

Medical Transcription

Information Guide and Application

August 2009



FRANKLIN TECHNOLOGY CENTER

3950 E. Newman Road

Joplin, MO 64801

Phone: (417) 659-4400

Fax: (417) 659-4408



Medical Transcription

Medical Transcription
900 Clock Hour Certificate Program
Program Coordinator: Sally Smith
Monday - Thursday 4:30 – 9:30 pm
Phone: 417.659.4400

Overview:

The Medical Transcription Program at Franklin Tech, which is competency outcome based training, provides an environment and curriculum specifically designed to meet the needs of the medical community for skilled medical transcriptionists. Under the instruction of highly qualified instructors, students transcribe authentic dictation and are able to produce mailable medical documents utilizing correct form and format with accurate content applying correct medical terminology within specified timeframes. The students will learn medical and surgical terminology, anatomy and physiology, pharmacology, laboratory terms and values and transcription skills. The Program utilizes curriculum from the SUM Program, which is a national program approved by the American Association of Medical Transcriptionist. Medical Transcriptionists are employed in hospitals, doctor's offices, insurance companies, health agencies and private transcription service companies.

The program prepares the student to take the AAMT Registered Medical Transcriptionist (RMT) Exam. Fee is included in the cost of the program. Recommended course prerequisites: Be familiar with basic computer skills and keyboarding, type 45 WPM, and have good comprehension of the English language and grammar.

Program Content:

- Program Orientation
- Keyboarding/Computers
- Anatomy and Physiology
- Medical Terminology
- Medical Science
- Human Diseases or Disease Processes
- Pharmacology
- Laboratory Tests and Diagnostic Procedures in Medicine I
- Beginning Medical Transcription Practice/Professional Issues
- Surgical Transcription Practice
- Intermediate Medical Transcription Practice
- Advanced Medical Transcription Practice



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 75% course average during the program. Students are not certified upon graduation of this program. No certification is required to be a transcriptionist. After completion of this program students are eligible to test for the Registered Medical Transcriptionist Exam, which is useful to have in this occupation. For more information about requirements and transcriptionist careers go to www.aamt.org.

* Students are responsible for proper maintenance and any necessary repair of laptop computer

MEDICAL TRANSCRIPTION

School Year 2009 - 2010

Beginning Date: AUGUST 2009

Ending Date: MAY 2010

APPLICATION FEE	\$	50.00
TUITION**	\$	5,500.00
TEXTBOOK PURCHASE**	\$	295.00
WORKBOOK PURCHASE**	\$	150.00
SUPPLIES**	\$	1,070.00
FEES**	\$	220.00

GRAND TOTAL	\$	7,285.00
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**Based on 2008/09 program costs and is subject to change.

Franklin Technology Center Medical Transcription Program

Application Procedure

STEP 1 – Complete and return application

In order to be considered for the program, the first step in the process is receiving this packet with the enclosed information, 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 the enclosed information about the program.
- 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 the application form and sign.
- Return the application along with a non-refundable \$50.00 application fee to the FTC business office in the Criminal Justice Center on MSSU campus.

Please direct all correspondence and inquires to:

Franklin Technology Center @ MSSU
Criminal Justice Building, Room 20
3950 E. Newman Road
Joplin MO 64801
Telephone: (417) 659-4400 Fax: (417) 659-4408

STEP 2 – Contact Financial Aid Office

- All applicants must contact the financial aid coordinator at 417-659-4438 or lynch-m@mssu.edu.

Important: In addition to completion of the Financial Aid application you must *ALSO* complete the FTC program application and pay the \$50.00 application fee as listed in STEP 1.

STEP 3 – Submit the following:

- Official High School transcript or GED
- Signed Consent for Criminal Background Check Form

FRANKLIN TECHNOLOGY CENTER

Medical Transcription Program Application

Date received: _____
Receipt # _____
Agency: _____
Counselor: _____
Copy to Bookkeeper _____

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 st & 2 nd degree Arson | <input type="checkbox"/> 1 st & 2 nd degree Robbery |
| <input type="checkbox"/> 1 st & 2 nd 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 Transcription 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 Transcription program?
 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
TRANSCRIPTION
PROGRAM**

Criminal Background Check

Franklin Technology Center @ MSSU
3950 East Newman Road, Joplin, MO 64801
Phone (417) 6549-4400 Fax (417) 659-4408

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@MSSU 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 back 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: _____

Information below this line is for office use only
State Criminal History from the following state (s)
() MO, () KS, () OK, () AR

Date: _____
Initials: _____

Other States: _____

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
5. _____ **How Long?** _____
Address City State
6. _____ **How Long?** _____
Address City State
7. _____ **How Long?** _____
Address City State
8. _____ **How Long?** _____
Address City State
9. _____ **How Long?** _____
Address City State
10. _____ **How Long?** _____
Address City State
11. _____ **How Long?** _____
Address City State
12. _____ **How Long?** _____
Address City State
13. _____ **How Long?** _____
Address City State
14. _____ **How Long?** _____
Address City State
15. _____ **How Long?** _____
Address City State

Prior to acceptance into an adult program, all applicants must demonstrate that they have earned a high school diploma or GED certificate. Proof requires an official transcript sent from the school or Department of Education directly to Franklin Technology Center. A copy of the diploma, transcript, or GED certificate does not qualify as an official transcript. Applicants should complete this form and mail it directly to the appropriate institution.

**GED/HIGH SCHOOL/COLLEGE
OFFICIAL TRANSCRIPT
REQUEST FORM**

THE FOLLOWING INFORMATION MUST BE INCLUDED ON THE TRANSCRIPT:

GED Transcript:

1. The state in which the GED was earned.
2. The month and year the GED was earned.
3. The scores received on all subject tests.
4. The official seal of the office issuing the transcript.

HIGH SCHOOL AND COLLEGE Transcripts:

1. The name of the institution and the city and state in which it is located.
2. The school seal and/or the official signature of the registrar mailing the transcript.
3. The month and year of entry into the institution.
4. The month and year of graduation from the institution.

My name on GED or school records _____

Date GED granted or graduated _____ Social Security Number _____

My present name _____

Address _____

City _____ State _____ Zip _____ Telephone _____

Please indicate which program(s) you are applying for:

_____ LPN _____ Medical Records _____ Respiratory Therapy
_____ Surgical Technology _____ Computer and Office Technology
_____ Medical Assistant Other Program (Be Specific) _____

**It is YOUR responsibility to request your transcript using this form.
(there may be a charge for this service)**

Signature _____ Date _____

*****Attention School Official*****

**Mail the official transcript and this form directly to the address below:
Franklin Technology Center @ MSSU
Medical Transcription Program
3950 E. Newman Road
Joplin, MO 64801-1595**