

# YAVAPAI COLLEGE - ALLIED HEALTH MEDICAL ASSISTANT PRACTICUM APPLICATION

Application for admission to AHS 295 Fall 2024 Semester Due July 12th, 2024



Each AHS296 Class is held at the Prescott Valley Center: 3800 N Glassford Hill Rd., Prescott Valley, AZ 86314.

Students will attend internship at Lab sites within Yavapai County. **To apply for practicum, complete this application first and use the secure upload link to send it to Allied Health with a copy of your Government Issued photo ID (Front and Back) and a signed degree audit. Once you are registered you will need to add a photo to your YC portal so a physical YC ID can be ordered for you. The secure upload link is <https://apps.yc.edu/secureupload/> For questions, please call Allied Health at 928-771-6126**

|                         |                            |              |
|-------------------------|----------------------------|--------------|
| Full Name:              | Date of Birth:             | Y#           |
| Address:                | City:                      | State & Zip: |
| YC Email Address:       | Phone #                    |              |
| Emergency Contact Name: | Emergency Contact Phone #: |              |

|                       |                               |          |                   |                |
|-----------------------|-------------------------------|----------|-------------------|----------------|
| CRN 35578             | August 19 - December 14, 2024 | AHS 295  |                   |                |
| Mandatory Orientation | August 19                     | Monday   | 9:00am to 12:00pm | PV40 - 185     |
| Internship            | August 20-December 14         | Mon—Thur | 7:00am-5:00pm     | Clinical Sites |

Practicum rotation is determined by the location availability and the order in which the student completes all Clinical Site requirements and registration. The clinical site approves or rejects the rotation based on their requirements. Industry types include Family Practice, Pediatrics, Dermatology, Cardiology, Surgery and Internal Medicine. Some sites will require an account in MyClinical Exchange. The membership fee is \$20 and is similar to CastleBranch as it is a Medical Document Manager. You will be notified if you need to create an account at [www.myclinicalexchange.com](http://www.myclinicalexchange.com). Although we cannot guarantee placement at a particular site, please indicate your interest below:

|                |  |
|----------------|--|
| Industry Type: | Location: (Prescott, PV, Verde Valley) |
|----------------|--|

Make an appointment with your academic advisor at (928) 776-2106 to obtain a signed Degree Audit. Ask if official transcripts from any of your previous schools are needed. This process can take several weeks. All course work in an Allied Health degree or certificate program must be a "C" grade or better.

|                 |   |
|-----------------|---|
| <b>Initial:</b> | I must be available 24-40 hours per week to complete my MA Practicum for a total of 120 hours. I understand that I may have to travel out-of-town to an internship site within Yavapai County. *Students are not allowed to do the internship at their place of employment.   |
| <b>Initial:</b> | I agree to timely complete internship site specific on-boarding requirements such as: fingerprinting, background check, online training, drug screen or other items required by the clinical site. I will complete all requirements and on-boarding by the requested date or I will not be permitted to participate in the practicum. |

I \_\_\_\_\_ (print your name) have read and understand the health requirements, clinical site requirements and expectations for the Medical Assistant Practicum.

\_\_\_\_\_  
 Applicants Signature

\_\_\_\_\_  
 Date Submitted

## Clinical Site Requirements & Immunizations Needed to Register for AHS 114 (CNA), AHS 295 (MA Practicum), or AHS 296 (Phlebotomy Internship)

Students should submit copies of their requirements and immunization records to CastleBranch and retain the originals for their own files. The Department of Allied Health and CastleBranch are unable to provide copies of these records to replace lost originals. Castlebranch instructions are included in this application.

Students are responsible for remaining in compliance with all clinical site mandated immunizations, immunization records, and students must adhere to all deadline requirements. Copies of updates to immunization records must be submitted to CastleBranch for the student files as mandated by the clinical site to continue in the program. Please note that if an immunization is due to expire during the term, it is the student's responsibility to provide updated records, or risk not participating in the clinical experience.

All immunization records must include your name and the name and signature of the healthcare provider giving the immunization and the date.

### Requirements and Immunizations to submit to CastleBranch

**MMR** (measles/rubella, mumps, rubella) Options to meet this requirement:

Submit a copy of proof of two previous MMR vaccinations

OR

If you have had all three illnesses OR received the vaccinations but have no documented proof, you must have a titer drawn for each illness.

If the titer results are POSITIVE, attach a copy of the results to the health declaration form.

OR

If the titer results are NEGATIVE, you must get two MMR vaccinations (each 30 days apart) and submit documentation.

**Varicella** (chicken pox)

Options to meet this requirement:

Submit a copy of proof of a POSITIVE IgG titer for Varicella.

OR

If the titer is NEGATIVE, submit a copy of proof that you received two Varicella vaccinations (each 30 days apart).

**Hepatitis B**

In order to apply to the Program, you must complete one full vaccine series.

Submit a copy of proof of completion of Hepatitis B injections:

3 dose vaccination series: Engerix-B or Recombivax HB or HepA-HepB (Twinrix) – one to six months to complete

OR

2-dose vaccination series Heplisav-B at least 4-weeks apart

OR

Submit a copy of proof of a POSITIVE HbsAB titer (lab report required)

**Flu Vaccination (optional during the summer semester)**

Submit proof of current flu vaccination. The vaccination must be for the current flu season which is usually available in August or September. Flu Vaccines are not required for the Summer Programs. Please do not submit a receipt – ask for an actual medical document with the vaccine information.

### **COVID-19 Vaccine (required by our Healthcare Partners)**

One of the following is required:

Documentation of your COVID-19 vaccination(s). If you receive the 2 dose vaccine series, both doses must be submitted at the same time for approval. Documentation must include the vaccine manufacturer, date of vaccine and provider signature.

OR

A waiver for medical reasons signed by a healthcare physician, or a religious exemption waiver that includes a personal statement from the applicant. \*

\*The applicant should be aware that for the clinical/intern/practicum site to accept students, the student must meet all requirements of the site. The requirements include providing proof of full vaccination against COVID-19. The student should understand that if they are not fully vaccinated by the time the clinical/internship/practicum begins, and/or the site does not accept a vaccination exemption, they will not successfully complete the required hours and would fail to achieve a passing grade in the course. [www.yc.edu/alliedhealth](http://www.yc.edu/alliedhealth) for waivers.

### **Tuberculosis (TB) Options to complete this requirement:**

Attach a copy of a recent Mantoux Method 2-step TB skin tests.

A two- step TB skin test consists of two separate TB tests and results. The second TB test must be administered 1 to 3 weeks after the first test. A two-step TB skin test is valid for one year, so please be sure your test does not expire during the semester. Records for Mantoux Method 2- step skin testing for tuberculosis requires name and signature of the healthcare provider and findings.

OR

If you have a POSITIVE TB skin test you must submit a chest x-ray diagnostic report stating negative for TB, with accompanying TB questionnaire signed by a healthcare provider. This must be current.

OR

Blood Test (IGRA, T-Spot and QuantiFERON acceptable) completed within the past 12 months (LAB REPORT required).

**Tetanus/Diphtheria and Pertussis (Tdap)** immunization within the past 10 years. This immunization is good for ten years. Please determine if you need a booster by looking at the date of your original immunization.

### **Basic Life Support (BLS) for Healthcare Provider (CPR)**

Submit documentation of the following:

(BLS) Basic Life Support certification for Health Care Providers from the American Heart Association (AHA). Must have been taken in person and stay current through the internship / practicum. Online CPR is not accepted. Yavapai College offers EMS123 which fulfills this requirement.

### **Level One Fingerprint Clearance Card**

Please provide your Arizona Department of Public Safety Level One Fingerprint Clearance Card-- copy of front and back of card, must show date issued, date of expiration, and card number.

### **Background Check**

Students must submit to a background check including statewide criminal (Arizona), includes maiden and alias names, Nationwide Record Indicator (National Database) with Nationwide Sex Offender INDEX, 7-year U.S. County Criminal Search, Nationwide Healthcare Fraud & Abuse, and Residency History. The clinical site determines rotation acceptance or rejections of any findings on the background check.

### **Health Insurance**

Students must have health insurance. Contact Strong Foundations <http://www.yc.edu/v6/student-services/strong-foundations/index.html>



### Fingerprint Clearance Card

Arizona Department of Public Safety Level One Fingerprint Clearance card is required for all applicants in the Allied Health Programs at Yavapai College. There may be a 6 to 13 week processing time so please get this started right away.

1. Visit <https://www.azdps.gov/services/public/fingerprint> to obtain or renew an AZ DPS Level 1 Fingerprint Clearance Card.
2. Click **Apply for a card**.
3. Read the information and click **Apply for a Fingerprint Clearance Card**.
4. Click the **Continue** button under Fingerprint Clearance Card.
5. Select **Request a Replacement / Apply for a card**, and click continue.
6. Create an account if needed or login. When asked, select **Non-IVP** card and continue the process.
7. When asked why you are applying, choose **Health Science Student and Clinical Assistant**.
8. Follow the instructions on the form.
9. Live Scan fingerprints have been available at PostNet: 3298 N Glassford Hill Rd., Prescott Valley (Fastest Process)



### CPR Certification—Basic Life Support for Healthcare Providers (BLS)

AHS 295 Medical Assistant Practicum requires the Basic Life Support for Healthcare Providers (BLS) from the American Heart Association Certification. BLS is a professional healthcare CPR class specifically for profession rescuers, including students who will be in clinical setting. This BLS course must be entirely in person. Any other type of CPR/First Aid or online CPR will not meet requirements. Here are some locations you may to reach out to in addition to your own Yavapai College!

***Enroll in EMS123 to complete this requirement.***

|  |   |
|--|---|
| Central Yavapai Fire District <a href="http://www.centriallyavapafire.org">www.centriallyavapafire.org</a><br>(928) 772-7711 | New Life CPR <a href="http://www.newlifecpr.org">www.newlifecpr.org</a><br>(928) 445-5024 |
| Sedona Fire Department <a href="http://www.sedonafire.org">www.sedonafire.org</a><br>(928) 282-6800                          | Prescott Fire Department<br>(928) 445-5555  |

### Background Check and Drug Screen

Once you have created your CastleBranch account using package code YA75bg, a background check will begin automatically. It is valid for 180 days. The clinical site determines rotation acceptance or rejection of any findings on the background check. The background check contents look for the following:

- Statewide Criminal—Arizona and includes maiden and alias names
- Nationwide Record Indicator (nationwide database) with Nationwide Sex Offender INDEX
- 7 year U.S. County Criminal Search—All counties of residence outside AZ
- Nationwide Healthcare Fraud and Abuse
- Residence history



CastleBranch will provide you with a digital code with the purchase of YA75dt to present to Sonora Quest Lab for your Urine Drug Screen. Results of the screen will be posted on your CastleBranch account. Failure to pass the drug screen will remove you from the course. Please read the information pertaining to the Medical Marijuana Act (Proposition 203). Please complete the Alcohol/Drug Test Release and Consent form and return it to Allied Health the day you process your drug screen with Sonora Quest.



## Instructions for CastleBranch



CastleBranch is a **Medical Document Manager** website that you will use to upload your proof of immunizations, BLS card, and AZ DPS Finger Print Clearance Card. Follow the instructions below to create an account (Place an Order) at [www.castlebranch.com](http://www.castlebranch.com). Once all clinical site requirements, acceptable background check and negative drug screen is complete on Castlebranch, an override will be requested for you to register for the class.

### CastleBranch Instructions:

#### HOW TO PLACE AND ORDER

1. Go on line to [www.castlebranch.com](http://www.castlebranch.com)
2. Click on "Place Order"
3. Type in the Package Code

Package Code:

**YA75im** Medical Document Manager Annual CRR **\$24.00**

**YA75bg** Criminal Background Check **\$49.50 (valid for 180 days)**

**YA75dt** Drug Screen **\$59.00 (valid for 180 days)**

You will be prompted to create your secure myCB account. Now you can upload documents, view your results, manage requirements and complete tasks. The email address you provide will become your username. A digital code for the Urine Drug Screen will be provided for you to share with Sonora Quest Labs. Keep in mind your background check and drug screen need to be valid during your clinical and are only valid for 180 days. Failure to pass the drug screen will remove you from the course. Read the information pertaining to Medical Marijuana Act (P.203)



### Submitting Documents on CastleBranch:

#### Options for Digitizing your Document

Take a picture, use the myCB app, scan your document.

Submitting Through myCB

Click **To-Do Lists** with the myCB panel on the left

Expand the requirement you wish to upload to

Click **Browse** next to **Your Computer or Flash Drive**

Select file (s) needed, one at a time

Click **Submit**.

All documents uploaded are stored in your **Document Center** for future use. To attach a previous uploaded document to a requirement, follow the same steps and then click **Browse** next to **My Documents**.

CastleBranch Customer Service Phone: 888-914-7279

Email is [servicedesk.cu@castlebranch.com](mailto:servicedesk.cu@castlebranch.com)



## Medical Marijuana Act (Proposition 203)

In 2010, Arizona voters approved the Arizona Medical Marijuana Act (Proposition 203), a state law permitting individuals to possess and use limited quantities of marijuana for medical purposes. Because of its obligations under federal law, however, Yavapai Community College will continue to prohibit marijuana possession and use on campus for any purpose.

Under the Drug Free Workplace Act of 1988, and the Drug Free Schools and Communities Act of 1989, "...no institution of higher education shall be eligible to receive funds or any other form of financial assistance under any federal program, including participation in any federally funded or guaranteed student loan program, unless it has adopted and has implemented a program to prevent the use of illicit drugs and abuse of alcohol by students and employees." Another Federal law, the Controlled Substances Act, prohibits the possession, use, production and distribution of marijuana for any and all uses, including medicinal use. This law is not affected by the passage of the Arizona Medical Marijuana Act. Because Yavapai Community College could lose its eligibility for Federal funds if it fails to prohibit marijuana, it is exempt from the requirements of the Arizona Medical Marijuana Act. Therefore, Yavapai Community College will continue to enforce its current policies prohibiting the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance on its property or as part of any of its activities.

Students who violate Yavapai Community College policy prohibiting the use or possession of illegal drugs on campus will continue to be subject to disciplinary action, up to and including expulsion from school and termination of employment. (HR policy 2.6.2)



# ALCOHOL / DRUG TEST RELEASE AND CONSENT FORM



Complete this form the day of your drug screen and mail it to Allied Health in the enclosed envelope.  
 Mail to: Allied Health, Yavapai College, 3800 N. Glassford Hill Rd., Prescott Valley, AZ 86314  
 or email to: malinda.wrisk@yc.edu

I authorize Yavapai Regional Medical Center, Verde Valley Medical Center, Sonora Quest or Bradshaw Mountain Essentials or other medical facility or health care professional designated by Yavapai College, to obtain urine and/or blood specimens from my body for laboratory analysis for the purpose of alcohol and/or drug testing. I authorize release of results of the test(s) to the Yavapai College Department of Allied Health, School of Health and Wellness Division.

This release and consent is subject to the terms and conditions of Yavapai College, School of Health and Wellness Division, Allied Health Procedure on Screening for Use of Alcohol and Drugs. A photocopy of this authorization may be used if the original is not available.

I understand that my refusal to authorize such examination will subject me to immediate discipline according to the aforementioned Procedure.

I state that the specimen that I am providing is, in fact, a specimen from my own body given in this medical facility on this date:

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

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

I have used the following drugs or medicines within the last 30 days, including medicines purchased over the counter and those prescribed by a physician or other licensed health care professionals. (Medical Marijuana Policy attached). If none, write "none". If you require more space, please use the back of this form.

| Name of Medicine | Name of Health Care Professional | Date Last Used |
|------------------|----------------------------------|----------------|
|                  |                                  |                |
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|                  |                                  |                |
|                  |                                  |                |

Regarding clinical experience and class hours:

I authorize personnel of Yavapai College to transport me to Yavapai Regional Medical Center, Verde Valley Medical Center, Sonora Quest, Bradshaw Mountain Essentials Lab or other medical facility for drug and/or alcohol testing. After testing, I agree to accept arranged transportation home.

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





# Associated Costs\*



|  |  |
|--|--|
| <b>Tuition for AHS 295 3 credits (Arizona Resident)</b>  | <b>\$396</b>                           |
| Textbook<br>Please visit the YC bookstore for textbook options<br>NCCT Exam Fee <b>included</b> in the Tuition.  | \$85<br>Fee if paid separate: \$120.00 |
| CastleBranch<br>Document Manager, Drug Screen and Background Check   | \$137.50                               |
| Arizona DPS Fingerprint Clearance Card   | \$65.00                                |
| CPR for Healthcare Provider (BLS) Card   | \$40.00                                |
| TB Test (2-Step) or Chest X-Ray Diagnostic Report  | \$60.00                                |
| Immunizations  |  |
| Flu Vaccine  | \$45.00                                |
| Tetanus, Diphtheria, Pertussis (Tdap) Vaccine  | \$85.00                                |
| Measles, Mumps, Rubella (MMR) Vaccine  | \$230.00                               |
| Varicella Vaccine  | \$410.00                               |
| Hepatitis B Vaccine  | \$350.00                               |
| COVID-19 Vaccine (No cost with insurance or through a federal program for the uninsured)   | \$0.00                                 |
| Scrubs & Shoes - Maroon / Burgundy scrubs and white or black shoes (no canvas shoes)   | \$75.00                                |
| *The above information is provided to give students, parents, and advisors an approximate cost of the Allied Health internship program. These are only estimates and are not all-inclusive of the costs associated with the program. The actual costs may be higher or lower. Tuition and other fees may change at the Governing Board's discretion while this document is in effect. Please make sure that you take on the responsibility of knowing tuition and fees schedules as they pertain to you. |  |

Internship rotation is determined by the location availability and the order in which the student completes all requirements and registration. Some Internship sites will require an account in My Clinical Exchange. The fee is \$20 and is similar to CastleBranch as it is a Medical Document Manager. You will be notified if you need to create an account at [ww.myclinicaexchange.com](http://ww.myclinicaexchange.com).

### Affirmative Action / Equal Employment Opportunity

*Yavapai College is an affirmative action/equal opportunity institution. For Yavapai College's nondiscrimination statement, visit [www.yc.edu/aa-eeo](http://www.yc.edu/aa-eeo). A lack of English language skills will not be a barrier to admission and participation in the programs of the college.*

*Yavapai College es una institución de oportunidades de acción/igualdad afirmativa. Para la declaración de no discriminación de Yavapai College, visite [www.yc.edu/aa-eeo](http://www.yc.edu/aa-eeo). La falta de conocimiento del idioma inglés no será una barrera para la admisión y participación en los programas de la universidad.*