MEDICAL ASSISTING
MED-3300

REGISTRATION CHECKLIST

STEP 1:   Complete NC Residency (RDS) and the RCC application on the college website.

STEP 2:   Schedule an appointment to talk with an admissions counselor to discuss the Medical Assisting program requirements and registration process.

STEP 3:   Send your official high school or GED transcript to the Admissions Office.
Official transcripts can be emailed to transcripts@rockinghamcc.edu.

STEP 4:   Submit criminal background check and drug screen request to www.castlebranch.com. RCC's package code is **KH96** (see attached directions). The background check and drug screen package is $114. *Save the Order Confirmation page as your receipt.*

STEP 5:   After your appointment with RCC Admissions, you will receive the Medical Assisting Registration Form link by email. Submit the online form and required documentation. Upon submission of this form, students will be enrolled in the HRD pre-requisite course.

        All items are required in order to register for the course:
- Official high school or GED transcript on file with the Admissions Office
- Copy of government-issued photo ID (i.e., driver's license, passport)
- Copy of signed social security card (first and last name must match photo ID)
- Payment receipt (Order Confirmation) from www.castlebranch.com

STEP 6:   Submit the registration payment ($180) and the insurance fees ($18) to the Business Office.

STEP 7:   Attend the required Medical Assisting orientation session and HRD pre-requisite course. After successful completed of these two requirements, students will be automatically enrolled in MED-3300 Medical Assisting.

CONTACT INFORMATION
RCC Admissions Office
(336) 342-4261 x2333

Medical Assisting Course Information

COURSE DESCRIPTION

This course provides skills training in three competency areas related to the job performance for medical assistants: administrative office, laboratory, and clinical. Course work includes instruction in scheduling appointments, insurance coding and billing, medical transcription, computer operations, assisting with examinations/treatments, performing routine laboratory procedures, and ethical/legal issues associated with patient care. Upon completion, students will have the knowledge base to apply for national certification as a Medical Assistant.

COST & ADDITIONAL FEES

Cost of Class		$180
Background Check and Drug Screening *(fee subject to change)*		$114
Additional Fees		
• Malpractice Insurance		$16
• Accident Insurance		$2
• National Exam with NHA (at the completion of the class)		$155
• Textbook/workbook/skills packet (available in the RCC Bookstore)	approx.	$112
Additional Items *(do not purchase until after the first day of the class and instructor has discussed the details)*	approx.	$145
• Stethoscope/blood pressure cuff kit		
• Watch with second hand		
• Pocket notebook with blue or black pen		
Uniforms – gray scrub top and gray pants, white leather shoes, gray lab jacket		
Total Cost Estimate	**approx.**	**$724**

IMMUNIZATION REQUIREMENTS

Immunizations are required prior to attending any clinical activity. Completed Immunization Record (*sample form attached*) **MUST** be uploaded to CastleBranch by the first week of class.

- Proof of negative TB skin test within last year
- Hepatitis B Titer or series of 3
- Positive Varicella Titer or series of 2
- MMR series of 2 or positive Titers for Measles, Mumps, and Rubella
- Current Flu Vaccine
- Current Td booster
- COVID 19 vaccine

HRD PRE-REQUISITE COURSE

The HRD career readiness course is required to be completed prior to enrollment in the Medical Assisting program. Upon submission of the Registration Form, students will be enrolled in the HRD class. After successful completion of the program orientation and HRD class, students will be enrolled in MED 3300 Medical Assisting.

PHYSICAL REQUIREMENTS

Students must be able to stand for up to 8 hours, stoop bend, balance themselves and lift 50lbs. The student must be able to hear quiet sounds, changes in tone, fluently speak and understand the English language, have adequate hand/eye coordination to complete skills, and sensation in fingertips to assess tactile changes in pulse, etc.

If at any time the student refuses or is unable to perform these physical activities when asked by the instructor, he/she will be dismissed from the program. Medical Assistant's duties are physically demanding and require routine performance of these activities.

MEDICAL ASSISTANT DRESS CODE

- Fingernails must be no longer than 1/4 inch. **NO artificial nails, overlays or fingernail polish.**
- No jewelry other than a wedding band and a watch with a second hand.
- No visible body piercings.
- Natural hair color only.
- No cologne or perfume.
- Light make-up.
- No visible tattoos or body art.
- Gray clean scrubs and gray lab coat must be worn to lab and clinical site *(free of animal hair and dirt).*

CRIMINAL BACKGROUND CHECK AND DRUG SCREEN

Students will be required to obtain a criminal background check and a drug screen for the clinical site. This is requirement for clinical participation, not a college requirement. Please see instructions below for steps in the process. The student should be aware particular findings, such as, but not limited to drug abuse, child/elder abuse, or theft may result in the facility refusing permission to allow you to enter the clinical site. **The clinical facility reserves the right to decide if students with criminal histories will be permitted in the facility. Students who denied clinical rotation by the facility will not be eligible to continue in the program. CastleBranch is the only agency background check accepted for the medical assisting program.** The clinical site reviews the criminal background check. Each clinical site has the final determination if a student will be allowed at their site. Sites may vary in their requirements to participate in their facility.

Note: Conviction of certain crimes may prevent students from gaining employment.

CASTLEBRANCH ORDER INSTRUCTIONS:
1. Go to https://mycb.castlebranch.com
2. In the upper right-hand corner, enter the RCC package code (see four-digit code below):
   Rockingham Community College Medical Assisting Code: **KH96**
3. Follow prompts to order your background check.
4. Your payment methods include Visa, MasterCard, Discover, debit, electronic check and money orders. Note: use of electronic check or money order will delay order processing until payment is received.
5. Once order is submitted, save your order confirmation page to submit with your Medical Assisting registration packet.
6. Completed the background check, drug screen, and immunization requirements listed in CastleBranch. *These requirements must be completed by the first week of class.*

For additional assistance, please contact the CastleBranch Service Desk at 888-723-4263 or visit https://mycb.castlebranch.com/help for further information.

IMMUNIZATION RECORD	(Please print in black ink) To be completed and signed by physician or clinic. A complete immunization record from a physician or clinic may be attached to this form.

				Personal ID# (PID)	
Last Name	First Name	Middle Name	Date of Birth (mo./day/year)	*Social Security #	

SECTION A REQUIRED IMMUNIZATIONS

	mo./day/year	mo./day/year	mo./day/year	mo./day/year
• DTP or Td	(#1)	(#2)	(#3)	(#4)
• Td booster				
• Polio				
• MMR (after first birthday)				
• MR (after first birthday)				
• Measles (after first birthday)			**Disease Date	****Titer Date & Result
• Mumps			***(Disease Date NOT Accepted)	****Titer Date & Result
• Rubella			***(Disease Date NOT Accepted)	****Titer Date & Result

SECTION B RECOMMENDED IMMUNIZATIONS

The following immunizations are recommended for all students and may be required by certain colleges or departments (for example, health sciences). Please consult your college or department materials for specific requirements.

Meningococcal	Received the meningococcal vaccine? **No** ☐ **Yes** ☐
If **Yes**, please indicate date(s) vaccine was received (mo./day/year)	

	mo./day/year	mo./day/year	mo./day/year	
• Hepatitis B series only				****Titer Date & Result
——OR——				
• Hepatitis A/B combination series				
• Varicella (chicken pox) series of two doses or immunity by positive blood titer			Disease Date	****Titer Date & Result
• Tuberculin (PPD) Test Date read (within 12 months) mm induration				
Chest x-ray, if positive PPD Date Results				
Treatment if applicable Date				

SECTION C OPTIONAL IMMUNIZATIONS

	mo./day/year	mo./day/year	mo./day/year
• Haemophilus influenzae type b			
• Pneumococcal			
• Hepatitis A series only			
• Other			

Signature or Clinic Stamp REQUIRED:

_____   _____
Signature of Physician/Physician Assistant/Nurse Practitioner   **Date**

_____   _____
Print Name of Physician/Physician Assistant/Nurse Practitioner   **Area Code/Phone Number**

_____
Office Address   **City**   **State**   **Zip Code**

*   Provision of Social Security number is voluntary, is requested solely for administrative convenience and record-keeping accuracy, and is requested only to provide a personal identifier for the internal records of this institution.

**   Must repeat Rubeola (measles) vaccine if received even one day prior to 12 months of age. History of physician-diagnosed measles disease is acceptable, but must have signed statement from physician.

***   Only laboratory proof of immunity to rubella or mumps is acceptable if the vaccine is not taken. History of rubella or mumps disease, even from a physician, is not acceptable.

****   Attach Lab report

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