Amarillo College DIVISION OF ALLIED HEALTH



Medical Data Specialist

Contact: Judy Massie (806) 354-6068



7/09

Amarillo College Medical Data Specialist Program

P.O. Box 447 Amarillo, TX 79178-0001

Dear Prospective Student,

Thank you for your interest in the Medical Data Specialist Program. This program offers students the opportunity to enroll in a one year certificate plan.

Students in the program serve a practicum in medical facilities within the city of Amarillo, as well as in other towns and cities throughout the Texas panhandle. Students are required to successfully complete their classroom instruction and practicum prior to graduation.

Students are encouraged to begin the program during the Fall semester. Many classes require prerequisites and students need to look at the current college catalog to determine which prerequisites are required for classes prior to enrollment each semester. Students will not be allowed to enroll in these classes without fulfilling the required prerequisites.

If you are interested in applying for this program, please begin now to assemble your portfolio of application materials. **Read through the materials in this packet very carefully.** If you should have any questions, please feel free to call the department at (806)354-6068 or the Allied Health Division Secretary at (806)354-6055.

Sincerely,

Judy Massie, Program Director

jemassie@actx.edu

NOTE: <u>After you have completed your portfolio, please submit all of the required forms, transcripts</u> and immunization records, either by mail or in person, to the MDS Program Director or the Allied <u>Health Division Secretary at the above address.</u>

Amarillo College is an Equal-Opportunity Community College that does not discriminate on the basis of race, color, national origin, sex, age, religion or disability in its educational programs, activities or employment policies.

Medical Data Specialist Program FREQUENTLY ASKED QUESTIONS

What is Medical Data Specialist?

Medical Data Specialist is an Allied Health specialty concerned with day to day administrative operations of medical facilities.

What does a Medical Data Specialist do?

Medical Data Specialists receive patients, schedule appointments, file insurance, collect fees, type correspondence, transcribe from medical dictation, code for federal and state reimbursements and maintain the patient's medical record.

Are jobs available for Medical Data Specialists?

Although it is impossible to guarantee employment for all of our graduates, the current and future outlook for positions as Medical Data Specialists appears to be excellent. Job opportunities are available in Amarillo as well as the surrounding area. The greater demand, however, is increasing in the rural and metropolitan areas in other parts of the United States.

What type of job opportunities are available for Medical Data Specialists?

Medical Data Specialists may be employed in a variety of settings including hospital business offices, admission offices, physician and dental offices, insurance companies and home health care agencies.

What kind of salary can I expect to earn as a Medical Data Specialist?

The salaries for Medical Data Specialists are competitive with other health care professionals with similar educational credentials. Salaries will vary according to the supply and demand of the area, but will average \$9.00 to \$10.00 per hour for new graduates.

Will I have to go out of town for my practicum?

Possibily. Students who live out of town may be able to have their practicum in a medical facility close to home, pending approval from the Program Director. It is the responsibility of the student to make personnel arrangements for transportation, child care, alterations in work schedules, etc. when assigned to practicum rotations.

How can I apply for admission to the Medical Data Specialist program?

Students must apply to Amarillo College and also make a separate application to the Medical Data Specialist program. All the forms and materials necessary for admission to the MDS program are enclosed in this packet. Application forms for Amarillo College may be found in the current college catalog or they may be obtained from the Registrar's Office on any of the Amarillo College campuses. If you need additional information, please contact the Medical Data Specialist office at (806) 354-6068 or the Allied Health Division Secretary at (806) 354-6055.

Medical Data Specialist REQUIRED CURRICULUM ADMINISTRATIVE OPTION

Fall Semester

Prefix	Num	Course Name	Credit	Lecture	Lab	Clinic
POFI	2301	Word Processing	3	2	4	0
MDCA	1409	Anatomy and Physiology for Medical Assistants	4	4	0	0
POFT	1301	Business English	3	3	0	0
HITT	1305	Medical Terminology I	3	3	0	0
MDCA	1302	Human Disease/Pathophysiology	3	3	0	0
		TOTAL:	16	15	4	0

Spring Semester

Prefix	Num	Course Name	Credit	Lecture	Lab	Clinic
MDCA	1321	Administrative Procedures	0	0	0	0
MDCA	1321	Auministrative Procedures	3	3	0	0
HPRS	1205	Medical Law and Ethics for Health Professionals	2	2	0	0
HITT	1342	Ambulatory Coding	3	3	0	0
MRMT	1407	Medical Transcription I	4	1	7	0
HITT	1341	Coding and Classification Systems	3	3	0	0
POFM	1327	Medical Insurance	3	3	0	0
		TOTAL:	18	15	7	0

Summer Semester

Prefix	Num	Course Name		Credit	Lecture	Lab	Clinic
SPNL	1201	Health Care Spanish		2	2	0	0
HITT	1303	Medical Terminology II		3	3	0	0
MDCA	1264	Practicum		2	0	0	15
			TOTAL:	7	5	0	15

GRAND TOTAL: 41 Hours

Medical Data Specialist REQUIRED CURRICULUM CODING OPTION

Fall Semester

Prefix	Num	Course Name	Credit	Lecture	Lab	Clinic
POFI	2301	Word Processing	3	2	4	0
MDCA	1409	Anatomy and Physiology for Medical Assistants	4	4	0	0
POFT	1301	Business English	3	3	0	0
HITT	1305	Medical Terminology I	3	3	0	0
MDCA	1302	Human Disease/Pathophysiology	3	3	0	0
		TOTAL:	16	15	4	0

Spring Semester

Prefix	Num	Course Name	Credit	Lecture	Lab	Clinic
HPRS	1205	Medical Law and Ethics for Health Professionals	2	2	0	0
HITT	1342	Ambulatory Coding	3	3	0	0
HITT	1303	Medical Terminology II	3	3	0	0
HITT	1341	Coding and Classification Systems	3	3	0	0
POFM	1327	Medical Insurance	3	3	0	0
		TOTAL:	14	14	0	0

Summer Semester

Prefix	Num	Course Name	Credit	Lecture	Lab	Clinic
НІТТ	2335	Coding and Reimbursement Methodologies	3	3	0	0
HITT	1266	Practicum	2	0	0	15
		TOTAL:	5	3	0	15

GRAND TOTAL: 35 Hours

Medical Data Specialist REQUIRED CURRICULUM TRANSCRIPTION OPTION

Fall Semester

Prefix	Num	Course Name	Credit	Lecture	Lab	Clinic
POFI	2301	Word Processing	3	2	4	0
MDCA	1409	Anatomy and Physiology for Medical Assistants	4	4	0	0
POFT	1301	Business English	3	3	0	0
HITT	1305	Medical Terminology I	3	3	0	0
MDCA	1302	Human Disease/Pathophysiology	3	3	0	0
		TOTAL:	16	15	4	0

Spring Semester

Prefix	Num	Course Name		Credit	Lecture	Lab	Clinic
POFI	2340	Advanced Word Processing		3	2	4	0
HPRS	1205	Medical Law and Ethics		2	2	0	0
HITT	1303	Medical Terminology II		3	3	0	0
MRMT	1407	Medical Transcription I		4	1	7	0
POFM	1327	Medical Insurance		3	3	0	0
			TOTAL:	15	11	11	0

Summer Semester

Prefix	Num	Course Name		Credit	Lecture	Lab	Clinic
MRMT	2433	Medical Transcription II		4	1	7	0
			TOTAL:	4	1	7	0

GRAND TOTAL: 35 Hours

Medical Data Specialist Program CRITERIA FOR ADMISSION

- 1. The applicant must have earned a high school diploma or a GED equivalent. Students who have not met this criteria at the time of application to the program must do so by the first day of class in the MDS program, or they will be dropped from the program and will have to reapply the following year.
- 2. The applicant must be admitted to Amarillo College and have all transcripts on file with Amarillo College **and** with the MDS program officials.
- 3. The applicant must complete and submit an application portfolio to the MDS Department at Amarillo College.
- 4. The applicant must take the **Accuplacer** test prior to application to the program, unless exempted by the appropriate official at the college. The Accuplacer test measures English, Math and Reading skills. All students should contact the Testing Center (371-5445) for information regarding testing requirements.
- 5. The applicant must meet the Functional Requirements for Admission and Progression in the Program and sign the attached form. (Included in this packet)
- 6. The applicant must make an appointment to meet with the MDS Program Director after submitting the application packet.
- 7. The applicant must sign the Amarillo College "Student Release and Waiver of Liability" form. (Included in this packet)
- 8. **The applicant should have completed all of the required** remedial Math, English, and Reading classes and passed each with a "C" or better prior to entering the program.
- 9. Proof of TB test or chest x-ray within the last 12 months
- 10. Proof of compliance with immunization requirements as required by Texas law for students in heath career programs. A separate page is provided that describes the specifics of these immunization requirements.
- 11. The applicant must submit to a criminal background check via <u>http://www.precheck.com</u>
- 12. NOTE: All courses that are required for the MDS curriculum can be completed within one year for the certificate. Many students that work and/or have dependents find it preferable to complete either their general education requirements prior to entering the MDS program, or attend part-time, thereby reducing the total number of semester hours each semester. This option results in a committment of more years for the completion of the MDS program, depending upon the number of semester hours in which the student is enrolled. It is up to the individual student to decide which option is the best for him or herself.

Medical Data Specialist Program ADMISSIONS PROCESS

THE APPLICANT WILL COMPLETE AND SUBMIT AN APPLICATION PACKET. THE PACKET WILL CONTAIN EACH OF THE FOLLOWING:

- 1. Medical Data Specialist application form.
- 2. AC student "Release and Waiver of Liability" form.
- 3. Transcripts of all previous high school or college work, (whichever is most recent) or GED certificate, as appropriate.
- 4. Results of the Accuplacer Test.
- 5. Proof of the required vaccines.
- 6. Functional Requirements for Admission and Progression in the Program form.

Once the portfolio is complete, you must contact the Program Director at 354-6068. OFFICIAL ADMISSION INTO THE MDS PROGRAM WILL BE COMPLETE ONLY WHEN ALL OF THE ABOVE DOCUMENTATION HAS BEEN RECEIVED AND REVIEWED BY THE MDS PROGRAM DIRECTOR.

Students should be aware that all information submitted by the student must be truthful to the best of the student's knowledge. If it is discovered that a student knowingly gave false information on any of the forms required for application, he/she will be dismissed from the program.

At the present time, most eligible applicants are accepted on a first come, first served basis, pending the results of the personel interview.

It is the sole responsibility of the applicant to keep the MDS Program Director informed of changes in the applicant's name, address and/or telephone number. The MDS Program Director accepts no responsibility for program information that is misdirected due to incorrect/outdated student information.

Medical Data Specialist Program Allied Health Student—Texas Immunization Requirements

The following requirements apply to all students enrolled in health-related programs in Texas schools, which will involve direct patient contact in program affiliated medical care facilities. This includes Medical Data Specialist majors.

- 1. Students who were born on or after January 1, 1957, must show prior to first patient contact, acceptable written evidence of vaccination of two doses of measles-containing vaccine administered since January 1, 1968. Serologic confirmation of immunity to measles is acceptable. Evidence of immunity must consist of a laboratory report that indicates either confirmation of immunity or infection.
- Students must show, prior to program admission, written evidence of vaccination of one dose of rubella (German measles) vaccine. Serologic confirmation of immunity to rubella is acceptable. Evidence of immunity must consist of a laboratory report that indicates either confirmation of immunity or infection.
- 3. Students born on or after January 1, 1957, must show, prior to first patient contact, written evidence of vaccination of one dose of mumps vaccine. Serologic confirmation of immunity to mumps is acceptable. Evidence of immunity must consist of a laboratory report that indicates either confirmation of immunity or infection.
- 4. Students shall receive a complete series (three injections) of hepatitis B vaccine prior to first patient contact. Serologic confirmation of immunity to hepatitis B is acceptable. Evidence of immunity must consist of a laboratory report that indicates either confirmation of immunity.
- 5. Students shall receive two doses of varicella (Chicken Pox) vaccine, prior to first patient contact, unless the first dose was received prior to thirteen years of age. A physician validated history of varicella disease or varicella immunity is acceptable in lieu of the vaccine. Vaccination, if necessary, must take place before the student is accepted into the program of study.
- 6. One dose of tetanus-diphtheria toxoid is required within the last ten (10) years.

Note: The law requires that students be fully vaccinated against these specific diseases. A student may be <u>provisionally enrolled</u> if the student has an immunization record that indicates the student has received at least one dose of each specified vaccine required by law. To remain enrolled, the student must complete the required subsequent doses in each vaccine series on schedule and as quickly as is medically feasible and provide written evidence of vaccination to Amarillo College. The program faculty advisor to a provisionally enrolled student shall review the immunization status every 30 days to ensure continued compliance in completing the required doses of vaccination. If the student fails to complete the vaccination series, the student will not permitted to continue in those courses requiring direct patient contact until the respective vaccination series is complete.

Medical Data Specialist Program FUNCTIONAL REQUIREMENTS FOR ADMISSION & PROGRESSION IN THE PROGRAM

Amarillo College and the Medical Data Specialist Program do not discriminate on the basis of race, color, national origin, sex, age, religion or disability when selecting students for admittance to the MDS program. There are, however, minimal functional abilities that a student must possess in order to perform the tasks essential to the study of Medical Data Specialist. The following is used as a guideline for the prospective student so that he/she may understand the essential functions necessary for successful completion of the Medical Data Specialist Program. This list is not intended to be all inclusive, but rather a detail of the basic physical, mental and psychomotor demands of this educational endeavor.

Essential Function	Technical Standard	Examples of Necessary Activities (Not all Inclusive)	Yes*	No
Critical Thinking	Critical thinking ability sufficient for making sound judgements.	Identify cause-effect relationships in medical situations in order to draw reasonable conclusions.		
Interpersonel Skills	Interpersonel abilities sufficient to interact with individuals, families and groups from a variety of social, emotional, cultural and intellectual backgrounds.	Establish rapport with patients, phy- sicians and colleagues. Function/ consult/negotiate/share as part of a health care team.		
Communication Ability	Communicationn abilities sufficient for effective interaction with others in spoken and written English.	Use professional oral and written communication while exhibiting self-control and a positive attitude through verbal and body language. Document and interpret instructions. Listen attentively.		
Mobility	Physical abilities sufficient to move from one room to another, and to maneuver in small spaces, without the aid of another individual; full range of motion in upper extremeties; manual and finger dexterity; hand- eye coordination.	Move freely about the work area in medical facilities. Answer the tele- phone, file/retrieve medical records from shelving, and data entry on a computer terminals.		
Visual Acuity	Normal or corrected visual acuity.	Read medical records, computer screens, computer printouts, bill- ing/insurance documents, ICD-9-CM and CPT coding references.		
Motor Skills	Gross and fine motor skills suf- ficient to safely perform job func- tions in medical facilities.	Use of medical office equipment with the necessary dexterity.		
Strength	Ability to lift objects and equip- ment of at least 40 lbs, to standard countertop level (36 in).	Unload/unpack and deliver medical office supplies and medical records to their proper departments/storage areas.		
Professional Attitude and Demeanor	Ability to present professional appearance and implement mea- sures to maintain one's own physi- cal and mental health and emo- tional stability.	Work under stressful conditions. Be exposed to communicable diseases. React calmly in emergency situa- tions. Demonstrate flexibility. Show compassion and concern for others.		

(Place a 🗸 in the yes or no box, to indicate your ability to perform each essential function)

Adapted from: Red Alert: The Americans With Disabilities Act-Implications for Nursing Education, March 1993.

* NOTE: Students who, because of a documented disabling condition, require reasonable accommodations to perform any of the essential functions, must contact the Office of ACcessibility Services at (806)371-5436 AS SOON AS POSSIBLE after applying to the program.

By my signature on this document, I acknowledge that I am able to perform the essential functions for admission and continuation in the MDS program, either unaided or by utilization of reasonable accommodations. I understand that if I am accepted into the program, and am subsequently unable to perform these functions, aided or unaided, I will be asked to withdraw from the program.

Furthermore, as Amarillo College and the Medical Data Specialist Program do not discriminate on the basis of disability, I understand that I must contact the Amarillo College Office of ACcessibility Services, with the proper documentation, in order that the necessary accommodations can be made, as required by the Federal Disabilities Act. If I make the decision not to contact the Office of ACcessibility Services, or if the Office of ACcessibility Services finds that no accommodations are necessary, I understand that accommodations cannot be made by either Amarillo College or the Medical Data Specialist Program.

SIGNATURE OF APPLICANT

DATE

Amarillo College DIVISION OF ALLIED HEALTH

STATE OF TEXAS

COUNTY OF POTTER

\$ \$ \$

RELEASE AND WAIVER OF LIABILITY

AGREEMENT OF RELEASE made this day between AMARILLO JUNIOR COLLEGE DISTRICT ("Amarillo College")

and

print full legal name of student or applicant ("Student").

In consideration of Student being permitted to enroll at Amarillo College in the Medical Data Specialist program and the acknowledgment of Student of the following facts:

- That student will be required, as part of the normal educational process towards Student's degree or certificate to be placed in a teaching environment including, but not limited to, local medical facilities, offices of local practitioners, ambulances, medical laboratories, and other medical environments (hereinafter called "medical affiliates"), Student may be exposed to conditions which could cause bodily injury and/or death and may be exposed to patients afflicted with terminal or potentially terminal disease processes which may be of a contagious nature; and,
- That Student will first be provided, as part of the normal educational process toward Student's degree or certificate with detailed information about the nature, risks and preventive measures related to communicable diseases of a terminal or potentially terminal nature prior to the assignment of Student in an environment where these diseases are known to be present; and,
- 3. That Student could be exposed to high risk toxic substances in the medical affiliates, but will first be provided with information concerning prevention from becoming ill with same.

Student does hereby:

- 1. Authorize Amarillo College officials to place Student into the respective medical affiliates as they deem necessary for the completion of Student's educational program;
- 2. Release, waive, and convenant not to sue Amarillo College, its officers, agents, employees, and persons or entities acting together with Amarillo College in its education programs (hereinafter called "Releasees") from all liability to Student for any and all loss or damage, and any claims or demands whatsoever therefore on account of injury to the person or property or resulting in the death of Student or emanating from exposure to said disease processes and toxic substances, or any of these, whether caused by the negligence of Releasees or otherwise while the Student is on or within any of the program medical affiliates;
- Indemnify and hold harmless Releasees from any loss, liability, damage or cost that Student may incur due to the presence of Student in or upon any of the medical affiliates or in any way observing for any purpose or participating in the educational process in said medical affiliates; and,
- 4. Assume full responsibility for any and all risks due to participation in the normal educational process in the medical affiliates described above.

Student expressly acknowledges and agrees that the activities described above could be dangerous and involve the risk of injury and/or death and/or contracting terminal or potentially terminal disease processes and exposure to high risk toxic substances.

The UNDERSIGNED expressly agrees that the foregoing Release, Waiver, and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the Laws of the State of Texas and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The UNDERSIGNED is at least eighteen years of age and has read and voluntarily signed the Release and Waiver of Liability and Indemnity Agreement, and agrees that no oral representations, statements or inducements apart from the foregoing written Agreement have been made.

I have read this document. I understand it is a release of all claims. I understand I assume all risks inherent in the educational process and clinical experience conducted in the medical affiliates of Amarillo College as part of my progressing toward a degree or certificate as set out above. I voluntarily sign my name evidencing my acceptance of the above provisions.

Dated this _____, 20____,

Signed:

(full legal name)

Amarillo College Medical Data Specialist Program APPLICATION FOR ADMISSION

1.	NAME IN FULL	FIDOT			
_					
2.	SOCIAL SECURITY NUMBER				
~	CELL PHONE #: ()				
3.	HOME ADDRESS	CIT	Y	STATE	ZIP
	IT IS THE SOLE RESPONSIBILITY OF THE ST IS NOTIFIED, IN A TIMELY MANNER, IN THE				
4.	PERSON TO NOTIFY IN CASE OF EMERGEI	NCY:			
	NAME		TELEPHC	NE # (_)
	ADDRESS				
	ADDRESS NUMBER AND STREET C	ITY		STATE	ZIP
	RELATIONSHIP OF THIS PERSON TO YOU	l:			
5.	HAVE YOU EVER MADE AN APPLICATIO	N TO ANY AM	ARILLO COLLE	GE ALLIED HE	EALTH PROGRAM?
	(CHECK ONE) YES NO. IF "YES",	WHAT PROGRA	M?		
6.	DID YOU RECEIVE A HIGH SCHOOL DIPLON	MA OR G.E.D?			
	(CHECK ONE) H.S. DIPLOM	A;	G.E.D.		
	IF YOU CHECKED H.S. DIPLOMA, PLEASE	SUPPLY THE FOI	LOWING INFOR	MATION:	
	NAME OF SCHOOL WHERE THE DIPLOMA WAS REC			DATE OF GR/	
	IF YOU CHECKED G.E.D., PLEASE SUPPLY				
	YOU WILL BE REQUIRED TO SUBMIT AN OF TIFICATE TO THE REGISTRAR'S OFFICE AT SPECIALIST PROGRAM OFFICE.				
7.	GIVE INFORMATION CONCERNING COLLECTIONAL SCHOOLS ATTENDED:	GES, UNIVERSIT	IES, MILITARY S	PECIALIST TRA	AINING, AND/OR
	NAME OF INSTITUTION CITY & STATE	MAJOR		CREDITS EARNED MESTER OR QUAR	TER HOURS)
	YOU WILL BE REQUIRED TO SUBMIT AN OF	FICIAL COPY O	F ALL TRANSCR	IPTS/CERTIFIC	ATES OF COMPLE-

TION TO THE REGISTRAR'S OFFICE AT AMARILLO COLLEGE AS WELL AS TO THE MEDICAL DATA SPECIALIST PROGRAM OFFICE. 8. DO YOU HOLD ANY PROFESSIONAL LICENSES OR CERTIFICATIONS? (CHECK ONE)

YES

NO

IF YOU ANSWERED "YES", PLEASE LIST THE TYPE OF LICENSE/CERTIFICATION AND THE EXPIRATION DATE:

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF INFORMATION IS CAUSE FOR DENIAL OF ADMISSION OR EXPULSION FROM THE PROGRAM AND FROM THE COLLEGE.

SIGNATURE OF APPLICANT

DATE

Amarillo College is an Equal-Opportunity Community College that does not discriminate on the basis of race, color, national origin, sex, age, religion or disability in its educational programs, activities or employment policies.

Medical Data Specialist Program ACKNOWLEDGEMENT OF RECEIPT OF PROGRAM INFORMATION

NAME OF APPLICANT_

FIRST

M.I.

DATE ____

SOC. SEC. NUMBER _____ - ____ - _____

BY MY SIGNATURE ON THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE BEEN PROVIDED WITH WRITTEN DOCUMENTATION FOR ADMISSION INTO THE MEDICAL DATA SPECIALIST PROGRAM AT AMARILLO COLLEGE.

In particular, I have received each of the following:

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- 1. Criteria for Admission into the Medi cal Data Specialist Program.
- 2. An explanation of the admissions process for the Medical Data Specialist Program.
- 3. The Medical Data Specialist Program Curriculum.
- 4. Application form for admission to the Medical Data Specialist Program.
- 5. Amarillo College Division of Allied Health Release and Waiver of Liability.
- 6. The Functional Requirements for Admission and Progression in the Medical Data Specialist Program form.

I further understand that certain procedures within the selection process may be subject to change however the specific criteria for admission that I have been provided is NOT subject to change relative to my application.

Signature

Date