



WAYNE COMMUNITY COLLEGE

# MEDICAL ASSISTING

## Fall Semester 2019 Admission Policies and Procedures

This application packet can be accessed at:  
<http://www.waynecc.edu/wp-content/uploads/medical-assisting.pdf>

This information supersedes all previously published information.

**Apply September 1, 2018 – April 18, 2019 for earliest consideration.**

Applications received after April 18, 2019 will be considered on a monthly basis.  
Applicants may apply for only one limited health occupations program per semester.

It is the policy of Wayne Community College that all persons have equal opportunity and access to its educational programs, services, activities, and facilities without regard to race, religion, color, sex, age, national origin or ancestry, marital status, parental status, sexual orientation, disability or status as a veteran. WCC is an Affirmative Action institution. This material may be available in alternative formats.

Wayne Community College is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate degrees, diplomas, and certificates. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097, 404-679-4500, <http://www.sacscoc.org> for questions about the accreditation of Wayne Community College. Inquiries about Wayne Community College, such as admission requirements, financial aid, educational programs, etc. should be addressed directly to Wayne Community College and not the Commission's office.

The Commission on Colleges may be contacted only if there is evidence that Wayne Community College is significantly non-compliant with a requirement or standard. Accreditation standards are located at: <http://www.sacscoc.org/principles.asp>

The purpose for publishing the Commission's access and contact numbers is to enable interested constituents (1) to learn about the accreditation status of the institution, (2) to file a third-party comment at the time of the institution's decennial review, or (3) to file a complaint against the institution for alleged non-compliance with a standard or requirement.

Inquiries about Wayne Community College, such as admission requirements, financial aid, educational programs, etc. should be addressed directly to Wayne Community College and not the Commission's office.

Student Right-to-Know: Information regarding the persistence rate of enrolled students toward graduation and transfer-out-rate is available in the Office of Admissions and Records. Student rights under FERPA are available at [ed.gov/policy/gen/guid/fpco/ferpa/index.html](http://ed.gov/policy/gen/guid/fpco/ferpa/index.html) or in the Office of Admissions and Records and in the Office of Counseling Services.

For more information about our graduation rates, the median debt of students who completed a program, and other important information, please visit our Web site at: [waynecc.edu/gainful-employment/](http://waynecc.edu/gainful-employment/).

Wayne Community College is a tobacco-free institution.

**MEDICAL ASSISTING  
FALL 2019 ADMISSIONS POLICIES AND PROCEDURES  
INFORMATION IN THIS PACKET SUPERCEDES ALL PREVIOUSLY  
PUBLISHED INFORMATION**

Thank you for your interest in the Medical Assisting (MA) program. We will begin accepting applications for the fall semester class of 2019 MA program starting **September 1, 2018**. Deadline for a completed application folder is **April 18, 2019 by 4:00 p.m.**

Applicants completing all requirements after the deadline will be considered by the Admissions Committee at their next regularly scheduled monthly meeting until the program is filled. Admission to the Medical Assisting program is a selective process, based on the highest point count.

**Please use the following checklist to ensure you complete the admissions requirements.**

You will need to complete and submit the following to the Office of Admissions and Records:

- \_\_\_\_\_ 1. Completed application must be submitted to the Office of Admissions and Records along with the Letter of Understanding. **A faxed application and Letter of Understanding will not be accepted.**

**Note:** If you are planning to take the general education requirements for Medical Assisting in a semester prior to Fall 2019, also submit a general application to the college for Associate in Arts to the Office of Admissions and Records.

**Undocumented Immigrants**

- Federal law prohibits states from granting professional licenses to undocumented immigrants.
- Undocumented immigrants shall not be considered a North Carolina resident for tuition purposes. Undocumented immigrants must be charged out-of-state tuition whether or not they reside in North Carolina.
- Students lawfully present in the United States shall have priority over any undocumented immigrant in any class or program of study when there are space limitations.

- \_\_\_\_\_ 2. Request that an official high school transcript or equivalent be sent to Wayne Community College. Also request that an official transcript from **ALL** post secondary schools, colleges and/or universities be sent to Wayne Community College. These transcripts **must** be requested by you and must be received by WCC in order to complete your application. (Note: An official transcript is one that is sent by one school, college or university to another. The official transcript has the school's seal and the appropriate signature. **A faxed copy is not considered to be an "official" transcript**). If you are enrolled in the Fall 2018 semester, you will need to send an updated transcript by the April 18<sup>th</sup> deadline. If you have any Advanced Placement (AP), CLEP or DANTES credit, you must request the scores to be sent directly from the testing company.

**It is the applicant's responsibility to make sure that all transcripts are up to date and on file with the Admissions Office by the published deadline. Failure to submit all transcripts to the Admissions Office by the published deadline will result in removal of the application from consideration or the applicant's dismissal from the program.**

**The National Student Clearinghouse is used to verify students' prior enrollment.**

**NOTE:** Students with foreign transcripts must complete at least eight (8) semester hours of college credit (**not including pre-curriculum courses**) from an American regional accrediting agency. Of these eight (8) semester hours, there must be at least three (3) hours of life science, biology or chemistry. **No transfer credit will be accepted from institutions not accredited by an American regional accrediting agency.**

3. Take the placement tests (Accuplacer/CPT, ASSET, COMPASS or NC DAP and Computer Skills) and meet the required minimum scores necessary for the Medical Assisting program or complete the listed courses, or their equivalent, with a grade of C or better, or submit official SAT or ACT results. Test scores must be within five (5) years of the program starting August 2019. Accuplacer/CPT, ASSET and COMPASS, NC DAP, and Computer Skills placement tests taken before August 2014 must be retaken for a program starting August 2019. Official placement scores can be sent from another school. **Note:** Official placement scores are ones that are sent by one school, college or university to another. Official placement scores are sent in a sealed envelope. Courses or minimum scores on the SAT or ACT OR minimum cut off scores on the placement tests are listed below.

<b>Accuplacer/CPT</b>		<b>ASSET</b>		<b>COMPASS</b>		<b>NC DAP</b>	
Reading	80*	Reading	41*	Reading	81*	DRE	151*
Writing	86**	Writing	41**	Writing	70**	DMA 010	7***
Arithmetic	55***	Numerical	41***	Pre-Algebra	47***	DMA 020	7***
						DMA 030	7***
<b>SAT (January 2016 and earlier)</b>				<b>SAT (March 2016 and later)</b>		<b>ACT</b>	
Critical Reading	500*	Reading/Writing	480	Reading	22*		
Writing	500**	Mathematics	530***	English	18**		
Mathematics	500***			Math	22***		
<b>Computer Skills</b>		<b>Multiple Measures can be used to meet minimum requirements.</b>					
Computer	78****						

**COURSEWORK COMPLETION**  
**WITH C OR BETTER OR GRADE OF P**

- \* RED 090 (or ENG 111 w/a C or better **OR** DRE 098 w/a P)
- \*\* ENG 090, 090A (or ENG 111 w/a C or better **OR** DRE 098 w/a P)
- \*\*\* MAT 060 (or higher) **OR** DMA 010 through DMA 030 w/a grade of P **OR** DMA 025 w/a Grade of P.
- \*\*\*\* Completion of CIS 070 or CTS 080 (or college level equivalent) with a grade of P.

**Students may also use Multiple Measures Placement to meet these requirements.** For more information about Multiple Measures you may contact the Admissions Office at 919-739-6720 or visit our website here: [https://www.waynecc.edu/wp-content/uploads/2016/10/multiple-measures\\_policy\\_revised-8-16.pdf](https://www.waynecc.edu/wp-content/uploads/2016/10/multiple-measures_policy_revised-8-16.pdf)

**Please plan ahead as Allied Health applicants are not permitted to take placement tests on the application deadline date.**

**Note: Fall applicants will not be interviewed, tested or otherwise processed from November 19 – January 21 or from May 1 – May 31. Please plan accordingly.**

- \_\_\_\_\_ 4. Submit documentation of medical experience (copy of a transcript, copy of a certificate, a license or a listing on registry) as an EMT (Basic, Intermediate or Paramedic), Nursing Assistant I or II or Phlebotomy, Pharmacy Tech. Cert. or Diploma or Degree in health science (submission of medical experience is optional).
- \_\_\_\_\_ 5. Complete an **official** interview\* for Medical Assisting with a WCC Student Development/Counseling Services counselor in the Wayne Learning Center Building for a referral to the Admissions Committee for the year of the application.

\*You will know your interview is **official** if your pink copy of the Student Admission Report (SAR) has a check beside “Yes” under “Refer to Allied Health Admissions Department.”

Applicants desiring to be considered at the first Admissions Committee meeting must complete and submit all of the above information to the Office of Admissions and Records by the application deadline date, **April 18, 2019 by 4:00 p.m.** Applicants completing all requirements after the deadline will be considered by the Admissions Committee at their next regularly scheduled monthly meeting until the program is filled. Please do not call for results after the Admissions Committee meetings. Letters will be sent to all applicants considered for the program notifying them of their status.

**Note: Please do not send letters of recommendation. They are not considered by the Admissions Committee.**

Prior to final acceptance, applicants should submit results of a physical exam and the required immunization records on the Student Medical Form as determined by a physician, physician assistant or nurse practitioner. Health forms will be provided by WCC after your conditional acceptance to the Medical Assisting program.

All applicants should read the Wayne Community College General Catalog 2018-2019 for the following information: policies on advanced placement, transfer of credits and experimental learning, number of credits to complete the program, policies and processes for withdrawal and for refund of tuition/fees.

### **Criminal Background Checks and Drug Testing**

Affiliating health care agencies with which the college has contracted to provide clinical experiences for Medical Assisting students require students to submit to criminal background checks and/or drug testing prior to or during participation in clinical experiences at the site. In the event that a positive history is identified, the clinical agencies will determine if the student is allowed in the agency for clinical learning experiences. When a clinical agency does not allow the student in the agency for clinical learning experiences, the student will not be allowed to progress in the curriculum. Refusal to submit to testing or background checks will result in dismissal from the program.

A student convicted of a felony will not be eligible for the certification examination administered by the American Association of Medical Assistants (AAMA). However, the certifying board may grant a waiver based upon mitigating circumstances.



# ALLIED HEALTH STUDENT ADMISSION REPORT

Wayne Community College  
P.O. Box 8002 • Goldsboro, NC 27533-8002  
919-735-5151 • waynecc.edu  
An Equal Opportunity Employer

Student Name: \_\_\_\_\_  
Last First Middle Maiden/Former

Datatel ID Number: \_\_\_\_\_

Allied Health program applying for:

- Associate Degree Nursing  
 Deadline: March 21, 2019
- Licensed Practical Nursing  
 Deadline: April 18, 2019
- Advanced Standing LPN to RN  
 Deadline: November 8, 2018
- Dental Hygiene  
 Deadline: March 21, 2019
- Dental Assisting  
 Deadline: April 18, 2019
- Medical Assisting  
 Deadline: April 18, 2019
- Pharmacy Technology  
 Deadline: April 18, 2019
- Advanced Standing Medical Assisting  
 Deadline: November 8, 2018
- Medical Laboratory Technology  
 Deadline: November 8, 2018

Practical Nurses seeking Advanced Standing:  
Schedule an interview with the Nursing Department Head to review additional requirements.

Readmission \*Pending space availability and meeting departmental criteria. Student will contact respective Department Head.

Name: \_\_\_\_\_ Number: 919-739- \_\_\_\_\_

**Refer to Allied Health Admissions Department**

- Yes  No

Hold until further action:

- Missing Transcripts per Clearinghouse / personal disclosure
- Old / Incomplete / Missing / Low Test Scores  
 Reading \_\_\_\_\_  English \_\_\_\_\_  Math \_\_\_\_\_  CIS 070 \_\_\_\_\_  ACT/SAT \_\_\_\_\_
- Missing / not completed chemistry class within ten years of program start date (Nursing only)
- Missing proper work-related experience documentation (DH / DA / Phlebotomy / Pharm Tech / Med Lab Tech / Med Assisting)

**It is the student's responsibility to make sure all requirements are met by program deadline.**

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

WHITE - ADMISSIONS

PINK/YELLOW - STUDENT

Wayne Community College encourages persons with disabilities to participate in its programs and activities. If you anticipate needing accommodation or have questions about access, please contact the Disability Services Counselor at 919-739-8729. Please allow sufficient time to arrange accommodation.

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06/20/18KB

## MEDICAL ASSISTING ADMISSION RATING TOOL

Enclosed in this package of information is the Admission Rating Tool used by the Medical Assisting program staff, counselor and the Limited Admissions Committee to select applicants for the Medical Assisting program. A point count tool was developed as an objective means of evaluating applicants. (See next page.) It is the total rating score that is used in the selection process.

This tool was developed as an objective means of evaluating applicants. Criteria used to select applicants for admission to the Wayne Community College Medical Assisting program are: (Part I) Placement Test Scores, Multiple Measures Placement, or Course Equivalent – RED 090 (ENG 111), ENG 090 & 090A (ENG 111), MAT 060 (or higher) with a grade of C or better, or DMA 010, 020, and 030 with a grade of P or DMA 025 with a minimum grade of P and completion of CIS 070 or CTS 080 (or college level equivalent) with a grade of P. No admission points are awarded for this section. (Part II) General Education Courses and (Part III) Medical Experience.

Your admission rating is confidential information. At no time and with no exceptions will your admission rating be discussed with anyone other than yourself. **PLEASE DO NOT CALL TO INQUIRE ABOUT YOUR POINT COUNT.** There will be no discussion of point count totals by phone.



**WAYNE COMMUNITY COLLEGE  
MEDICAL ASSISTING ADMISSION RATING**

**Applicant Name:** \_\_\_\_\_  
**Date Reviewed:** \_\_\_\_\_

**Datatel #:** \_\_\_\_\_  
**Reviewed by:** \_\_\_\_\_

**PART I College Placement Tests** (Minimum scores must be attained. Not used for ranking purposes).

<b>Accuplacer/CPT</b>			<b>ASSET</b>			<b>COMPASS</b>		
Reading	80*	_____ or	Reading	41*	_____ or	Reading	81*	_____
Writing	86**	_____ or	Writing	41**	_____ or	Writing	70**	_____
Arithmetic	55***	_____ or	Numerical	41***	_____ or	Pre-Algebra	47***	_____

<b>SAT (January 2016 and earlier)</b>			<b>ACT</b>			<b>NC DAP</b>		
Reading	500*	_____ or	Reading	22*	_____ or	DRE 151*	_____	
Writing	500**	_____ or	English	18**	_____ or	DMA 010***	_____	
Math	500***	_____ or	Math	22***	_____ or	DMA 020***	_____	
						DMA 030***	_____	

<b>SAT ( March 2016 and later)</b>			<b>COURSEWORK COMPLETION WITH C/P OR BETTER</b>		
Reading/Writing	480	_____	RED 090 (ENG 111 OR DRE 098)	_____	
Mathematics	530***	_____	ENG 090, 090A (ENG 111 OR DRE 098)	_____	
<b>COMPUTER SKILLS</b>			MAT 060 (OR DMA 010/020/030 OR DMA 025)	_____	
Computer Skills	78****	_____	CIS 070/CTS 080	_____	

**Multiple Measures**  
Met High School GPA waiver per Multiple Measures GPA: \_\_\_\_\_ Year of HS Graduation: \_\_\_\_\_

**PART II General Education Courses (Maximum of 30 points)**

<b>Scale: A-, A, A+ (6 points)</b>	<b>B-, B, B+ (4 points)</b>	<b>C, C+ (2 points)</b>
<u>COURSE (or equivalent)</u>	<u>GRADE</u>	<u>POINTS</u>
BIO 163	_____	_____
MED 121	_____	_____
MAT 110 (or higher)	_____	_____
ENG 111	_____	_____
PSY 150	_____	_____

**Total Part II** \_\_\_\_\_

**PART III Medical Experience** (copy of a transcript, copy of a certificate, a license or a listing on registry).  
**(Maximum of 3 points).**

EMT (Basic, Intermediate, Paramedic), Nursing Assistant (I or II), Phlebotomy,  
Or Pharmacy Tech. Certificate **2 points**

Diploma or Degree in Health Science **3 points**

**Total Part III** \_\_\_\_\_

**Total Score (Maximum 33 points)** **Total Points** \_\_\_\_\_

## MEDICAL ASSISTING

### Official Program Description registered with the N.C. Department of Community Colleges:

The Medical Assisting curriculum prepares the graduate to be a multi-skilled healthcare professional qualified to perform administrative, clinical and laboratory procedures. The administrative aspects of instruction include scheduling appointments; processing insurance accounts, reports, records, and billing and collections; coding medical records, transcribing and computer operations; and processing telephone calls, correspondence, reports and manuscripts. Clinical and laboratory aspects of instruction include preparing patients for examination and treatment; obtaining vital signs; assisting with examination and treatment; performing routine laboratory procedures, phlebotomy, electrocardiography, sterilization procedures; and administering medications under the supervision of a physician.

Graduates completing the associate degree develop additional competencies in effective communications and managerial and supervisory skills.

The *Wayne Community College AAS-Medical Assisting Program* is accredited by the Commission on Accreditation of Allied Health Education Programs ([www.caahep.org](http://www.caahep.org)) upon the recommendation of *Medical Assistant Education Review Board (MAERB)*.

Commission on Accreditation of Allied Health  
Education Programs  
25400 US Highway 19 North, Suite 158  
Clearwater, FL 33763  
(726) 209-2350  
[www.caahep.org](http://www.caahep.org)

Individuals desiring a career in Medical Assisting should take biology, mathematics and keyboarding/computer courses prior to entering the program.

### Student Success and Retention

Student retention and success are a priority at Wayne Community College. Obstacles to success may include the academic rigor of the program, extracurricular demands or dissatisfaction with your choice of this career path. Job shadowing should be strongly considered so that you are keenly aware of the professional responsibilities and duties associated with your career choice. Extracurricular demands such as full time work schedules may also need to be reduced in order to allow the necessary study time required to be successful. A good support system is also important if you are involved in other extracurricular demands such as providing care for children or elders.

**WAYNE COMMUNITY COLLEGE  
MEDICAL ASSISTING PROGRAM  
TECHNICAL STANDARDS**

All students in the Medical Assisting Program are expected to perform assigned skills, class assignments, and clinical activities at the same level, with or without accommodations. It is the responsibility of the applicant/student to read the technical standards carefully and to ask for clarification of any standard that is not understood.

Wayne Community College complies with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Therefore, any disability affecting an applicant's ability to comply with these technical standards must be evaluated by the Disability Services Counselor in conjunction with the Medical Assisting program director and health care provider(s) (if appropriate) for an applicant/student with a disability who is otherwise qualified. Demonstration of one or more technical standards may be required. Students with a disability should see the Disability Services Counselor in the Student Development/Counseling Services Office.

The following skills/abilities include those cognitive, physical, and behavioral standards required for successful completion of the curriculum. (next page)

**WAYNE COMMUNITY COLLEGE  
MEDICAL ASSISTING PROGRAM  
TECHNICAL STANDARDS**

<b>Standard</b>	<b>Examples of Necessary Behaviors (not all inclusive)</b>
<b>Interpersonal abilities</b> sufficient to interact with co-workers, patients, families, and individuals from a variety of social emotional, cultural and intellectual backgrounds.	Establish rapport with clients, families and colleagues.
<b>Communication abilities</b> sufficient for interaction with others in verbal and written form.	Collect and document assessment data. Explain treatment procedures. Obtain and disseminate information relevant to patient care and work duties.
<b>Critical thinking ability</b> sufficient for clinical judgment.	Identify cause and effect relationship in actual and simulated clinical situations. Apply knowledge from lecture, laboratory and clinical areas. Utilize basic mathematical skills.
<b>Physical abilities</b> sufficient to maneuver in small spaces, and reach or lift needed equipment/supplies.	Move around and within an exam room. Administer CPR. Transfer patients from stretchers and wheelchairs to OR exam table and back.
<b>Gross and fine motor abilities</b> sufficient to provide safe and effective patient care.	Move, calibrate, pass equipment and supplies including sharp instruments. Lift, transfer, and position mobile and immobile clients. Lift and carry at least thirty (30) pounds of weight safely.
<b>Auditory ability</b> sufficient to monitor and assess health needs.	Hear patients, cries of distress, sound of instruments and equipment being properly utilized, monitor vital signs.
<b>Visual ability</b> sufficient for physical assessment, performance of medical office/clinical procedures, and maintenance of environmental safety.	Observe client responses such as skin color and facial expression. Monitor vital signs. Reads records. Observe color involved in specimen testing.
<b>Tactile ability</b> sufficient for assessment, and performance of medical office/clinical procedures.	Perform palpation techniques (venipuncture).
<b>Emotional stability and mental alertness</b> in performing in the medical assisting role.	Maintain a calm and efficient manner in high stress/pressure situations with patients, staff, supervisors and colleagues.
<b>Olfactory ability</b> sufficient to perform medical office/clinical procedures.	Distinguish drugs and liquids or chemicals.

## **WAYNE COMMUNITY COLLEGE COMMUNICABLE DISEASE POLICY OF STUDENTS**

Wayne Community College is committed to assuring that all necessary training and precautions are taken with regard to communicable diseases. The Biohazard Exposure Control Plan and the Pandemic Preparedness Plan of Wayne Community College reflect our efforts to ensure the good health and safety of all employees and students. The College adopts this communicable disease policy for students in an effort to control communicable diseases and the threat of pandemics on campus based upon established rules and regulations of the N.C. Division of Health Services. Employees and employees of contractors or contracted services infected with a communicable disease have the responsibility of reporting this fact to the Director of Human Resources. Students infected with a communicable disease have the responsibility of reporting this fact to the Associate Vice President of Academic and Student Services or the Vice President of Continuing Education, as appropriate.

Communicable disease is an illness resulting from an infectious agent or its toxic products being transmitted directly or indirectly to a person from an infected person or animal through the agency of an intermediate animal, host, or vector, or through the inanimate environment. [N.C.G.S. 130A-2(1c)] Communicable Disease shall include, but is not limited to: Chickenpox, influenza, Infectious Mononucleosis, Conjunctivitis, Hepatitis A, B & D, Acquired Immune Deficiency Syndrome (AIDS), Aids-related complex (ARC), positive HIV antibody status, Influenza, Measles, Meningitis, Tuberculosis, Whooping Cough, and sexually transmitted diseases.(N.C.G.S. 130A)

Persons who are infected with a communicable disease are expected to seek expert medical advice and are encouraged to advise local health authorities. Local health authorities should offer counseling to these persons about measures that can be taken to prevent the spread of infection and to protect their own health.

Persons who know, or have a reasonable basis for believing, that they are infected with a communicable disease have an ethical and legal obligation to behave in accordance with such knowledge to protect themselves and others. Medical information relating to the communicable disease of a student or employee will be disclosed to responsible college officials only on a strictly limited need-to-know basis. No person, group, agency, insurer, employer, or institution should be provided any medical information without the prior specific written consent of a student unless required by state and/or federal law. Furthermore, all medical information relating to the communicable diseases of students and employees will be kept confidential, according to state and federal law, including the Family Education Rights and Privacy Act.

If a student reports a communicable disease condition, the student may be excluded from the institution until an appropriate evaluation of the student's medical condition can be made. The evaluation may be made by a physician or a health department official and testing may be required if appropriate. Students in any Allied Health program may have additional requirements, as specified in each program's student handbook; therefore, these students should report all suspected communicable diseases.

The final determination of student's ability to remain in school will be made by the Vice President or Associate Vice President based upon professional medical evaluation results and recommendations. If a student is found to have a communicable disease, then the attendance of the student on campus or at any College activity will be prohibited until a satisfactory letter or certificate is obtained from one or more licensed physicians or public health officials stating that the student is not a health risk to employees and other students at the College.

The College's Biohazard Control Plan defines guidelines that will be followed in the event of an accidental exposure to bodily fluids or biohazards. Any such exposure should be reported immediately to the responsible faculty or staff person associated with the WCC activity involving such exposure and to the Student Activities Coordinator and an incident report must be completed.

Reference: WCC General Catalog and Student Handbook 2018-2019, page 179-180  
(<https://www.waynecc.edu/wp-content/uploads/2018-18-catalog.pdf>)

**WAYNE COMMUNITY COLLEGE  
MEDICAL ASSISTING**

	<b>CONTACT HOURS CLASS</b>	<b>LAB</b>	<b>CLINICAL</b>	<b>SEM. HOURS CREDIT</b>
<u>FIRST SEMESTER</u>				
ACA 111 College Student Success	1	0	0	1
BIO 163 Basic Anatomy and Physiology	4	2	0	5
ENG 111 Writing and Inquiry	3	0	0	3
MAT 110 Math. Measurements and Literacy	2	2	0	3
MED 110 Orientation to Medical Assisting	1	0	0	1
MED 121 Medical Terminology I	3	0	0	3
OST 136 Word Processing	2	2	0	<u>3</u>
				<b>19</b>
<u>SECOND SEMESTER</u>				
ENG 114 Professional Research and Reporting	3	0	0	3
MED 122 Medical Terminology II	3	0	0	3
MED 140 Exam Room Procedures I	3	4	0	5
MED 130 Admin Office Pro I	1	2	0	2
PSY 150 General Psychology	3	0	0	<u>3</u>
				<b>16</b>
<u>SUMMER TERM</u>				
MED 131 Administrative Office Procedures II	1	2	0	2
MED 150 Laboratory Procedures I	3	4	0	<u>5</u>
				<b>7</b>
<u>THIRD SEMESTER</u>				
MED 230 Administrative Office Procedures III	1	3	0	2
MED 240 Exam Room Procedures II	3	4	0	5
MED 250 Laboratory Procedures II	3	4	0	5
MED 272 Drug Therapy	3	0	0	<u>3</u>
				<b>15</b>
<u>FOURTH SEMESTER</u>				
MED 118 Medical Law and Ethics	2	0	0	2
MED 262 Clinical Perspectives	1	1	0	1
MED 260 Medical Clinical Practicum	0	0	15	5
Humanities/Fine Arts Elective	3	0	0	3
MED 264 Medical Assisting Overview	2	0	0	<u>2</u>
				<b>13</b>
			<b>TOTAL CREDIT HOURS</b>	<b>70</b>

Effective Fall 2018

Humanities/Fine Arts accepted:

ART 111	ART 114	ART 115	DRA 111	DRA 126	DRA 211
ENG 231	ENG 232	ENG 241	ENG 242	ENG 261	ENG 262
ENG 273	HUM 110	HUM115	HUM 120	HUM 121	HUM 130
HUM 211	MUS 110	PHI 215	PHI 240	REL 110	REL 211
REL 212	REL 221				

**WAYNE COMMUNITY COLLEGE  
MEDICAL ASSISTING  
ESTIMATED COSTS**

<b><u>TUITION:</u></b>		<b>PER SEMESTER</b>
In-State	\$76.00/Semester Hour* (Full-time = 16 hours)	\$1,216.00
	Student Activity Fee	\$ 30.00
	Technology Fee	<u>\$ 16.00</u>
		\$1,262.00
Out-of-State	\$268.00/Semester Hour*	\$4,288.00
	Student Activity Fee	\$ 30.00
	Technology Fee	<u>\$ 16.00</u>
		\$4,334.00
Textbooks**		\$600.00
<b><u>OTHER COSTS:</u></b>		<b>ONE TIME FEE</b>
Health/Medical Requirements***		
Physical Exam		\$35.00 - \$120.00
Hepatitis vaccine		\$90.00 - \$150.00
Uniforms		\$150.00
Shoes		\$60.00
Equipment		
Watch (with second hand)		\$25.00
Stethoscope		\$30.00
Criminal Background Check & Drug Screen		\$44.00 (minimum)
Graduation (Cap and Gown)		\$39.00
Application for AAMA Certification Exam		\$125.00
CPR AHA-BLS Provider		\$75.00

\* Tuition is based on the 2018 – 2019 school year tuition rates. This is subject to change.

\*\* Cost of books is constantly changing. Costs vary, according to number of courses taken each semester. This estimate is for Medical Assisting courses only.

\*\*\* Costs vary, depending on health care provider and insurance coverage.

Rev. 06/14

**MEDICAL ASSISTING  
LETTER OF UNDERSTANDING**

NAME \_\_\_\_\_ Student ID# or DOB: \_\_\_\_\_

I affirm that all information submitted during the general and/or allied health application process(es) is true and complete to the best of my knowledge. I affirm that I have read and understand the Medical Assisting program admission policies and procedures as stated by Wayne Community College in the Medical Assisting Fall Semester 2019 Admission Policies and Procedures packet at: <http://www.waynecc.edu/wp-content/uploads/medical-assisting.pdf>.

I understand that it is my responsibility as an applicant to submit all the necessary admission requirements prior to the deadline and that failure to comply with all application requirements will result in removal from consideration or dismissal from the program. (Please refer to the application package for more detailed information.)

I have read and I understand the Wayne Community College Medical Assisting Program Technical Standards section within this packet.

I have disclosed **all** schools attended and have requested official transcripts from **each** be sent to Wayne Community College. I understand that omissions of **any** school attended is grounds for removal from consideration or dismissal from the program.

I understand that no exceptions to the policies and procedures will be granted.

**INITIAL APPLICATION DEADLINE – MEDICAL ASSISTING  
April 18, 2019 by 4:00 p.m.**

Applicants completing all requirements after the deadline will be considered by the Admissions Committee at their next regularly scheduled monthly meeting until the program is filled.

After reading the above statement, please sign, date and return with your application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: Your application will not be processed without this signed statement.

**Please be sure to inform the Office of Admissions and Records if your address or telephone number changes.**

AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER





# APPLICATION FOR ADMISSION/READMISSION

P.O. BOX 8002  
 GOLDSBORO, NC 27533-8002  
 919-735-5151 • www.waynecc.edu  
 An Equal Opportunity Institution

Do Not Write In This Space

RCN \_\_\_\_\_  
 RCVD \_\_\_\_\_

NOTICE TO APPLICANT: The information that you provide below will be placed in our master file. If any of this data changes, you must notify the Office of Admissions and Records immediately. Information on race and sex is requested for data gathering purposes only. Disclosure of social security number is voluntary and is used to verify the identity of an individual. Answer all questions completely and accurately. Use your legal name. Incomplete forms may delay your acceptance. Please print or type.

Last Name Jr./Sr./III		First	Middle	Former	
Address			City	State	Zip
County of legal residence		State of legal residence		Country of legal residence	WCC College ID Number (If Applicable)
Home Telephone ( )	Work Telephone ( )	Cell Telephone ( )		Social Security Number	
Birthdate	Birthplace	E-mail Address		Sex <input type="radio"/> Male <input type="radio"/> Female	

Ethnicity and Race - Hispanic or Latino <input type="radio"/> Yes <input type="radio"/> No If no, choose one or more: <input type="radio"/> White <input type="radio"/> Black or African American <input type="radio"/> Asian <input type="radio"/> Native Hawaiian or other Pacific Islander <input type="radio"/> American Indian or Alaska Native	Year and term entering 20 _____ <input type="radio"/> Fall <input type="radio"/> Spring <input type="radio"/> Summer I plan to attend <input type="radio"/> Full-Time <input type="radio"/> Part-Time	Enrolling as <input type="radio"/> Freshman <input type="radio"/> Transfer <input type="radio"/> Returning WCC Student Last term registered at WCC _____ Name last enrolled under _____
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Long-term goal at WCC? (Select one) <input type="radio"/> To obtain an Associate Degree, Diploma or Certificate <input type="radio"/> To enhance job skills in present field of work <input type="radio"/> To enhance employment skills for a new field of work <input type="radio"/> To take courses to transfer to another college <input type="radio"/> To take courses for personal enrichment or interest	Employment status while attending WCC (Select one) <input type="radio"/> Retired <input type="radio"/> Unemployed - not seeking employment <input type="radio"/> Unemployed - seeking employment <input type="radio"/> Employed 1-10 hours per week <input type="radio"/> Employed 11-20 hours per week <input type="radio"/> Employed 21-39 hours per week <input type="radio"/> Employed 40 or more hours per week	Highest educational level completed (Select one) <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> High School Equivalency <input type="radio"/> 13 Adult High School Diploma <input type="radio"/> 14 Post High School Vocational <input type="radio"/> 15 Associate Degree <input type="radio"/> 16 Bachelor's Degree <input type="radio"/> 17 Master's Degree or Higher
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U.S. Citizen  Yes  No  
 If no, a) give country of citizenship \_\_\_\_\_ b) immigration status \_\_\_\_\_

Indicate if any of the following apply to you  
 Retired Military  Active Duty Military  Dependent of Active Duty Military  Department of Defense Employee

High school last attended \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Graduation date or last date of attendance: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  Yes, I graduated  No, I did not graduate

<input type="radio"/> I received an Adult High school Diploma <input type="radio"/> I received the High School Equivalency <input type="radio"/> I am currently enrolled in high school	School	City	State	Date received or anticipated
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INITIAL HERE \_\_\_\_\_

**IF YOU ARE APPLYING TO A CURRICULUM PROGRAM, PLEASE COMPLETE THE ITEMS BELOW.**

All transcripts (high school or equivalent and college) must be on file in the admissions office before an applicant is officially accepted to the Program. Financial Aid and VA benefits will not be approved until all official transcripts are on file.

College attended	City	County	State	Date last attended

Curriculum to which you are applying (See back page) \_\_\_\_\_

6-Digit Curriculum Code \_\_\_\_\_

INITIAL HERE \_\_\_\_\_

# WAYNE COMMUNITY COLLEGE

## INFORMATION RELATING TO NORTH CAROLINA RESIDENCE FOR TUITION PURPOSES

North Carolina law (G.S. 116-143.1) requires that "To qualify as a resident for tuition purposes, a person must have established legal residence (domicile) in North Carolina and maintained that legal residence for at least 12 months immediately prior to his or her classification as a resident for tuition purposes." The information requested on this form must be supplied by every applicant for admission to WCC. This information is to be used only in connection with determination of your residence status for tuition purposes.

The law requires that every student admitted to the college be classified for the term admitted as either a resident or non-resident for tuition purposes, prior to enrollment. To be classified a resident for tuition purposes, you must furnish such evidence as the college may require to enable it to make such classification. Failure to provide all information requested will result in classification as a non-resident for tuition purposes.

Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Former

**ANSWER ALL QUESTIONS. PRINT OR TYPE YOUR RESPONSES. (IF NOT APPLICABLE, WRITE N/A.)**

1. DO YOU HAVE A VALID ACTIVE DUTY MILITARY ID CARD OR ACTIVE DUTY MILITARY DEPENDENT ID CARD?  YES  NO
2. DO YOU CLAIM TO HAVE BEEN A LEGAL RESIDENT OF THE STATE OF NORTH CAROLINA FOR A PERIOD OF AT LEAST TWELVE MONTHS IMMEDIATELY PRIOR TO THE DATE OF COMPLETION OF THIS APPLICATION?  YES  NO

**NOTE: If you answer "No" to questions 1 and 2, do not complete the remaining questions. Sign and date the form in the space provided. Otherwise, complete questions 3 through 14. Sign and date the form in the space provided below.**

3. Current mailing address \_\_\_\_\_  
(Street, Route, P.O. Box) City State Zip Code

4. Spouse's name \_\_\_\_\_ Date of marriage \_\_\_\_\_
5. Father living?  YES  NO; His Name \_\_\_\_\_
6. Mother living?  YES  NO; Her Name \_\_\_\_\_
7. If your parents are divorced, in whose custody are/were you? \_\_\_\_\_
8. Name of court-appointed guardian (if applicable) \_\_\_\_\_
9. If you have a court-appointed guardian, where (place) \_\_\_\_\_ and when \_\_\_\_\_ (date) was the appointment made?
10. Have you, your spouse, or either of your parents been in active military service within the past two years?  YES  NO
11. Check each of the following you have ever done outside North Carolina: Attended post-secondary school \_\_\_\_\_; worked \_\_\_\_\_

12. PERMANENT HOME ADDRESS	FROM (DATE)
Yours _____	_____
Spouse _____	_____
Father _____	_____
Mother _____	_____
Guardian _____	_____

13. LAST ADDRESS OUTSIDE NORTH CAROLINA	FROM (DATE)	UNTIL (DATE)
<b>If you have never lived outside North Carolina, please write N/A.</b>		
Yours _____	_____	_____
Spouse _____	_____	_____
Father _____	_____	_____
Mother _____	_____	_____
Guardian _____	_____	_____

14. EMPLOYER (Current or Most Recent)	LOCATION	HOURS PER WEEK	SINCE (DATE)
Yours _____	_____	_____	_____
Spouse _____	_____	_____	_____
Father _____	_____	_____	_____
Mother _____	_____	_____	_____
Guardian _____	_____	_____	_____

**IF ADDITIONAL INFORMATION IS NEEDED, THE APPLICANT WILL BE NOTIFIED.**

I hereby certify that all information I have set forth herein is true to the best of my knowledge, pursuant to my reasonable inquiry where needed. I hereby acknowledge that the institution may divulge the contents of this application only as permitted under the Family Educational Rights and Privacy Act of 1974 if I am, or have been, in attendance at this institution. I understand that work I complete and submit as a student may be used to assess college general education outcomes. Falsification of admissions documents resulting in incorrect information which could be used in consideration of admission to the college, admission to curriculum programs, or financial aid will result in removal of application from consideration or dismissal from the college/program.

Signature of Applicant \_\_\_\_\_ Signature of parent or guardian also, if applicant is under 18 years of age \_\_\_\_\_ Date \_\_\_\_\_