

# Medical Office Programs

Medical/Clinical Assistant (Physician Front and Back Office)

Medical Administrative Assistant (Physician Front Office)

**Information Guide and Application**

**January 30, 2012**



**FRANKLIN TECHNOLOGY CENTER @ MSSU**

**3950 E. Newman Road**

**Joplin, MO 64801**

**Phone: (417) 659-4406**

**Fax: (417) 659-4408**

**Email: [nivens-l@mssu.edu](mailto:nivens-l@mssu.edu)**



# Medical Administrative Specialist

## Medical Administrative Specialist

900 Clock Hour Certificate Program  
Program Coordinator: Leisa Nivens  
Monday – Thursday 8:00 am – 4:30 pm  
Phone: 417.659.4406  
Nivens-l@mssu.edu

### Overview:

An entry level program that prepares individuals, under the supervision of office managers and other professionals, to perform routine administrative duties in a medical, clinical, or health care facility/system office environment. Medical Administrative Assistants work most of their time in the “front” office of a physician office, clinic or hospital. The duties of Medical Administrative Assistants vary from office to office, depending on the office location, size, and specialty. Some of the duties performed by a Medical Administrative Assistant include medical records management, insurance processing, coding and billing, management of practice finances, information processing, and fundamental office management tasks. Related occupations include: Medical Office Assistant, Medical Secretaries, Medical Billing Clerks, Administrative Medical Assistant, Medical Insurance Technician, Medical Claims Examiner, Medical Record Coder, and Medical Record Clerk. The program prepares the student to take the AMT Medical Administrative Specialist examination. Students may also make application for the NCCT Medical Insurance and Coding Specialist examination (NCCT fee is not included in cost of program).

### Program Content:

Program Orientation (prior to first day class)  
Introduction to Medical Terminology  
Human Anatomy, Pathology & Applied Medical Terminology  
Keyboarding/Word/Excel/EHR  
Administrative Medical Office Procedures  
Clinical Medical Office Procedures I  
Business English  
Practical Accounting  
Medical CPT/ICD Coding I  
Medical CPT/ICD Coding II  
Computerized Medical Insurance Billing  
Introduction to Medical Transcription  
Employment/Job Placement Seminar  
Supervised Clinical Externship



**Important Note:** Franklin Technology Center programs are based on clock hours and may not be transferable to other education facilities. Franklin Technology Center requires students to maintain a 90% attendance and an overall “C” course average during the program. Students are not certified/registered upon graduation from the program. Students must meet national testing organization entrance requirements and successfully complete their examination to become certified/registered. Contact the Medical Administrative Specialist Program Coordinator at 417-659-4406 for more information.

## **“Spring 2012 – Program Expenses”**

### **Medical/Clinical Assistant Medical Administrative Specialist**

**Entrance Date:** Medical/Clinical Assistant , January 30, 2012  
Medical Administrative Specialist , January 30, 2012

**Completion Date:** September 6, 2012  
900 Clock Hours (Day: 32 clock hours per week)

*\$50.00 (Non-refundable) Application Fee prior to acceptance into program*

\$7,260.00 Tuition  
\$1,038.00 Book Purchases (Medical/Clinical Assistant)  
\$1,068.00 Book Purchases (Medical Administrative Specialist)  
\$ 150.00 Book Rental  
\$ 15.00 Student Liability Insurance  
\$ 200.00 Laboratory Kit Fee (Medical/Clinical Assistant)  
\$ 50.00 Laboratory Kit Fee (Medical Administrative Specialist)  
\$ 120.00 Uniform Fee  
\$ 50.00 Uniform Patch & Name Badge Fee  
\$ 100.00 National Registration Application Fee (required)  
\$ 30.00 Drug Screen Fee  
\$ 50.00 Criminal Background Check Fee  
\$ 85.00 Graduation Fee (includes cost of school pin)  
\$ 188.00 Miscellaneous Fees

**\*\*Total Program Cost\*\***

\$9,283.00 Medical/Clinical Assistant  
\$9,166.00 Medical Administrative Specialist

### **Student Uniforms**

Students are required to wear a specific school uniform approximately eight weeks after the start of the program. It is recommended that students purchase a minimum of three uniforms and a jacket. Students purchase school uniforms and jacket directly from the supplier at the time of order. Prices vary according to style and size. A list of suppliers, brand, color and approved styles are available from the program coordinator. Students will also need to wear white shoes and have a watch with a second hand. Note: If you have a funding agency that requires the cost of your uniforms, vaccinations, etc. to be charged through the school, please contact the school bookkeeper after acceptance to the program and prior to the start of school at 417 659-4435.

\*Misc. expenses may include required vaccinations as part of application into program and additional national testing fees depending upon the program you are enrolled. **Note: Tuition and other program costs are subject to change any time prior to the start of the program.**

**Medical/Clinical Assistant  
Medical Administrative Specialist**

**Application Procedure STEPS**

**STEP 1 – Submit application with fee to Franklin Technology Center @ MSSU Office**

In order to be considered for the programs, the first step in the process is receiving this packet with enclosed materials, completing the application, and paying the application fee. Once your application has been submitted, you will move to STEP 2. Please do the following in Step 1:

- \_\_\_ Read Information about the Program in the Program Information Guide.
- \_\_\_ Review program cost sheet and keep a copy (Important: The school reserves the right to adjust program tuition and fees prior to the start of the program)
- \_\_\_ Complete application form on both sides and sign.
- \_\_\_ Turn in application along with non-refundable \$50 application fee to the FTC office located on the MSSU Campus, 3950 E. Newman Road, Joplin MO 64801
- \_\_\_ All applicants must contact the Financial Aid Coordinator at (417) 625-9865 or Hobart-K@mssu.edu

Please direct all correspondence and inquires to:  
Franklin Technology Center @ Missouri Southern State University  
Medical Office Programs  
3950 East Newman Road, Joplin, Missouri 64801-1595  
Telephone: (417) 659-4406, Fax: (417) 659-4408

**STEP 2 - Contact Financial Aid Office**

- \_\_\_ All applicants must contact the Financial Aid Coordinator at (417) 625-9865  
Important: In addition to Completion of the Financial Aid Application all students must ALSO complete the FTC Program Application Listed in Step 1 and pay the application fee)

**STEP 3 – Conditional Acceptance Letter**

- \_\_\_ A “conditional acceptance letter” and forms required in Step 4 will be mailed to you upon the program receiving your application and the \$50.00 non-refundable fee.

**STEP 4 – Health and Policy Forms**

- \_\_\_ Submit all the following to the Program Coordinator: #1. Submit documentation of high school completion or G.E.D. #2. Submit documentation that you have obtained a tuberculosis screen test. #3. Supply MMR immunization documentation. #4. Provide proof of obtaining the first injection or sign a waiver for Hepatitis B immunization. #5. Signed Consent for Criminal Background Check Form. #6. Signed Substance Abuse Policy and Drug Screen Consent form. #7. Signed Physical Standards form. #8. Signed Statement of General Health form. #9 Signed Release of Records form. ALL DOCUMENTATION MUST BE COMPLETED BY THE THIRTY-FIRST DAY OF CLASS. (If for any reason you have not received a “conditional acceptance letter” and/or the forms, please call 417 659-4406 to have the forms mailed to you.)

**STEP 5 - Acceptance into the Program**

- \_\_\_ Upon completion of STEP #1 & #2, you will be mailed a “conditional acceptance letter”. Upon submission of all forms listed in Step 4 your application will be changed from “conditional” to “accepted” enrollment status.

# FRANKLIN TECHNOLOGY CENTER APPLICATION

Date received: _____
Receipt # _____
Agency: _____
Counselor: _____
Copy to Bookkeeper _____
2nd Packet Sent _____

## PLEASE INDICATE WHICH PROGRAM YOU ARE APPLYING FOR:

\_\_\_\_ Medical Administrative Specialist \_\_\_\_ *Fall* \_\_\_\_ *Spring*  
\_\_\_\_ Medical/Clinical Assistant \_\_\_\_ *Fall* \_\_\_\_ *Spring*

## PERSONAL INFORMATION (please print clearly)

Name: \_\_\_\_\_ Maiden: \_\_\_\_\_  
(First) (M.I.) (Last)

Address \_\_\_\_\_  
(City) (State) (Zip)

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## EDUCATIONAL HISTORY

I graduated in \_\_\_\_\_ from \_\_\_\_\_,  
(MM/YY) (Name of School) (City) (State)

I completed my GED in \_\_\_\_\_ in the state of \_\_\_\_\_.  
(MM/YY)

Have you completed any college coursework? \_\_\_\_ Yes \_\_\_\_ No If yes, where? \_\_\_\_\_  
(Include state)

List any college degrees or vocational certificates held: \_\_\_\_\_

## EMPLOYMENT HISTORY (list your last two places of employment beginning with most recent)

1. Employer w/ address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date Employed: \_\_\_\_\_ Date of Termination \_\_\_\_\_

Reason for leaving (optional): \_\_\_\_\_

2. Employer w/ address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date Employed: \_\_\_\_\_ Date of Termination: \_\_\_\_\_

Reason for leaving (optional): \_\_\_\_\_

3. \_\_\_\_ I have not been employed outside the home.

## EMERGENCY CONTACT INFORMATION (List three people we may contact in case of emergency)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**CRIMINAL BACKGROUND CHECK:**

All applicants applying for FTC programs will be required to undergo a criminal background check. This background check will require the applicant to list all states the applicant has resided in since 18 years of age. Failure to accurately list this information may result in denial of entrance into the program. Students that are accepted through false or incorrect information for the background check will be terminated from the educational program. Students with an insufficient or questionable background check or adults attending programs located in a building with minors will be required to have fingerprints taken and sent to the FBI for review. **Failure to have a clear background check will result in immediate dismissal from the program.**

**Have you ever been convicted as an adult offender of any crime?**     Yes     No

If yes, is your name on the Department of Social Services Disqualification List? (This list includes people who have pled guilty to any A or B felony violation of chapters 565,566,569 RSMo). The felonies covered in these chapters focus primarily on crimes against another person and are listed below. Please check which ones apply to you:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Voluntary Manslaughter                           | <input type="checkbox"/> 1 <sup>st</sup> & 2 <sup>nd</sup> degree Arson | <input type="checkbox"/> 1 <sup>st</sup> & 2 <sup>nd</sup> degree Robbery |
| <input type="checkbox"/> 1 <sup>st</sup> & 2 <sup>nd</sup> degree Assault | <input type="checkbox"/> Murder   | <input type="checkbox"/> Sexual Offender                                  |
| <input type="checkbox"/> Other (Specify) _____                            |   |   |

**LICENSURE:**

If the program you are applying for requires a licensure exam, you may be unable to receive a license if convicted of a criminal prosecution.

**Have you ever been denied a health license in this or any other state?**     Yes     No

**DRUG SCREENING:**

As part of the final steps in the selection process, Medical Office Assistant applicants will be required to submit to a drug screening.

**PROGRAM INFORMATION:**

Have you ever previously applied for any Health Science program?     Yes     No  
Where? \_\_\_\_\_

Have you taken any entrance exam for a program?     Yes     No  
Which test have you taken?     HOBET     TABE

How did you hear about the Medical Office Programs?  
 Radio     School Sign     Friend     Other  
 TV     Brochure     Newspaper

**THE SCHOOL DISTRICT OF JOPLIN DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, CREED, NATIONAL ORIGIN, ANCESTRY, SEX, DISABILITY OR VETERAN STATUS, NOR WITH ANY PROVISIONS FOR THE "AMERICANS WITH DISABILITIES ACT" OF THE APPLICANT (SECTION IV).**

If accepted as a student, I give FTC/MSSU permission to release a copy of my school records to inquiries such as employment for educational purposes, according to the Family Educational and Privacy Act of 1974. In connection with my application with the school, I understand that a consumer report, which may contain public record information, is being requested. This report may include the following types of information: Names and dates of previous employers, credit information, etc. I further understand that such report may contain public record information concerning my credit, bankruptcy proceeding, and etc. from federal, state and other agencies that maintain such records.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information. I certify that the information provided on this application is correct to the best of my knowledge and that I am at least 17 years of age. **Falsification of any part of this application may be grounds for dismissal from FTC/MSSU.**

**NOTICE OF CONFIDENTIALITY:**

Franklin Technology Center receives funds under certain programs of the US Dept of Education and is required by law to collect social security numbers (SSN) from its students for the administration of those programs. We are also required by law to maintain certain documents in accordance with Missouri's records retention policies. We do not collect or share personal information for any purpose other than to respond to you and the governmental agencies requiring us to report such information.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Medical/Clinical Assistant**

**or**

**Medical Administrative Assistant  
Programs**

**Criminal Background Check**

**Franklin Technology Center  
3950 East Newman Rd.  
Joplin MO 64801  
417-659-4400**

As a requirement of all FTC's programs, I consent to the release of any criminal history records to Franklin Technology Center. Students with an insufficient or questionable background check or adults attending programs located in a building with minors will be required to have fingerprints taken and sent to the FBI for review. My record will be considered for the purposes of determining my suitability for any technical or health program. I do not authorize release of this information for any purposes beyond this program requirement.

I understand that this Criminal Background Check Form must be signed and returned to the FTC Office in order to complete the final step in the application process.

**Name**

(Please Print)

First

Middle

Last

**If Married Maiden Name**

**Driver's License Number**

**State of Issuance of Driver's License**

**Social Security Number**

**Date of Birth**

**Have you ever been convicted of a felony?**

Yes  No

**Have you ever been convicted of a misdemeanor?**

Yes  No

**If yes to the above, Please specify the charge/conviction**

**If yes to the above, Please specify the city/county and state of conviction**

**Current  
Address**

**City**

**State**

**Zip**

**Current Phone Number (Include area code)**

**( )**

**-**

Please list all other States with Address(es) since the age of 18 years on the second sheet of this form.

**Students that are accepted through false or incorrect information on this background form will be terminated from the educational program.**

I hereby authorize Franklin Technology Center to obtain any background or informational reports on me as they may deem necessary.

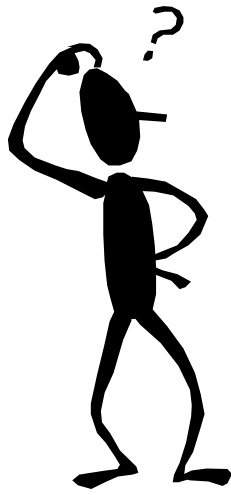
**Signature**

**Date**

Name \_\_\_\_\_

**List addresses, the most current first, since the age of 18.**

1. \_\_\_\_\_ How Long? \_\_\_\_\_  
Address City State
2. \_\_\_\_\_ How Long? \_\_\_\_\_  
Address City State
3. \_\_\_\_\_ How Long? \_\_\_\_\_  
Address City State
4. \_\_\_\_\_ How Long? \_\_\_\_\_  
Address City State
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13. \_\_\_\_\_ How Long? \_\_\_\_\_  
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14. \_\_\_\_\_ How Long? \_\_\_\_\_  
Address City State
15. \_\_\_\_\_ How Long? \_\_\_\_\_  
Address City State



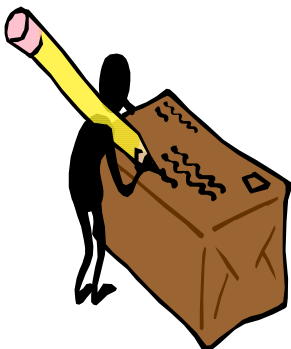
# The Next Step



1. Complete your FAFSA online at [fafsa.gov](https://fafsa.gov). Call the FTC Financial Aid Office at 417-625-9865 if you have questions on how to fill it out or if you don't have access to a computer.



2. In order to fill out your FAFSA, last year's federal tax return must be completed. If married, you must include spouse's information or if you answer all questions with a NO on Step 3 of the FAFSA, you are required to include parent's information on Step 4.



3. Once your FAFSA is submitted, wait 2-3 business days then call the FTC Financial Aid Office to set up an appointment to complete the financial aid process.



4. You will receive a Student Aid Report (SAR) from the US Department of Education in approximately 2 weeks. Verify that all information is correct.



5. Your FTC Award letter will be given to you at the beginning of the program.



6. Study hard and attend classes and you should receive your graduation certificate.

If a funding agency will be providing any monies toward your program costs we must have the following documentation on file before you can attend any program classes. It is the student's responsibility to work closely with their counselor to insure proper documentation has been received by the FTC bookkeeping or financial aid office.

1. Written letter on agency letterhead for \$50 application fee
2. Funding voucher, training agreement, etc. for any program costs