



**Santa Cruz County Career Technical Education Partnership**  
**399 Encinal Street Santa Cruz, CA 95060**  
**831-466-5760**

**Mark Hodges, Senior Director**  
**Henry Michel, CTEP Coordinator**

### **CTEP Medical Assisting (formerly known as ROP) - General Information**

Thank you for your interest in the CTEP Medical Assisting Program in Santa Cruz, California. This is a 10-month course that prepares students for a career working alongside of health care providers in the medical office. The course will begin in August/September of each school year and classroom instruction will conclude in June. The class meets Monday through Thursday from 3:30 pm to 7:30 pm. In addition to classroom hours, each student must complete an externship in a physician's office of 200 hours.

Upon successful completion of the course, students will be issued the following certifications:

- Course Completion for both Administrative and Clinical skills
- Training in both Injection and phlebotomy skills
- American Red Cross 1<sup>st</sup> Aid
- American Heart Association BLS (Basic Life support for Healthcare Providers)

These certifications will qualify the student to sit for the exam administered by the California Certifying Board for Medical Assisting or the national exam administered by the American Medical Technologists.

Once certified, a medical assistant has a variety of career paths to choose from. Regardless of which career option you choose, providing care to those in need can lead to a fulfilling and exciting career where your medical interventions can truly make a difference.

#### **The following requirements must be met in order to qualify for the program:**

- Minimum 18 years of age
- Must have a high school diploma or equivalent
- Applicant is required to possess a high degree of professionalism and be able to exhibit the motivation and positive attitude necessary to succeed in the program
- Attendance at a **mandatory** orientation
- Must sit for an assessment test with a result equal to a minimum reading level of 12th grade
- Interview with instructor
- Meet minimum health clearance

The CTEP Medical Assisting Program has strict guidelines that will prepare the student for the work place with both medical and work-ready skills. This course is run with the same integrity as a business. We have strict policies for tardies, absences and testing. Students not following the set attendance, tardy, and testing policies will be dropped from the program without re-imbursement of costs.

**Please read over the following information carefully to answer all of your questions. Any additional inquiries can be directed to Rayona Staniec, Medical Assisting Instructor at 831-466-5759 or email [rstaniec@santacruzcoe.org](mailto:rstaniec@santacruzcoe.org). We look forward to receiving your application!**

## **CTEP Medical Assisting Course Information**

- All classroom training takes place at 399 Encinal Street Santa Cruz, CA 95060
- Classes meet Monday through Thursday from 3:30 pm to 7:30 pm
- Students are required to wear a scrub type uniform to all classes. (Additional information to follow)
- The medical assisting course is a two-part program with an administrative semester and a clinical semester
- The Administrative semester meets from August/September through December
- The Clinical semester meets from January through June
- Successful completion of the administrative semester is required in order to enroll for the clinical semester
- Completion of the clinical semester requires the fulfillment of a minimum of 200 externship hours in a medical office in addition to classroom hours. **IMPORTANT NOTE: The student may be assigned to a placement in Santa Cruz, Monterey, Santa Clara, or San Benito counties.**

## **Health and Background Clearance Information**

Please be aware that all health care employers require a minimum level of health clearance and many require a criminal background check for externship placement and/or employment. Those students accepted into the clinical program must complete, at their own cost, a health clearance that includes:

- Basic physical exam
- TB testing by QuantiFERON Gold blood test or the 2-step PPD skin test
- Proof of hepatitis B immunization series
- Hepatitis B titer (blood test)

In addition, students may be asked to complete further clearances depending on their externship site placement. These additional requirements may include but are not limited to:

1. Proof of:
  - Measles Immunization
  - Mumps Immunization
  - Rubella Immunization
  - Varicella (chicken pox) Immunization
  - Tdap Immunization
  - Flu vaccine
2. Interview
3. Testing - spelling/language
4. Training courses that may duplicate subjects learned in class i.e. HIPAA, blood borne pathogens, computers etc.
5. Supervised Urine 10 drug screen
6. Criminal Background check including:
  - SSN trace
  - Residential History Search
  - OIG report
  - GSA Report

**IMPORTANT!!!! Do NOT obtain any of the above without consent of Instructor.**

**All health requirements must be completed by a future deadline that will be presented at orientation in order to participate in the program**

**Estimated Fees for the Administrative Semester are as follows:  
(Updated fees expected by June 1, 2020)**

**MA I**

**Fees include:**

Medical Assisting textbook  
Medical Terminology textbook  
Math & Dosage Calculation textbook  
Electronic Health Record text Book  
Supplies  
Registration/tuition

**Total** **\$3000.00**

**(This is a cost estimate, expect a change at registration)**

**Estimated Fees for the Clinical Semester are as follows:  
(Updated fees expected by June 1, 2020)**

**MA II**

**Fees include:**

Supplies  
CPR Certification  
Registration/tuition

**Total** **\$3000.00**

**(This is a cost estimate, expect a change at registration)**

\*A payment plan is available, with a \$100.00 administrative fee per semester added. For MA I, a (non-refundable) deposit is due upon acceptance into the program, followed by monthly payments in September, October & November until paid in full. For MA II, a (non-refundable) deposit is due upon acceptance into the second semester, followed by monthly payments in February, March, and April until paid in full. Late payment fees will apply. Specific dollar amounts may change and will be specified as of June 1, 2020.

\*Of the registration fee \$25.00 is non-refundable. If a student drops from the program once the class has begun then no portion of the registration is refundable. If supplies are returned within three days of the class start date in "as new" condition the instructor may determine they can be returned for a refund. Refund processing requires a minimum of 10 business days.

**We appreciate that you have taken the time to look into our program. We would be pleased to be a part of this rigorous and rewarding experience that can help you to embark on a new career path.**



## **Santa Cruz County Career Technical Education Partnership Medical and Dental Assisting Program Financial Information**

The CTEP program does not offer financial aid but does qualify for several assistance programs. For those students who qualify, they may contact Workforce Santa Cruz for information. They can be contacted at:

- <http://santacruzhumanservices.org/WorkforceServices/WorkForceSantaCruz/tabid/329/Default.aspx/>
- Watsonville Career Center 18 West Beach Street, Watsonville, CA 95076 (831) 763-8700
- Santa Cruz Workforce 2045 40th Ave., Suite B, Capitola, CA 95010 (831) 423-8611

**Please note, if you need assistance, you must apply to these agencies as soon as possible. CTEP is not responsible to arrange for your application. These programs take time and require documentation so it is highly advised that you do not delay in getting the information you need. They may require your letter of acceptance to process your application.**



## IMPORTANT INFORMATION

**The following dates are subject to change or cancellation due to the “Shelter in Place” order from the County of Santa Cruz.**

In order to be informed of any changes that may occur and to receive the most recent updates it is strongly recommended that you send your name and email to:

[rstaniec@santacruzcoe.org](mailto:rstaniec@santacruzcoe.org)

Your name will be added to a list of interested people and you will be informed of any changes that may occur by email.

Please confirm the orientation date that you desire to attend to be sure that the meeting will be taking place.

Please be aware that all potential dates are in flux during this time of uncertainty.

We appreciate your understanding of the difficulty involved in setting a specific schedule. Do not hesitate to email with any questions that you may have.

## Submitting Your Application

### Check List

\_\_\_\_\_ Every applicant must attend one mandatory 2020 Orientation. The purpose of the orientation is to explain the program so that each candidate can be sure this is the right program for them. You do not need to register for whichever date you choose, just show up:

- April 24, 2020 at 10:00 am – Friday
- April 30, 2020 at 7:00 pm - Thursday

\_\_\_\_\_ Application fully and accurately completed. Should be turned no later than the reading assessment.

\_\_\_\_\_ Legible copy of your current driver's license or state identification card

\_\_\_\_\_ Legible copy of your high school or college transcript (unofficial copy is acceptable)

\_\_\_\_\_ Three completed recommendations to the Medical Assisting program

**(Use attached recommendation forms- READ INSTRUCTIONS CAREFULLY)**

**Assessment testing and interview schedules will be available for sign up at the orientation.**

**LOCATION for orientation, assessment, and interviewing is 399 Encinal Street, Santa Cruz**

### Submitting Application:

It is recommended that applications be submitted immediately upon receipt. First Priority for a seat in class will be given to applications that are COMPLETED AND RECEIVED at the CTEP office (address below) by April 30, 2020.

Mail or drop off to: Santa Cruz County Career Technical Education Partnership  
Attn: Rayona Staniec  
399 Encinal Street  
Santa Cruz, CA 95060

### IMPORTANT NOTE:

**Only applications that are complete should be submitted. Incomplete applications or failure to follow instructions will disqualify applicant and applications will be destroyed. Partial applications will not be accepted.**

Should you have any questions please call 831-466-5759 or email [rstaniec@santacruzcoe.org](mailto:rstaniec@santacruzcoe.org)

# Medical Assisting Program Application

Postmark/Date delivered in person to CTEP on \_\_\_\_\_

## General Personal Information

Name \_\_\_\_\_  
(Last) (First) (Middle)

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

Phone \_\_\_\_\_  
(Home) (Cell)

Email \_\_\_\_\_

Are you at least 18 years of age: \_\_\_\_\_

## Education and training

| School<br>Name and address | Subject studied<br>Dates attended | Diplomas<br>Certifications<br>Degrees |
|----------------------------|-----------------------------------|---------------------------------------|
|                            |                                   |                                       |
|                            |                                   |                                       |
|                            |                                   |                                       |
|                            |                                   |                                       |

List the highest level of the following courses that you have taken:

Math: \_\_\_\_\_

Science: \_\_\_\_\_





## Background information

**Please be advised that many employers require background clearances before students are eligible for externships and/or employment.**

### Employment History

**Beginning with your present or most recent employment, list your employment history. Include self-employment, military service, volunteer experience and periods of unemployment.**

| <b>Employer</b>  | <b>Dates</b>               | <b>Your position</b>                           | <b>Reason for leaving</b> |
|--|----------------------------|--|---------------------------|
| Company _____<br>Supervisor _____<br>City _____ State _____<br>Phone _____<br>May we contact this employer:<br>Yes      No | Fr: _____<br><br>To: _____ | Title _____<br>Duties: _____<br>_____<br>_____ |                           |
| Company _____<br>Supervisor _____<br>City _____ State _____<br>Phone _____<br>May we contact this employer:<br>Yes      No | Fr: _____<br><br>To: _____ | Title _____<br>Duties: _____<br>_____<br>_____ |                           |
| Company _____<br>Supervisor _____<br>City _____ State _____<br>Phone _____<br>May we contact this employer:<br>Yes      No | Fr: _____<br><br>To: _____ | Title _____<br>Duties: _____<br>_____<br>_____ |                           |

## Recommendation form: Medical Assisting Program

**Instructions to the student applicant:** Complete the information in the upper box and make this form available to the person that will provide the recommendation on your behalf. The form should not be returned to the applicant. It is to be sent directly to the school. Therefore, as a courtesy, please also provide your reference person with a stamped envelope addressed to:

Rayona Staniec Instructor  
 Career Technical Education Partnership (formerly known as ROP)  
 399 Encinal Street  
 Santa Cruz, CA 95060

Last Name \_\_\_\_\_ First \_\_\_\_\_  
 Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ email \_\_\_\_\_  
 address \_\_\_\_\_

This form was given to which type of contact : \_\_\_\_\_ current employer/ supervisor \_\_\_\_\_ current/former work colleague  
 \_\_\_\_\_ personal reference not related to work \_\_\_\_\_ past teacher/counselor

Your signature \_\_\_\_\_ date \_\_\_\_\_

**Instructions to person providing the reference:** Please provide an honest assessment of this applicant or write a reference on letterhead and attach to this form and mail it to the address above. We are particularly interested in the applicant's strengths, weaknesses and characteristics that would help the review committee judge the applicant's ability to succeed as a Medical Assistant. Thank you for your assistance.

| Characteristic                           | <b>Excellent</b><br>Top 10% of<br>people I know | <b>Good</b><br>Top 25% of people<br>I know | <b>Not a strength for<br/>this candidate</b> | <b>Unable to<br/>assess</b> |
|--|---|--|--|-----------------------------|
| Personal Integrity                       |   |  |  |                             |
| Self-Drive, Focus, and Motivation        |   |  |  |                             |
| Dependability and Reliability            |   |  |  |                             |
| Ability to receive feedback or criticism |   |  |  |                             |
| Humanity and caring for others           |   |  |  |                             |
| Positive attitude                        |   |  |  |                             |
| Leadership                               |   |  |  |                             |

A particular strength I noticed in this candidate is:

An area for improvement I noticed in this candidate is:

Additional comments:

|          |        |               |
|----------|--------|---------------|
| Name:    | Title: | Signature:    |
| Address: | Phone: | Relationship: |

## Recommendation form: Medical Assisting Program

**Instructions to the student applicant:** Complete the information in the upper box and make this form available to the person that will provide the recommendation on your behalf. The form should not be returned to the applicant. It is to be sent directly to the school. Therefore, as a courtesy, please also provide your reference person with a stamped envelope addressed to:

Rayona Staniec Instructor  
 Career Technical Education Partnership (formerly known as ROP)  
 399 Encinal Street  
 Santa Cruz, CA 95060

Last Name \_\_\_\_\_ First \_\_\_\_\_  
 Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ email  
 address \_\_\_\_\_

This form was given to which type of contact : \_\_\_\_\_ current employer/ supervisor \_\_\_\_\_ current/former work colleague  
 \_\_\_\_\_ personal reference not related to work \_\_\_\_\_ past teacher/counselor

Your signature \_\_\_\_\_ date \_\_\_\_\_

**Instructions to person providing the reference:** Please provide an honest assessment of this applicant or write a reference on letterhead and attach to this form and mail it to the address above. We are particularly interested in the applicant's strengths, weaknesses and characteristics that would help the review committee judge the applicant's ability to succeed as a Medical Assistant. Thank you for your assistance.

| Characteristic                           | <b>Excellent</b><br>Top 10% of people I know | <b>Good</b><br>Top 25% of people I know | <b>Not a strength for this candidate</b> | <b>Unable to assess</b> |
|--|--|---|--|-------------------------|
| Personal Integrity                       |  |   |  |                         |
| Self-Drive, Focus, and Motivation        |  |   |  |                         |
| Dependability and Reliability            |  |   |  |                         |
| Ability to receive feedback or criticism |  |   |  |                         |
| Humanity and caring for others           |  |   |  |                         |
| Positive attitude                        |  |   |  |                         |
| Leadership                               |  |   |  |                         |

A particular strength I noticed in this candidate is:

An area for improvement I noticed in this candidate is:

Additional comments:

|          |        |               |
|----------|--------|---------------|
|          |        |               |
| Name:    | Title: | Signature:    |
| Address: | Phone: | Relationship: |

## Recommendation form: Medical Assisting Program

**Instructions to the student applicant:** Complete the information in the upper box and make this form available to the person that will provide the recommendation on your behalf. The form should not be returned to the applicant. It is to be sent directly to the school. Therefore, as a courtesy, please also provide your reference person with a stamped envelope addressed to:

Rayona Staniec Instructor  
 Career Technical Education Partnership (formerly known as ROP)  
 399 Encinal Street  
 Santa Cruz, CA 95060

Last Name \_\_\_\_\_ First \_\_\_\_\_  
 Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ email \_\_\_\_\_  
 address \_\_\_\_\_

This form was given to which type of contact : \_\_\_\_\_ current employer/ supervisor \_\_\_\_\_ current/former work colleague  
 \_\_\_\_\_ personal reference not related to work \_\_\_\_\_ past teacher/counselor

Your signature \_\_\_\_\_ date \_\_\_\_\_

**Instructions to person providing the reference:** Please provide an honest assessment of this applicant or write a reference on letterhead and attach to this form and mail it to the address above. We are particularly interested in the applicant's strengths, weaknesses and characteristics that would help the review committee judge the applicant's ability to succeed as a Medical Assistant. Thank you for your assistance.

| Characteristic                           | <b>Excellent</b><br>Top 10% of people I know | <b>Good</b><br>Top 25% of people I know | <b>Not a strength for this candidate</b> | <b>Unable to assess</b> |
|--|--|---|--|-------------------------|
| Personal Integrity                       |  |   |  |                         |
| Self-Drive, Focus, and Motivation        |  |   |  |                         |
| Dependability and Reliability            |  |   |  |                         |
| Ability to receive feedback or criticism |  |   |  |                         |
| Humanity and caring for others           |  |   |  |                         |
| Positive attitude                        |  |   |  |                         |
| Leadership                               |  |   |  |                         |

A particular strength I noticed in this candidate is:

An area for improvement I noticed in this candidate is:

|  |
|--|
|  |
|--|

|                      |
|----------------------|
| Additional comments: |
|----------------------|

|          |        |               |
|----------|--------|---------------|
| Name:    | Title: | Signature:    |
| Address: | Phone: | Relationship: |