Ossining Extension Center

Arcadian Shopping Center, Route 9

22 Rockledge Avenue
Ossining, NY 10562

914-606-7400

www.sunywcc.edu/Ossining

Westchester Community College

State University of New York

Workforce Development & Community Education

NON-CREDIT HEALTHCARE APPLICATION

Medical Administrative Assistant Training Program

Pharmacy Technician

NEW! Intensive Clinical Medical Assistant

MEDICAL ADMINISTRATIVE ASSISTANT TRAINING   CE-HCARE 2063OS

Medical Administrative Assistants work in a variety of healthcare settings. Upon successful course completion, students are eligible to take the Certifies Medical Administrative Assistant (CMAA) exam offered by the National Healthcareer Association.
Course topics include:

- Roles and responsibilities
- Medical terminology
- Procedure and diagnostic codes
- Medical records(electronic and paper)
- Office procedure workflow

- Legal/ethical responsibilities
- Finances and reimbursement
- Patient relations and customer service
- Written and verbal communication
- MS Word and Excel overview

$1,395 (+ student fee, textbooks, and exam) No application fee.
T/TH, Jul.6 – Sept. 9, 6:00pm – 8:30pm, #6595

PHARMACY TECHNICIAN (ONLINE)   CE-HCARE 2061OS

This program will prepare students to enter the pharmacy field and obtain NHA certification **(Pharmacy Technician Certification: CPhT).** Students will learn medical terminology, the role and responsibilities of a pharmacy technician, and interpreting prescriptions, and develop the skills needed to work under the supervision of a registered pharmacist. Includes off-campus fieldwork. Admissions application and interview required. **Application due date is May 21.**
$1,581 (+ student fee, textbooks, and exam)
M/T/W/TH, Aug. 2 – Sep 2, 5:30 pm - 9:30 pm, #6594

NEW! INTENSIVE CLINICAL MEDICAL ASSISTANT   CE-HCARE 2059OS

CMAs perform administrative and clinical duties under the direction of a physician. Prepare for employment at physicians 'offices, hospitals, and other healthcare facilities. Course topics include:

Preparing patients for examination and treatment
Infection control
Routine laboratory procedures
Medical terminology, anatomy and physiology basics
Phlebotomy and ECG
Computer applications and EMR
Medical office procedures

After successful completion of the Clinical Medical Assistant course, students will receive a certificate of completion and are eligible for NHA certification (Certified Clinical Medical Assistant: CCMA).
Admissions application and interview required.

$2,273 (+ student fee, textbooks, and exam)
M/T/W/TH, Jun. 15 – Aug 26, 5:30 pm - 9:30 pm, #6895

Background Check, Drug Test, and Immunizations
For programs with a clinical or externship, our affiliates require a background check and drug screening. Positive results on either will result in not being accepted into the program or not being allowed to attend the clinical. The criteria to pass these screens include: no felony or misdemeanor convictions; negative drug screen; negative TB, MMR, Hep B, and Varicella vaccines. Separate fees for background check and drug tests apply and are not included in tuition costs.

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Academic Counseling, Mondays/Wednesdays 11:00am-7:00pm
Registration Day and Information Sessions
Tues., Apr. 27, 1:00 pm, Thur., May. 6, 5:00 pm, Tues., May. 11, 1:00 pm, or Thur., May 20, 5:00 pm
at the Ossining Center; FREE; call 914-606-7400 to reserve your space.

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| Ossining Extension Center | 22 Rockledge Avenue | Ossining, New York 10562 |
| Telephone: 914-606-7400 | Fax: 914-606-7401 | E-Mail: Ossining@sunywcc.edu |

APPLICATION

Section I. Personal Information

Name: _____

       Last   First   Middle

Street Address: _____ Apt: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Date of Birth: _____ ☐ Male   ☐ Female

           MM/DD/YYYY

Section II. Course Selection

Course Number	Course Title	Start Date	Tuition
Fees: $17.00 Malpractice Fee			
Fees: $5.00 Registration			
Total Tuition			
+ $5.00 maintain enrollment and $17 Malpractice Fee for only **CMA Part 2**			

Section III. Payment Method (*Tuition must be paid in full before course begins.*)

Separate fees for background check and drug tests apply and are not included in tuition costs.

Refunds

- For requests received at least 2 business days prior to the start of the class: 100% refund. No refunds will be issued after this time.
- All refund requests must be made to the college in writing or emailed to continuinged@sunywcc.edu. If you paid by check, please allow 6-8 weeks for your refund to be processed. Credit card refunds are processed immediately

MAA Applicants must complete Section IV.

Pharmacy Technician Applicants must complete Section V.

CMA Applicants must complete Section VI.

Section IV: Medical Administrative Assistant Training Program Applicants Only

Select your level of proficiency in the following:

Computer basics	□ None	□ Beginner	□ Intermediate	□ Advanced
Managing files & folders	□ None	□ Beginner	□ Intermediate	□ Advanced
MS Word	□ None	□ Beginner	□ Intermediate	□ Advanced
MS Excel	□ None	□ Beginner	□ Intermediate	□ Advanced
MS Outlook	□ None	□ Beginner	□ Intermediate	□ Advanced
Keyboarding	□ None	□ Beginner	□ Intermediate	□ Advanced

Additional Required Documentation Checklist:

- ❑ **High School Diploma/GED or College Degree**
- ❑ **1 Letter of Recommendation**
  The recommendation may be submitted at a later date, but must be received before the first day of class. **Applicants should only complete top half of recommendation form** and submit to individual who will be completing the reference, along with an addressed, stamped envelope. The envelope should be addressed to the address at the bottom of this application.

Please note that there are additional costs associated with the MAA Program (textbooks and fee for the certification exam).

Applicant's Signature

I certify that the information provided on this application is complete and accurate in every respect. I understand that falsifying any part of this application may result in the cancellation of my admission of dismissal from the program

Signature of Applicant   Date

Admission is based on the availability of space and qualifications of the applicant. Westchester Community College adheres to the policy that no person on the basis of race, color, creed, national origin, age, gender, sexual orientation or handicap is excluded from, or is subject to, discrimination in any program or activity.

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Section V: Pharmacy Technician Applicants Only

Do you have any previous experience in the healthcare field? ☐ Yes ☐ No
If yes, please explain experience. _____

_____

_____

_____

Why are you interested in the Pharmacy Technician Program?

_____

_____

_____

Additional Required Documentation Checklist:

☐ **High School Diploma/GED or College Degree**
☐ **1 Letter of Recommendation**
   The recommendation may be submitted at a later date, but must be received before the first day of class. **Applicants should only complete top half of recommendation form** and submit to individual who will be completing the reference, along with an addressed, stamped envelope. The envelope should be addressed to the address at the bottom of this application.
☐ **Physical Examination (Flu Shot may be required)**
   Obtain a physical examination from a licensed physician and **submit the physical examination record by the first day of the program.**
☐ **Mandatory Background Check and Drug Test** must be completed before the first day of class.

Once your application is received, you will be scheduled for an interview and a reading exam. All candidates must successfully complete the screening interview prior to acceptance to the program.

Please note that there are additional costs associated with the Pharmacy Tech Program (uniforms, textbooks, and fee for the certification exam).

> **How did you hear about the program?**
>
> ☐ Website
> ☐ Mail
> ☐ Newspaper/Magazine
> ☐ Word of Mouth
> ☐ Other _____

Applicant's Signature

I certify that the information provided on this application is complete and accurate in every respect. I understand that falsifying any part of this application may result in the cancellation of my admission of dismissal from the program. **I am aware that the $25.00 application fee is non-refundable.**

Separate fees for background check and drug tests apply and are not included in tuition costs.

_____   _____
Signature of Applicant   Date

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Section VI: Clinical Medical Assistant Applicants Only

Do you have any previous experience in the healthcare field? ☐ Yes ☐ No
If yes, please explain experience. _____

_____

_____

Why are you interested in the Clinical Medical Assisting Program? _____

_____

_____

Additional Required Documentation Checklist:

☐ **High School Diploma/GED or College Degree**
☐ **1 Letter of Recommendation**
  The recommendation may be submitted at a later date, but must be received before the first day of class. **Applicants should only complete top half of recommendation form** and submit to individual who will be completing the reference, along with an addressed, stamped envelope. The envelope should be addressed to the address at the bottom of this application.
☐ **Physical Examination (Flu shot may be required)**
  Obtain a physical examination from a licensed physician and **submit the physical examination record by the first day of the program.**
☐ **Mandatory Background Check and Drug Test** must be completed before the first day of class.

Once your application is received, you will be scheduled for an interview and a reading exam. All candidates must successfully complete the screening interview prior to acceptance to the program.

Please note that there are additional costs associated with the CMA Program (cost of uniforms and textbooks, the fee for the certification exam).

> **How did you hear about the CMA program?**
>
> ☐ Website
> ☐ Mail
> ☐ Newspaper/Magazine
> ☐ Word of Mouth
> ☐ Other _____

Applicant's Signature

I certify that the information provided on this application is complete
and accurate in every respect. I understand that falsifying any part of this application may result in the cancellation of my admission of dismissal from the program. **I am aware that the $25.00 application fee is non-refundable.**

Separate fees for background check and drug tests apply and are not included in tuition costs.

Signature of Applicant _____   Date _____

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Non-Credit Healthcare Program
Recommendation Form

TO THE APPLICANT:

Fill in all information in this section and forward this form to the recommender. The recommender must return the completed form to **Westchester Community College, Ossining Extension Center, 22 Rockledge Ave, Ossining, NY 10562, Attention: Non-Credit Healthcare Programs**. For the convenience of the recommender, you should include an addressed, stamped envelope. The reference must be from someone who is familiar with your professional work and/or career goals. References are not acceptable from relatives, in-laws, or friends.

Please print:

Name: _____

      Last   First   M.I

Applicant's Signature _____

TO THE RECOMMENDER:

Thank you for providing information regarding the individual above; she/he is applying for enrollment in the Certified Nursing Assistant Program at Westchester Community College-Ossining Extension Center.

Please Print: _____

      Last Name   First Name   M.I.

Organization: _____

Address: _____

(Area Code) Phone # _____

Relationship to the applicant _____

Signature: _____

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Name of the applicant: _____

Please evaluate the applicant by checking the appropriate spaces below:

Qualifications	Excellent	Good	Average	Below Average
1. Ability to work with adults & children as clients in a health care setting				
2. Perseverance				
3. Verbal communication skills				
4. Written communication skills				
5. Punctuality				
6. Ability to work with others as a team (co-workers)				

Please feel free to add any additional comments:

_____

_____

_____

Signature _____ Date: _____