearance for Participation in Clinical Practice

Prior to being placed at an off-site clinical externship facility, students will be required to submit a “Clearance for Participation in Clinical Practice” form signed by your medical provider.

This will ensure you are medically and physically able to participate.



Make sure to send these to deborah.audin@phoenixcollege.edu



Allied Health STUDENT HEALTH AND SAFETY DOCUMENTATION CHECKLIST

M. Clearance for Participation in Clinical Practice

It is essential that allied health students be able to perform a number of physical activities in the clinical portion of their programs. At a minimum, students will be required to lift patients and/or equipment, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement their assigned responsibilities. The clinical allied health experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. This declaration should not impede students with disabilities from applying or being accepted into the program.

I believe the applicant (print name) _____ Date: _____

_____ WILL OR _____ WILL NOT be able to function as an allied Health student as described above.

If not, explained:

Health Care Provider Form: Reviewed and signed by a licensed health care provider (M.D., D.O., nurse practitioner, or physician's assistant) within the past six (6) months of the start date.

Licensed Healthcare Examiner (M.D., D.O., N.P., P.A.):

Print Name: _____ Title: _____

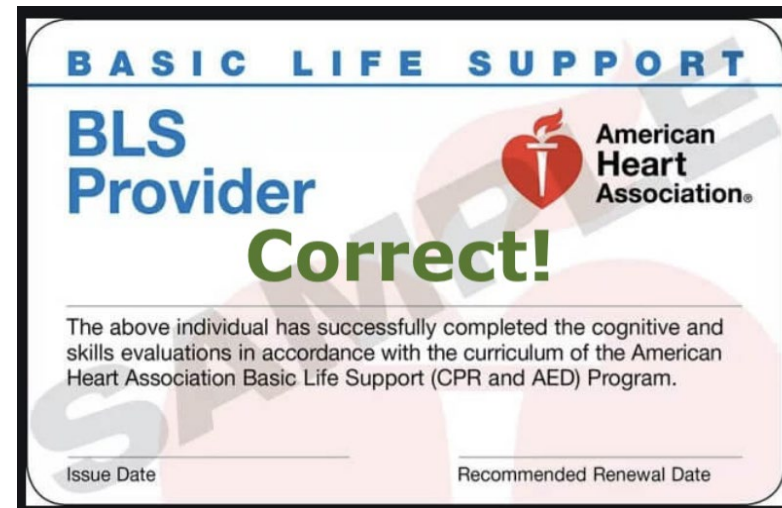
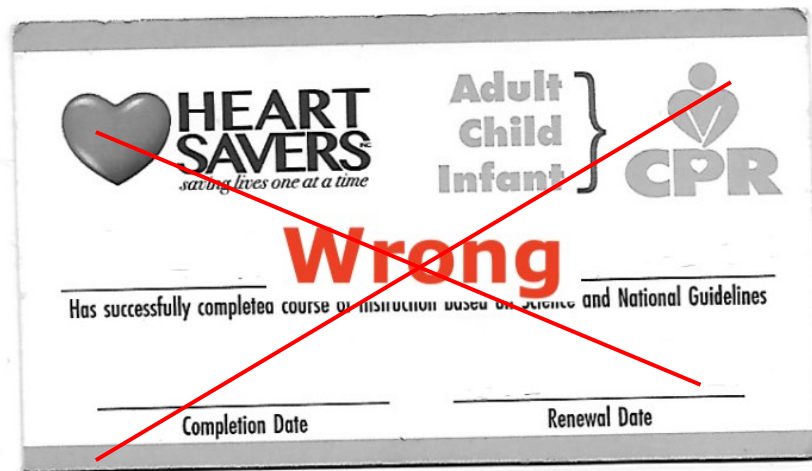
Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Healthcare Provider CPR/BLS

- As an allied health student, you are required to obtain a **Healthcare Provider** BLS/CPR card. This is the only acceptable level.
- **Please note: your CPR card must say “BLS Provider” to be considered valid.**
- CPR cards are only valid for **two years**. You must ensure your CPR card remains valid throughout the entire Medical Assisting program including externship.



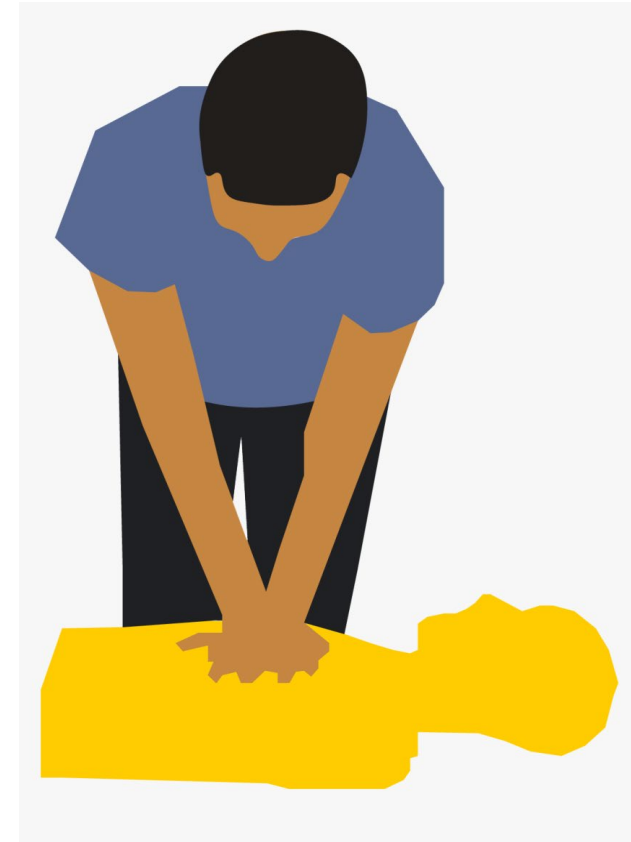
Healthcare Provider CPR/BLS

Here is the direct link to find a CPR class through:

The American Heart Association



[CLICK HERE - BLS CPR Class Locator](#)



Department of Public Safety (DPS) Level-One Fingerprint Clearance Card

As an allied health student, you are required to obtain a Level-One Fingerprint Clearance Card. **The approximate cost is \$73.25**

ARIZONA DEPARTMENT OF PUBLIC SAFETY
APPLICATION FOR A FINGERPRINT CLEARANCE CARD

APPLICATION NUMBER
0003103606

Applicant Clearance Card Team ☎ (602) 223-2279
Mailing address: P.O. Box 18390, Phoenix, AZ, 85005-8390
Physical address: 2222 W. Encanto Blvd, Phoenix, AZ 85009
Visit www.azdps.gov/services/fingerprint to apply online, FAQ's or to check the status of your application.

Print or print all information in blue or black ink. All fields marked with a * are mandatory. Submit original with application or 10% non-refundable will not be accepted.

*Your Full Legal Name (Last, First, Middle) Social Security Number Phone Number w/Area Code

*Date of Birth *Race *Sex Female Male *Height *Weight *Eye Color *Hair Color *Place of Birth

*Applicant's Complete Mailing Address (Applicant's address only) *City *State *Zip Code

Name of Employer and/or Agency (if unknown or student leave blank) Employer's Phone Number w/Area Code

Employer and/or Agency Mailing Address City State Zip Code

Applicant's e-mail address *Applicant's Signature *Date

* I authorize custodians of records to release information to the AZ Department of Public Safety for the purpose of processing my application for a Fingerprint Clearance Card.


Fee is \$67.00 if paid employee Fee is \$65.00 if volunteer or where fee is noted as *\$67. Fee must be in the form of a money order, cashier's check, check drawn on a business account made payable to "DPS" or a State of Arizona Corporation Transaction Entry/Transfer. Cash or personal checks are NOT acceptable forms of payment.

If you are aware the enclosed payment exceeds the amount due, and the overpayment is less than \$10.00, signing this application indicates your agreement to have the excess funds donated to the State General Fund. Fees are subject to change and are not refundable per ARS § 8-103.

Check the box(es) (maximum of 4) indicating why you are applying. Application cannot be processed without this information.

| | |
|---|---|
| <input type="checkbox"/> DCS-Adoption - ***ARS § 8-105 **\$65 | <input type="checkbox"/> AZ Dept. of Ed-Surrogate Parents - ARS § 15-763.01 |
| <input type="checkbox"/> DCS-Foster Home Licensure - ***ARS § 8-509 **\$65 | <input type="checkbox"/> AZ Dept. of Ed-Child Nutrition Programs - ARS § 46-321 |
| <input type="checkbox"/> DCS-Field Employee - ***ARS § 8-802 *\$67 | <input type="checkbox"/> AZ Dept. of Ed-Attend Vocational Program; Age 22 or older ARS § 15-782.02 **\$65 |
| <input type="checkbox"/> DCS-Employee or IT Employee or IT Employees of Contractors or Subcontractors - ***ARS § 8-463 *\$67 | <input type="checkbox"/> ADOT-Driver Training School Licensure - ARS § 32-2371 *\$67 |
| <input type="checkbox"/> DCS - Child Welfare/Adoption Agency Employee - ***ARS § 46-141 *\$67 | <input type="checkbox"/> ADOT Traffic School Licensure - ARS § 28-3413 *\$67 |
| <input type="checkbox"/> State Board of Pharmacy-Licensure - ARS § 32-1904 *\$67 | <input type="checkbox"/> ADFI-Appraiser-License or Certificate - ARS § 32-3620 |
| <input type="checkbox"/> State Board of Pharmacy-3 rd Party Logistic Providers Representative - ARS § 32-1941 *\$67 | <input type="checkbox"/> ADFI-Appraisal Management/Registration - ARS § 32-3668 |
| <input type="checkbox"/> DES-Certified Child Care Provider & Non-Certified Relative Provider - ***ARS § 41-1964 & ***ARS § 46-141 *\$67 | <input type="checkbox"/> ADFI-Appraisal Management/Controlling person - ARS § 32-3669 |
| <input type="checkbox"/> DES-CCR&R Registered Home - ***ARS § 41-1967.01 *\$67 | <input type="checkbox"/> ABDE-Dentist Licensure - ARS § 32-1232 *\$67 |
| <input type="checkbox"/> DES-DAAS-Division of Aging & Adult Svcs. - ***ARS § 46-141 | <input type="checkbox"/> ABDE-Dental Hygienist Licensure - ARS § 32-1284 *\$67 |
| <input type="checkbox"/> DES-DDD/HCBS-Home & Community Based Svcs. - ***ARS § 36-594.01 | <input type="checkbox"/> ABDE-Denturist Certification - ARS § 32-1297.01 *\$67 |
| <input type="checkbox"/> DES-DDD - Developmental Home Licensure - ***ARS § 36-594.02 **\$65 | <input type="checkbox"/> AZ Board of Fingerprinting-Members & Staff ***ARS § 41-619.52 & ***ARS § 41.619.53 *\$67 |
| <input type="checkbox"/> DES-Employee - ***ARS § 41-1968 *\$67 | <input type="checkbox"/> AZ Charter School Board-Member/Applicant - ARS § 15-183(C)(4) |
| <input type="checkbox"/> DES-IT Position - ***ARS § 41-1969 *\$67 | <input type="checkbox"/> AZ Dept. Real Estate-Licensure - ARS § 32-2108.01 *\$67 |
| <input type="checkbox"/> DES-JOBS Program - ***ARS § 46-141 | <input type="checkbox"/> Department of Juvenile Corrections-Licensee or Contract Provider - ARS § 41-2814(B) |
| <input type="checkbox"/> DES-WIOA-Workforce Innovation & Opportunity Act - ***ARS § 46-141 | <input type="checkbox"/> Health Science Student & Clinical Assistant ARS § 15-1881 **\$65 |
| <input type="checkbox"/> DES-Domestic Violence/Homeless Shelter - ***ARS §§ 36-3008 & 46-141 | <input type="checkbox"/> Juvenile Probation-Supreme Court, County Attorney or other Contract Provider-Employee or Volunteer - ARS § 8-322 |
| <input type="checkbox"/> DHS-Child Care Group Home; Certification, Employees or Volunteers - ***ARS § 36-897.01 & ARS § 36-897.03 | <input type="checkbox"/> BTR-Controlling Person Certification - ARS § 32-122.05 |
| <input type="checkbox"/> DHS-Child Care Employees & Volunteers - ***ARS § 36-883.02 | <input type="checkbox"/> BTR-Alarm Agent Certification - ARS § 32-122.06 |
| <input type="checkbox"/> DHS-Child Care Facility Licensure - ***ARS § 36-882 *\$67 | <input type="checkbox"/> AZ Game and Fish - ***ARS § 17-215 |
| <input type="checkbox"/> DHS-Children's Behavioral Health Programs Employees and Volunteers - ARS § 36-425.03 | <input type="checkbox"/> AZ Schools for the Deaf & Blind-Superintendent ARS § 15-1330 *\$67 |
| <input type="checkbox"/> DHS-Residential or Nursing Care Institutions; Home Health Agencies - Employees and Volunteers - ARS § 36-411 | |
| <input type="checkbox"/> DHS-Nursing Care Administrators & Assisted Living Facility Managers - ARS § 36-446.04 | |
| <input type="checkbox"/> DHS-Arizona State Hospital - ***ARS § 36-207 | |
| <input type="checkbox"/> BPT - Physical Therapist & Assistants Licensure - ARS § 32-2022 *\$67 | |

***These statutes require a Level One card. However, if you qualify, a Level One card will be issued for any box marked on the application. DPS 802-26057 Revised 06-2017

 **STATE OF ARIZONA**
DEPARTMENT OF PUBLIC SAFETY
Fingerprint Clearance Card

Name:

Birth Date: Issue Date:

Sex Weight Height Eyes Hair

Card Number: Expire Date:

Department of Public Safety (DPS) Level-One Fingerprint Clearance Card

[CLICK HERE - Fingerprint Clearance Card Application](#)

Step #1: Click, “Apply for a new fingerprint card.

Step #2: Click the “Non-IVP” button, a document will download.

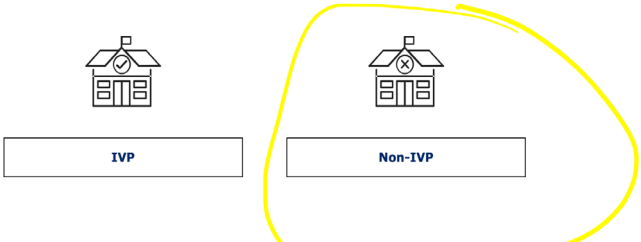
Step#3: Open the download (fingerprint application form)

Step #4: On the **second page** of the application form, you are instructed to choose what type of card you are applying for, you will choose: **ARS-15-1881 for Health Science & Clinical Assistant.**

Step #5: Following mailing instructions CAREFULLY and mail to address listed **on the first page** of the application.

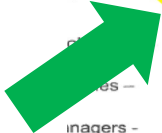
Do you require an IVP Clearance Card?

- State Board of Education (Teacher or Other Certification) ARS § 15-534
- Tutor or Teacher Preparation Programs ARS § 15-534
- Charter School Instructor ARS § 15-183
- School Bus Driver ARS § 28-3228
- Public and/or Charter School Non-Certified Personnel ARS § 15-512
- Public and/or Charter School Contractor, Subcontractor or Vendor and their Employees ARS § 15-512.



If the listed statutes do not apply to you, you do not require an IVP card. If this information is unknown, please contact the agency requiring you to apply.

- ABDE-Dentist Licensure – ARS § 32-1232 *\$67
- ABDE-Dental Hygienist Licensure – ARS § 32-1284 *\$67
- ABDE-Denturist Certification – ARS § 32-1297.01 *\$67
- AZ Board of Fingerprinting-Members & Staff ***ARS § 41-619.52 & ***ARS § 41.619.53 *\$67
- AZ Charter School Board-Member/Applicant - ARS § 15-183(C)(4)
- AZ Dept. Real Estate-Licensure - ARS § 32-2108.01 *\$67
- Department of Juvenile Corrections-Licensee or Contract Provider - ARS § 41-2814(B)
- Health Science Student & Clinical Assistant ARS § 15-1881
- Juvenile Probation-Supreme Court, County Attorney or other Contract Provider Employee or Volunteer - ARS § 8-322
- BTR-Controlling Person Certification - ARS § 32-122.05
- BTR-Alarm Agent Certification - ARS § 32-122.06
- AZ Game and Fish - ***ARS § 17-215



Please Remember . . .

1. ALL health and safety and enrollments documents need to be sent to the **Medical Assisting Clinical Coordinator**, deborah.audin@phoenixcollege.edu.
2. The Clinical Coordinator handles all enrollment, background check, urine drug screens and health and safety requirements for our program. Please direct all questions and concerns related to these areas to her.
3. **Please remember to use your Maricopa email when you send us an email. Please include your full name, MEID and student ID.** A contact phone number is helpful as well. This helps us identify who you are. We will not respond to emails sent from your personal email account.
4. **Please check your Maricopa email at least once a day.** This will be our only way to communicate with you. **It's a good idea to add your Maricopa email as a "new email account" on your smart phone.**

Your enrollment “to do” items!

- ✓ 1. Complete a medical assisting program application! [Click Here!](#)
- ✓ 2. Submit proof of complete required immunizations (Please send all at once)
- ✓ 3. Submit a copy of your signed **Clearance for Participation Form** (by your medical provider)
- ✓ 4. Submit a copy of your current **CPR Certification Card** (**MUST be “BLS Provider”**)
- ✓ 5. Submit a copy of your **Level 1 Fingerprint Clearance Card** (Department of Public Safety)

*Please note: items 2-5 will be sent directly to: deborah.audin@phoenixcollege.edu

Ideally, it is best to *wait* until you have all your enrollment documents together and send as attachments in ONE email (instead of piece by piece) however, this is not required.

Questions?



Clinical Coordinator Contact Information:

Deborah Audin
deborah.audin@phoenixcollege.edu