



**Idaho State  
University**

**College of  
Technology**

# **MEDICAL ASSISTING**

**2021 – 2022**



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## I. Message from the Dean

Dear College of Technology Student,

Congratulations on your decision to pursue your education at the Idaho State University College of Technology. On behalf of all faculty, staff, and administration, I want to take this opportunity to personally extend a warm welcome. Our mission is to provide you with the skills, knowledge, and abilities to be successful in your chosen career.

I am pleased to see that you made the decision to join the largest, most comprehensive postsecondary technical institution in the state of Idaho. You now belong to a college that boasts an alumni base of more than 23,000. For more than 100 years, students have graduated from Idaho State University with the technical skills necessary to successfully enter the workforce. I am confident that you will also be prepared by our faculty to pursue your passion and have an enjoyable lifetime career.

Amid the excitement of enrolling at ISU, you probably have many questions. This student handbook has been prepared for your use and contains the answers to many of your questions. If you would like additional information, please contact your faculty or Student Services directly. We are all here to help you succeed in your studies and stand prepared to assist with your concerns.

Once again, welcome to the College of Technology.

Go Bengals!



Debra Ronneburg

Interim Dean

## II. COVID-19 Information

Idaho State University has returned to in-person instruction and on-campus activities for Fall 2021. To protect the health and safety of our entire campus community, Idaho State will continue to follow CDC guidelines.

**Effective August 11, 2021, face coverings are required indoors for all individuals – regardless of vaccination status – unless alone in a private office, campus residence, or workspace.**

The University is not implementing any physical distancing requirements, and face coverings are not required when outside on any of our campuses. The on-campus face covering requirement for indoor spaces will be reviewed every two weeks and removed as the local situation improves.

### COVID-19 Screening Program

The University's non-invasive, saliva-based screening program is available to members of the campus community who may have COVID-19 symptoms, know COVID-19 exposure, or related to travel requirements. For more information or to schedule a screening, please visit [isu.edu/roaringback/covidscreening](https://isu.edu/roaringback/covidscreening).

### COVID-19 Self-Report Form

If you believe you have symptoms of COVID-19, have had a recent positive COVID test, or have come into contact with someone who has tested positive for COVID, please fill out the COVID-19 Symptoms, Exposure, & Test Result Self-Reporting Form. [isu.edu/self-reporting-form](https://isu.edu/self-reporting-form)

### COVID-19 Vaccination Information

The COVID-19 vaccination is widely available at no cost. Idaho State University has many pop-up vaccination clinics available this fall for students, faculty, and staff. The vaccine is also available at local clinics and pharmacies.

**Help Idaho State Say In Person This Fall: Get Vaccinated!**

### III. Program Introduction

This handbook is designed to provide information and serve as a resource for most questions and school situations you may encounter as a student in the Medical Assisting program. The information provided in this handbook is meant to supplement that provided in the Idaho State University Handbook and Official Student Code of Conduct.

All students are directly responsible to the instructors first. Details regarding program procedures will be covered and questions answered during orientation at the beginning of the program or as the need arises. Problems of any nature will be brought to the attention of the instructors and program coordinator. They will seek assistance for a student problem. If a student feels a need for conference with someone other than an instructor or the program coordinator, a meeting may be arranged with an advisor from the College of Technology Student Services at (208) 282-2622.

#### Program Administration

The Medical Assisting program is operated by the College of Technology, Idaho State University. The program works in cooperation with the Idaho State Board for Professional Technical Education and is approved by the State Board of Education.

The Medical Assisting program is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) upon the recommendation of Medical Assistant Education Review Board (MAERB).

#### Commission on Accreditation of Allied Health Education Programs



Commission on  
Accreditation  
of Allied Health  
Education Programs

1361 Park Street  
Clearwater, Florida 33756  
(727) 210-2350  
[www.caahep.org](http://www.caahep.org)

## College of Technology

Interim Dean	Debra Ronneburg
Interim Associate Dean	Darin Jernigan
Health Occupations Department Chair	Henry Oh
Program Coordinator	Susan Carter
Program Instructor	Becky Mann
Program Academic Advisor	Jesse Call-Feit

### Program Information

#### Degrees/Certificates Offered

- Associate of Applied Science                      Medical Assisting

#### Mission Statement

The mission of the Medical Assisting program is to provide comprehensive, quality educational training to enable students in their capabilities as healthcare professionals in the outpatient administrative and clinical settings in the community, state and beyond.

This program focuses on students and the training needed to enter the health care setting as entry-level medical assistants. The goals of this program are to involve students in both educational and hands-on skills to ensure their success in the field of medical assisting. Students will receive a broad based knowledge that will support their educational requirements as well as skills testing that will confirm their tactile capabilities.

#### Program Objectives

Graduates of the Medical Assisting program will be able to:

1. Help physicians examine and treat patients by taking and recording vital signs and medical histories, explain treatment procedures to patients, prepare patients for

- exams, assist during the exams and other office procedures, collect blood and other specimens, and perform basic lab procedures.
2. Perform routine tasks to keep offices running smoothly, such as schedule appointments, process insurance claims, perform bookkeeping, and maintain electronic medical records.

## Student Learning Outcomes

Graduates of the Medical Assisting program will have the following learned capabilities:

1. Assist physicians with the examination and treatment of patients by taking and recording vital signs and obtaining medical histories.
2. Explain procedures to patients; prepare patients for examination; assist during the examinations and the office surgeries.
3. Help patients in healthy choices in their healthcare; help with resources available in their community.
4. Draw blood for collection and prepare laboratory specimen transport or perform basic CLIA-Waived laboratory tests done in the clinic.
5. Efficiently start, maintain, and discontinue Intravenous Therapy for hydration.
6. Prepare and administer medications as directed by a physician orally and parenterally, authorize drug refills as directed, telephone prescriptions to a pharmacy.
7. Perform EKG's, spirometry, remove sutures, and change dressings.
8. Perform clerical duties such as answer telephones, greet patients, update and file patient medical records, code procedures and office visits, fill out insurance forms, handle correspondence, schedule appointments, arrange for hospital admission and laboratory services, and handle billing and bookkeeping.
9. Work proficiently with electronic health records and practice management.

### Introduction from Susan Carter

I would like to take this opportunity to welcome you as a new student in the Medical Assisting program and tell you how excited I am that you have chosen this career path. Medical Assisting is a career that is expanding rapidly, as is healthcare in general. Medical assisting is expected to grow by a tremendous 29% in the 10-year span between 2016 and 2026.



I can assure you that you will find this program full of educational opportunities. Medical Assisting is a challenging program, with great rewards in the knowledge and skills you will gain. It will be a busy and a very productive time for you as a student.

I ask that you take the time to read this handbook as it has information you will need for your time in the program including policies, procedures, and other valuable information that will make things go more smoothly for you. You should hold onto your student handbook through the program for clarification of situations that may arise in the next five semesters. If you have questions after reading the handbook, please feel free to contact me. I also ask that you print and sign the form at the end, stating you have received and read this handbook and return it to me.

As a Certified Medical Assistant, I find this field very rewarding. The opportunity to connect with patients and others on the healthcare team in order to provide quality care is outstanding. We can make a difference in the lives of the people we come in contact with. I hope my enthusiasm for this program will be contagious and you too become infected with this attitude. I anticipate that you will enjoy your experience here at Idaho State University. Please know that my door is always open to all students.

Here's to the beginning of a great semester and program!

Susan Carter, BS, CMA (AAMA)

## Program Description

After completing the Medical Assisting Program, an Associate of Applied Science degree is awarded. This degree will segue nicely from the AAS to a Bachelor in Health Science, or Bachelors of Applied Science degree. This five semester program provides lab equipment and supplies that are based on industry standards and highly experienced instructors.

## Facilities

The Medical Assisting program is located in the Owen Complex Room 260. This lab is equipped with an area for students during class and lecture events. It also houses four clinical settings rooms, areas for blood labs, CLIA waived testing, autoclaving and phlebotomy chairs. Examinations and check-offs are performed in this lab. MA 104, Introduction to Medical Assisting and MA 203 will be at the Owen-Redfield Complex or at the RFC building as needed.

## Medical Assisting Program Goals & Outcomes

The goals and objectives of the Medical Assisting program support the program's mission and philosophy and are consistent with the mission and philosophy of the institution.

The core themes of ISU that fulfill its mission are:

- Learning and Discovery
- Access and Opportunity
- Leadership in Health Sciences
- Economic and Social Impact

### Idaho State University Medical Assisting Objectives and Expected Outcomes

The program will provide quality comprehensive educational training.

- The curriculum will adhere to the MAERB entry level competencies.
- The program will prepare entry level medical assistants in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains in order to meet or exceed the established outcome assessments required by the MA programs accredited by CAAHEP.
- Students will perform at a "C" (73) or better grade level in all goal classes, and a "B-" (80) or better in all support and Medical Assisting classes within Psychomotor and Cognitive Domains.
- Students will be academically assessed regarding critical thinking, effective communication, and personal responsibility through evaluations, to include written, verbal, and critical thinking skills activities.
- The MA Technical Advisory Committee will meet bi-annually to discuss expectations and achievements of the MA program in regards to the mission statement. This board will be a response to the needs of the community and its members will consist of local medical facility members such as office managers, Certified Medical Assistants, and medical providers.
- The program will maintain quality clinical affiliations.
- The program will encourage faculty development.
- The program will maintain a standard that supports a low faculty/student ratio (1:20)
- The program will work to be cognizant of continuous changes in the healthcare field and bring information to the students through assessment and exposure of new concepts and procedures.

The program will diligently work to prepare quality Certified Medical Assistants who will:

- Graduate successfully from the ISU Medical Assisting Program.
- These graduates will be eligible to sit for the National Certification Exam.
- They will perform and demonstrate entry level skills through the supervision of a Certified Medical Assistant instructor and practicum affiliate.
- Upon passing the National Exam, graduates will assume the role of Certified Medical Assistants and are encouraged to be involved with the local chapter, state society and national organization, AAMA.
- Graduates will be encouraged to continually improve their knowledge and skills through continuing education opportunities and monitoring advancements in healthcare.

## Job Description

Medical Assistants assist physicians in the examination and treatment of patients and perform routine tasks to keep offices running smoothly. Medical assistants should not be confused with physician assistants, who examine, diagnose, and treat patients, under the direct supervision of a physician. Nor should they be confused with a licensed practical nurse or ever be referred to as a nurse.

The duties of medical assistants vary from office to office, depending on the location and size of the practice and the physician's specialty. In small practices, medical assistants are usually "generalists," handling both clerical and clinical duties and reporting directly to the office manager or physician. Those in large practices tend to specialize in a particular area under the supervision of department administrators.

Clinical duties vary according to state law and include taking and recording vital signs and medical histories; explaining treatment procedures to patients; preparing patients for examination; and assisting during the examinations and office surgeries. Medical assistants collect and prepare laboratory specimens or perform basic laboratory tests on the premises; dispose of contaminated supplies; and sterilize medical instruments. In the state of Idaho, medical assistants also perform the initiation and discontinuation of intravenous therapy. They instruct patients about medication and special diets, prepare and administer medications as directed by a physician, authorize drug refills as directed, telephone prescriptions to a pharmacy, draw blood, prepare patients for x-rays, take EKG's, remove sutures, and change dressings.

Medical assistants perform many clerical duties. They answer telephones, greet patients, update and file patient medical records, fill out insurance forms, handle correspondence, schedule appointments, arrange for hospital admission and laboratory services, and handle billing and bookkeeping.

Medical assistants may also arrange examining room instruments and equipment, purchase and maintain supplies and equipment, and keep waiting and examining rooms neat and clean.

There are many specialty groups that require Medical Assistants to take advanced classes in order to specialize in a specific area. On the job training for these specific duties may also be required by physicians.

## Essential Functional Requirements for Medical Assisting Students

There are essential requirements for students entering the Medical Assisting program including physical, cognitive and behavioral functions that apply to the program. These following abilities are essential to meet classroom, clinical, and administrative objectives as well as those required in the healthcare field.

1. Physical
  - a. Students must be able to perform physical activities that require them to be able to move the human body into specified positions, and lift up to 50 pounds.
  - b. Students must have the capability to use dexterity and tactile abilities in performing injections, phlebotomy and laboratory testing as required.
  - c. Students must be able to communicate well with instructors, students, and patients in an office setting.
  - d. Student must be able to stand, walk, and assume sitting and lying positions as needed during clinical exercises.
2. Cognition
  - a. Students must be able to focus on tasks at hand as well as learn quickly and multi-task when required.
  - b. Students must be able to utilize the knowledge they have gained in class and laboratory work and apply critical thinking skills as needed.
  - c. Students must be able to remember tasks, assignments and skills over short and long periods of time.
3. Behavior
  - a. Students must be able to attend to and understand information and ideas presented through lectures and text.
  - b. Students should be able to discern when to communicate and when not to. They should be able to keep the conversation relevant. Students should be able to determine relevant questions and discussions for each class.
  - c. Students must be aware of the program's stance on substance abuse. Substance abuse in any form is not tolerated. If taking medications that may hinder their abilities to perform tasks safely, a student must inform the

instructor and the student's physician may be required to attest that the medication is necessary and will not affect the student's capacity for performing tasks in the classroom safely.

## **Medical Assisting**

Individuals entering the Medical Assisting Associate of Applied Science degree program must complete a background check, have a full physical done and verify that immunizations are up to date as conditions of their acceptance into the first spring semester.

Failure to complete these requirements will prevent the student from progressing to the 2nd fall semester clinical classes. This handbook is designed to provide information and serve as a resource for most questions and school situations you may encounter as a student in the Medical Assistant program. The information, provided in this handbook, is meant to supplement that provided in the Idaho State University Bulletin and Official Student Code of Conduct.

## IV. Program Policies

### Pre-Admission Requirements

Prior to entering the MA program, students must apply to the University and College of Technology. This can be done at: [isu.edu/tech](http://isu.edu/tech)

Applications are accepted throughout the year with a selection of qualified applicants taking place in the late fall for spring entry. Further information regarding the application process through the ISU College of Technology Student Services Office at (208)282-2622.

As a part of the admission process, students must also complete the following:

- Background Investigation – All MA students must complete a background check prior to their first semester to be admitted into the clinical classes in the 2nd fall semester. Unsatisfactory background checks are investigated and dependent on the outcome of the investigation, could result in dismissal from the program. Any related costs for these requirements are the student's responsibility.
- Student Physical – First year students must have their physical examination and immunizations prior to the beginning of the 1st spring semester. The completed form must be turned in to the Program Coordinator, without exception before the student begins the Spring semester.
- Students must also ensure the following vaccinations are current:
  - TDaP – student must have proof of vaccine as an adult or get the vaccine.
  - Influenza – student should get this immunization every year.
  - Hepatitis B Vaccine – student must have proof of series, either through getting the vaccine series or through titers
  - MMR – student must do titers or vaccine series.
  - Varicella – student must do titers or vaccine series.
  - PPD – this test for tuberculosis must be done annually. If student's results are positive, student must have PA Chest X-ray done.

Failure to complete the background check, physical, and vaccines will prevent student from entering and proceeding into the program

### Attendance Policy

Employers are very interested in a student's attendance and study habits because they reflect how he/she will perform on the job. Students are expected to attend every class

on time. Positive attendance accounting will be maintained by each instructor. Excessive absences jeopardize your ability to do well in the class and maybe a major contributing factor in your lack of success. For specific attendance rules and policies, please refer to your individual class syllabi. Students are responsible to find out what they have missed in a class and talk to the instructor about making up what was missed. An excused absence is one in which the student has informed the instructor of not attending class and furnishes a doctor's note, or other documentation to support the absence. All work due must be completed within 2 class days of returning to class following an absence.

It is the responsibility of the student to monitor their attendance!

In the event an instructor is out due to illness or other unforeseen circumstances, make-up class sessions will be arranged.

In case of inclement weather, information regarding school closures due to weather may be obtained by calling 282-3936.

If the student cannot get ahold of their instructor, they can call the Department administrative assistant at 282-4370 and she will relay a message.

## Grading Policy

Grading Scale:

Letter Grade	Percent	Points
A	93-100	4
A-	90-92.9	3.7
B+	87-89.9	3.3
B	83-86.9	3
B-	80-82.9	2.7
C+	77-79.9	2.3
C	73-76.9	2
C-	70-72.9	1.7
D+	67-69.9	1.3
D	63-66.9	1
D-	60-62.9	0.7
F	Below 60	0

- "C+" is not considered passing grades for Medical Assisting or support classes.
- "C-" is not considered passing grades for Goal classes.

## Dress Code

When in clinical classes, students are required to wear clean scrubs or a lab coat to cover street clothes. Closed toed shoes are required and hair must be clean and pulled back.

Nametags are provided to each student and must be worn in class. If the student loses their name badge, they can replace this for \$10.00 through the College of Technology Dean's office. All of this is without exception unless otherwise informed by the instructor.

## General Information

1. Exempt Credit: Prerequisites, where applicable, may be satisfied through TechPrep agreements or transfer course.
2. General Grading Policy: Students will be required to maintain a minimum grade of "B-" in all Medical Assisting and goal coursework. A grade of "C" or better is expected for all pre-requisite courses including English, Biology, Math, and Medical Terminology.
  - a. For specific grading policies, check your class syllabus which should be available from each instructor at the beginning of each class. A course maybe repeated only once. Failure to maintain a "B-" the second time will result in immediate dismissal from the program. All courses must be successfully completed prior to beginning clinical and administrative practicums.
3. Proper Sequencing: The MA Curriculum is sequenced to provide the student with the best possible learning experience. Students who do not complete proper class sequence each semester will not progress to the next semester.
4. Release Form: A student must sign a Release Form if he/she would like to authorize the instructors in the program to release information to prospective employers regarding grades, attendance, or other pertinent information for gaining employment. Students must sign a Release of Liability Form when entering clinical classes.
5. Health Insurance: It is highly recommended that students have and maintain Health Insurance during enrollment in the Medical Assisting Program.
6. Reporting Accidents: Students should promptly report any incident or accident occurring in class or lab setting to Instructor and Program Coordinator.
7. Background Investigation: All Medical Assisting students must complete a Background Check prior to their first spring semester to be admitted into clinical classes in the 2nd Fall semester. Unsatisfactory background checks are investigated and dependent on the outcome of the investigation could result in



dismissal from the program. Any related costs for these requirements are the student's responsibility.

8. Essential Functions of a Medical Assisting student:
  - a. Students must be able to lift, transfer, ambulate, position and assist patients in all aspects of exams and procedures.
  - b. Communicate with patients, providers and coworkers effectively.
  - c. Respond to emergencies by providing CPR and First Aid.
  - d. Adapt to stressful situations.
  - e. As stated on the Physical Form; student should not have limitations regarding lifting and moving people and or equipment. A physician must confirm that there are no mental or physical conditions that would prevent the student from participating and successfully completing the Medical Assisting Program to include the practicum.
9. Student Health Immunizations & Physical Exam:
  - a. 1st year students must have their Physical Exam and Immunizations prior to the beginning of the first spring semester.
  - b. The completed forms must be turned into the Program Coordinator, without exception, by the beginning of the first spring semester.
  - c. Failure to return completed forms prior to the beginning of the 1st spring semester classes will prevent students from proceeding to the second year fall clinical classes. Please note that the expenses incurred with blood tests for titers and vaccines will be at the cost of the student.
  - d. Students must adhere to policies set forth by practicum sites concerning required immunizations and toxicology screening.
10. Expenses not covered in tuition:
  - a. Physical Exam/immunizations (1st year)
  - b. Personal stethoscope & Blood Pressure Cuff (\$75.00)
  - c. Uniforms (prices vary)
  - d. Student Organization Dues, (\$10.00 per semester)
  - e. Student AAMA Dues, (National \$40.00)
  - f. Background Check (\$55.00)

## Code of Conduct

Stealing, Cheating, Dishonesty, and other violations of the student code of conduct will be handled on an individual basis. Students should familiarize themselves with the ASISU Student Handbook and calendar available in the ISU College of Technology Student Services Office.

Using, possessing, or being under the influence of illicit drugs or alcoholic beverages during school hours is prohibited.

SMOKING IS NOT PERMITTED IN ANY STATE OF IDAHO BUILDING.

## **Instructional Technology Requirements**

Use of computer technology is required by every student. It is necessary to have access to a computer, internet, and an ISU email account. Computer accounts are available when paying tuition fees. When utilizing the HIT Lab computers, students are asked to be respectful of the machines, mindful of food and drink in the lab, and understand these computers are not for games. The work done on these computers must be the assignments for that particular class unless it is an open lab. Abusing the computer lab privileges can result in dismissal from the HIT Lab.

Students will find that email is the best way to contact your instructors and receive quick responses. Students are required to check their email accounts on a regular basis as the instructors will communicate assignments and changes in the class itinerary through email.

The course site for all classes is Moodle. The instructors take a lot of time to work through and ensure course information is available to students. Students are required to use Moodle. It takes the place of syllabi, course handout and documents, and forms.

Again, this is a communication resource between students and instructors and changes and reminders are posted here to Moodle.

Class Accountability – the instructors will have the ability to check students' activity on Moodle. This shows when students are on Moodle, how long they are there, what has been viewed and the location the student was at when they logged into Moodle. That having been said, the instructors will know if the student is actively participating in the class and if not, they may give warnings, especially if the student's grades are suffering.

## **Medical Assisting Curriculum**

An Associate of Applied Science Degree is offered through the Medical Assisting program. The length of time to complete the associate's degree is 5 semesters. This program offers classroom, hands on clinical and laboratory experience as well as administrative and clinical practicums. All of this experience will prepare the student to sit for the American Association of Medical Assistance (AAMA) national certification

examination. All of the MA program curriculum is sequenced to ensure the student is provided the best possible learning experience. The program requires that all support and medical assisting classes be finished with a "B-" or better to progress to the next semester. No practicums will be done until all classes are completed satisfactorily.

Students are expected to attend class at the scheduled time and actively participate. Students are expected to be prepared with the text and any necessary supplies.

Upon completion of all program coursework (no exceptions), students will participate in MA 0206S, Administrative Seminar, MA206, Administrative Practicum, MA 204S, Clinical Seminar and MA 204 Clinical Practicum in their final semester.

MA 0204 and 0206 provide experience for the student to demonstrate entry level competencies as a Medical Assistant in a live setting, under the supervision of a physician, with actual patients. They are non-paid affiliations. The students will complete 360-368 hours of clinical and administrative practice.

MA 204S and MA 206S are seminar classes held each week to discuss rotations. All students receive direct supervision at the practicum site as well as indirect supervision from the Clinical Coordinator.

## **Certification Exam**

Graduates will be eligible to take the National Certification Exam for the Certified Medical Assistant (CMA). Graduates may not take the exam any earlier than 30 days before graduation. Individuals who have been found guilty of a felony, or pleaded guilty to a felony, are not eligible to take the CMA Exam.

However, the Certifying Board may grant a waiver based upon mitigating circumstances.

Exams are administered via computerized testing centers that graduates must apply for an appointment usually 1 to 3 months after graduation. After successful completion of the national examination, graduates will be awarded national certification with the opportunity to renew their certifications through continuing education credits every 5 years or by retesting.

## **American Association of Medical Assistants (AAMA) Code of Ethics**

The code of Ethics of the AAMA shall set forth principles of ethical and moral conduct as they relate to the medical profession and the particular practice of medical assisting.

Members of AAMA dedicated to the conscientious pursuit of their profession, and thus desiring to merit the high regard of the entire medical profession and the respect of the general public which they do serve, do pledge themselves to strive always to:

- Render service with full respect for the dignity of humanity;
- Respect confidential information obtained through employment unless legally authorized or required by responsible performance of duty to divulge such information;
- Uphold the honor and high principles of the profession and accept its disciplines;
- Seek to continually improve the knowledge and skills of medical assistants for the benefit of patients and professional colleagues;
- Participate in additional activities aimed toward improving the health and well-being of the community.

## Medical Assisting Creed

The creed of the American Association of Medical Assistants reads as follows:

- I believe in the principles and purposes of the professions
- I endeavor to be more effective
- I aspire to render greater service
- I protect the confidence entrusted to me
- I am dedicated to the care and well-being of all patients
- I am loyal to my employer
- I am true to the ethics of my profession
- I am strengthened by compassion, courage, and faith

## Disability Services

### Mission Statement

The mission of Disability Services (DS) is to increase equal opportunities and equal access to all programs and services sponsored or funded by Idaho State University. DS is dedicated to creating an accessible environment for students, employees, and community members with disabilities. In achieving this, DS:

Works collaboratively with University Partners to foster a welcoming, diverse, and inclusive University community.

Collaborates with and empowers individuals who have documented disabilities by working together proactively to determine reasonable accommodation(s).

Promotes a culture of self-advocacy, responsibility, and agency.

Ensures compliance with the Americans with Disabilities Act Amendments Act (ADAAA) and other current legislation.

Readily responds to grievances and advances inclusion through the removal of identified informational, physical, and/or attitudinal barriers.

Advocates for Universal Design (UD) as a crucial framework to support the diverse needs of students, faculty, staff, and community members.

Develops partnerships with external community members/groups to support the advancement of equity and inclusion at the local, state, and national levels.

Provides institution-wide advisement, consultation, and training on disability related topics, including but not limited to: legal and regulatory compliance and universal design.

## Contact Information

### Disability Services; Division of Student Affairs

Rendezvous Complex, Room 125  
921 South 8<sup>th</sup> Avenue, Stop 8121  
Pocatello, ID 83209-8121  
Phone: 208-282-3599  
Fax: 208-282-4617  
VP for ASL: 208-417-0620  
Email: [disabilityservices@isu.edu](mailto:disabilityservices@isu.edu)

## Office of Equity & Inclusion

### Mission Statement

The Office of Equity & Inclusion is committed to creating and maintaining a safe and respectful learning and working environment for all staff and students at Idaho State University by providing leadership, expertise and education in our mission to

create an environment where all members of the ISU community can thrive.

[Our](#) webpage will detail the specifics of each of our areas of service to the campus community including:

- EEO policy and procedure
- Civil Rights including harassment and discrimination
- Title IX compliance
- Gender Resource Center
- Diversity Resource Center
- Training, workshops and events

Our helpful and friendly staff are available to work with any member of the university community. We look forward to serving you.

## Contact Information

### Office of Equity and Inclusion

Rendezvous Complex, Room 157  
921 South 8<sup>th</sup> Avenue, Stop 8315  
Pocatello, ID 83209-8315  
Phone: 208-282-3964  
Fax: 208-282-5829

## V. College of Technology Policies

### Intoxicants Policy

Any instructor who observes behavior which suggest that a student may be under the influence or detects the odor of an intoxicant of a student will take the following actions:

1. The instructor will notify the student that they will not be allowed in the classroom or lab.
2. Public Safety should be contacted to escort the student to a safe place.
3. The student will meet with the Director of Student Services the following day to discuss which steps should be taken.
4. The Director will communicate with the Office of Student Affairs regarding the violation.
5. The Director will contact the instructor and Department Chair summarizing any outcomes.

This policy does not supersede other laws or university student conduct policies pertaining to alcohol or drug possession, consumption or delivery.

### Dismissal Policy

A student may be dismissed from a College of Technology program if the student fails to meet the academic and/or nonacademic continuation standards of the program/department including unprofessional/unethical behaviors and unsafe practices, or if the student is not making satisfactory progress in the program. Prior to making a decision of dismissing a student, the faculty of the program will meet with the student for a disciplinary review in order to give the student due process which includes a student's right to be adequately notified of charges and the opportunity to be heard.

### Disciplinary Procedure

1. The faculty will notify the student privately of the incident(s) that have led to a disciplinary review and schedule a meeting time for the review. The purpose of a disciplinary review is to discuss the facts of the incident(s), to hear the student's perspective, and if a violation has occurred, to determine an appropriate level of discipline which may lead to dismissal.
2. The meeting should be scheduled as soon as possible after the

incident(s) occurred.

3. The student should refrain from attending any clinical, lab, externship, etc. that may threaten or pose a danger to the health, safety or welfare of any individual. After the disciplinary review, the faculty should determine what sanction to impose. In determining what sanction to impose, mitigating and aggravating factors may be considered, such as the individual's prior disciplinary record, the nature of the offense, the severity of the damage, injury or harm resulting from the violation, and any restitution made.

### Notification Procedures

1. The student must be notified in writing of the outcome of the disciplinary review and if sanctions will be imposed. If the student is dismissed, the letter must be sent by certified mail, return receipt requested.
2. The letter should indicate the incident(s) that occurred and the decision made regarding the incident(s). The student should be notified in the document that he or she has the right of appeal according to the Idaho State University Student Handbook. The student should be given a copy of the ISU Student Handbook or notified that it is available online.

### Channels of Redress

An aggrieved student may:

1. Present any unresolved issues to the Department Chairperson. If the Department Chairperson is named in the complaint, the Dean of the College where the alleged infraction occurred shall appoint another member of the college to act in the Chairperson role for the appeals process.
2. Present any unresolved issues in a formal hearing before the Dean of the College involved. In the case of dismissal from a program, that is the college in which the program resides; for an appeal of a course grade, it is the college in which the course was offered. At this hearing, parties shall submit written charges, answers, and arguments to the Dean. The Dean shall preserve these documents for use in later appeals to a Scholastic Appeals Board, if such an appeal becomes necessary. Only written charges, answers and arguments presented at the Dean's formal hearing will be subject to review by a Scholastic Appeals Board. The Deans shall be charged with preserving all tangible evidence and all written charges, answers, and arguments submitted at hearing before them. The student must have specifically demonstrated at the formal hearing before the Dean how the alleged infraction led to his or her dismissal



from the program or adversely affected his or her final grade in order to pursue an appeal to a Scholastic Appeals Board. The Dean must notify, in writing, the student and faculty member of his or her decision within one week following the formal hearing. The Dean shall have the authority to direct the Registrar to change a student's grade.

3. A Department Chairperson or College Dean may elect to utilize an internal committee to assist in making a decision on academic appeals at the departmental and/or college levels. Department Chairs and Deans may interview the student and/or instructor, or conduct an additional investigation deemed appropriate to help in the decision-making process. Nothing contained in these procedures shall act to enlarge or restrict the existing authority, if any, of any Dean or the Provost and Vice President for Academic Affairs to take any action, including the changing of student grades or reinstating a student, outside of the appeals process described herein.

### Procedure for an Appeal to Scholastic Appeals Board

1. If the student wants to appeal the decision reached in the formal hearing, he/she must obtain a scholastic appeal petition form from the Office of Student Affairs, and return it there when completed. The completed petition shall include a concise description of the complaint, the signature of the student instituting the petition, and the signatures and comments of the faculty member, Department Chairperson, if any, and the Dean involved, if said persons are still available.
2. Copies of all written charges, answers, and arguments and all tangible evidence presented at the Dean's formal hearing shall be made available to the student to attach to the original petition submitted to the Office of Student Affairs. The petition and additional materials will be secured in the office.
3. A scholastic appeal petition must be initiated before the end of the semester following the formal hearing. The petition is initiated when the student formally presents his or her complaint to the Office of Student Affairs and requests a scholastic appeals petition.
4. The Office of Student Affairs will then notify the Chairperson of the Academic Standards Council of the need to consider the petition. The Chairperson will then choose a Chair for the Scholastic Appeals Board, and the rest of the Board will be constituted.

## VI. Idaho State University Policies

The following policies fall under the guidance of the Idaho State University Student Handbook.

For more information on each topic, please find the policy and descriptions using the handbook link.

1. Academic Integrity (page 15; Academic Integrity and Dishonesty Policy ISUPP #4000 for Undergraduates)
2. Academic Standing (page 10; Academic Standing)
3. Petitions (page 16; Petition Policies)
4. Sexual Harassment (page 18; Sexual Harassment Policy)
5. Smoking (page 23; Smoking Policy ISUPP 2370)
6. Substance Abuse (page 20; Substance Abuse Policy)
7. Withdrawal (page 6; Withdrawing from Courses)

[isu.edu/Student\\_Handbook](https://isu.edu/Student_Handbook)

Additional Idaho State University policies:

1. FERPA
  - [isu.edu/ferpa](https://isu.edu/ferpa)
2. Title IX
  - [isu.edu/titleIX](https://isu.edu/titleIX)
3. Satisfactory Academic Progress
  - [isu.edu/satisfactory-academic-progress](https://isu.edu/satisfactory-academic-progress)

## VII. Idaho State University Resources and Services

The following are Idaho State University resources and services to help our students succeed.

For more information on each topic, please use the links given.

1. Career Services
  - [isu.edu/career](https://isu.edu/career)
2. Commencement
  - [isu.edu/graduation](https://isu.edu/graduation)
3. Counseling and Testing Services
  - [isu.edu/ctc](https://isu.edu/ctc)
4. Disability Services
  - [isu.edu/disabilityservices](https://isu.edu/disabilityservices)
5. Health at ISU
  - [isu.edu/health](https://isu.edu/health)
6. Parking Services
  - [isu.edu/parking](https://isu.edu/parking)
7. Student Resources
  - [isu.edu/student-resources](https://isu.edu/student-resources)

## VIII. College of Technology Resources and Services

### Section I: Services for Students

Student Services: This office is located in two locations, the main floor of the Roy F. Christensen (RFC) Complex, Room 101, and the William M. and Karin A. Eames Advanced Technical Education and Innovations (Eames) Complex, Room 102. Student Services assists students with specific information about the programs at the College of Technology. Academic advisors are available to give students assistance with admissions, class and schedule advisement, academic resources, and specific information pertaining to a student's educational goals.

Hours are 7:30 am to 5:00 pm, Monday through Friday. Appointments can be made by calling (208) 282-2622. Appointments are recommended but are not required. Tours of the programs are available by appointment and can be set up by calling (208) 282-2800. [isu.edu/tech/student-services](http://isu.edu/tech/student-services)

Tutoring Assistance: Students who are experiencing difficulties with their program instruction or classroom assignments may receive assistance. The student's instructor should be contacted first, as many of the training programs have 'peer tutors' available who are familiar with the required curriculum and assignments.

Note: It is important to request assistance as EARLY in the semester as possible! At the point a student recognizes he/she is having difficulty, help should be sought immediately! Contact the TAP Center, (Tutoring, Academic support, Peer mentoring), located in Room 101 of the RFC Complex. Or telephone at (208) 282-3208 for an appointment to discuss specific tutoring needs. [isu.edu/tech/tutoring](http://isu.edu/tech/tutoring)

The Center for New Directions: Located within the RFC Complex on the third floor. The Center's telephone number is (208) 282-2454. Support programs are available at no cost for men and women who are interested in entering/re-entering the job market due to issues which might include: divorce; separation; death; or disability of a spouse. Services are available on job seeking skills, career information, self-esteem, self-confidence building, and personal counseling. The Center also provides a limited number of scholarships for single parents and for women and men interested in pursuing 'not-traditional' fields of training. [isu.edu/cnd](http://isu.edu/cnd)

### Section II: Registration and Fee Collection Policy

- All students who are enrolled in semester-based programs must pay their tuition by the Friday before classes begin to avoid a \$50 late fee. For tuition payment information, login to the ISU BengalWeb and go to the Finances tab.
- Students who are enrolled only in the eight-week classes (early and late), must pay tuition by the first day of class.

Note: It is the individual student's responsibility, regardless of funding source, to see that their tuition is paid on time and that they are officially enrolled at ISU. Students who do not pay tuition prior to the deadline may be disenrolled.

### Section III: Financing Your Education

Students attending the ISU College of Technology can apply for federal financial aid by submitting a Free Application for Federal Student Aid (FAFSA) form each year they are enrolled at the University. FAFSA applications are available on the web at:

[studentaid.gov/fafsa](http://studentaid.gov/fafsa)

It is strongly recommended that students apply early. Keep the Financial Aid office notified of any changes in student status such as address change, marriage, etc.

Note: Students who leave school prior to successful completion may have to repay federal financial aid received. Call the ISU Financial Aid office immediately if you plan to withdraw from school, (208) 282-2756. The website for financial aid is:

[isu.edu/financialaid](http://isu.edu/financialaid)

Numerous scholarships are available to College of Technology students. The ISU Scholarship Department website lists those scholarships through the Bengal Online Scholarship System (BOSS).

The most common scholarships are the Associated Students of ISU (ASISU) Need and Scholastic awards. Funds for these scholarships come from a portion of the registration fees each student pays. Many scholarships are donated by business/industry, organizations, or individuals and have specific criteria, which must be met.

[isu.edu/scholarships](http://isu.edu/scholarships)

### Section IV: Short-Term Loans

The Short-Term loan program is funded by Friends of Idaho State University. It is limited to loans for books and educational expenses. The maximum amount of each loan is

\$500. The loans are issued for up to 90 days. They must be repaid upon receipt of financial aid, 90 days after issue, or the last day of the semester, whichever arrives first. Your ISU internal credit rating will be reviewed prior to loan approval. Failure to pay this loan as agreed will adversely affect the credit rating used internally by ISU.

[isu.edu/short-term-loans](http://isu.edu/short-term-loans)

## Section V: Traffic and Parking

Note: Please refer to the ISU Parking web address at:

[isu.edu/parking](http://isu.edu/parking)

Every motor vehicle on the ISU campus must be registered and display an appropriate ISU decal. Parking permits are available at the ISU Traffic Office located at the corner of South 5<sup>th</sup> and Humboldt Street, telephone (208) 282-2625.

Cost:

- General Lot: \$100
- Reserved Lot: \$300
- Reduced Fee: \$50 (at Holt Arena only)

Students may park only in the area their parking decal designates. Students at the College of Technology may not park in the Cosmetology Patron parking spaces. The parking meters at the RFC Complex are reserved for visitors and new applicants inquiring about school. Students are NOT PERMITTED to park in metered spaces. Students should be aware of the ISU towing policy. Any vehicle will be towed at the owner's expense when it accumulates \$50 in citations.

Any traffic tickets resulting in fines owed to the University must be paid or student's transcripts, certificates, and/or degrees will not be released upon completion of their training program. In addition, registration for the next term will not be permitted until the fines and other financial obligations are paid or proper arrangements are made by the student.

## Section VI: Transportation

ISU Commuter Express: Idaho State University Commuter Express is a system designed to assist commuting students enrolled at ISU with a source of transportation to and from the campus. Buses run on a daily basis (Monday through Friday) and pick up students at various locations in outlying areas of the region including Idaho Falls

and Blackfoot. The bus schedule operates from the first day of each semester and continues until the last day of final examination week. For information on costs and schedule, telephone (208) 282-4460, or go to:

[isu.edu/transportation/commuter-express](http://isu.edu/transportation/commuter-express)

Bengal Shuttle: Pocatello Regional Transit (PRT) provides a shuttle bus service on campus from Holt Arena to various drop off points on a 10-minute basis during the school day and is free of charge. PRT provides transportation services within the metropolitan Pocatello vicinity. Student discounts are available. For information on schedule and drop off points, go to:

[isu.edu/parking/bengal-shuttle](http://isu.edu/parking/bengal-shuttle)

# IX. Handbook Signature Form & Photography Consent Release



**Idaho State  
University**

**College of  
Technology**

## HANDBOOK SIGNATURE FORM

I acknowledge that I have received, read and understand the Medical Assisting Handbook. I have also reviewed the Idaho State University Student Handbook and understand the privileges and responsibilities of attending Idaho State University.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
BENGAL ID #

\_\_\_\_\_  
INSTRUCTOR SIGNATURE

## CONSENT FOR PHOTOGRAPH RELEASE

I understand that my photograph may be used for educational purposes. I also understand that these photographs may be used in classroom discussions, reproduced to facilitate written and digital formats (including online), and/or be used in promotional materials (brochures, pamphlets, flyers, etc).

- If there are limitations, please check one of the following boxes:
- Photographs must be altered to ensure facial identity is hidden.
  - Do NOT use my photo for promotional or educational use.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE



# X. Computer Usage Policy



**Idaho State  
University**

**College of  
Technology**

## COMPUTER USAGE POLICY

Person(s) using any of the ISU computing resources for personal gain, violation of security/privacy or who otherwise compromise the integrity of the hardware and/or software shall be prosecuted to the full extent of the law.

Legitimate use of a computer or computer network does not extend to whatever you are capable of doing with it. Although some rules are built into the system itself, these restrictions cannot limit completely what you can do and can see. In any event, you are responsible for your actions whether or not rules are built in, and whether or not you can circumvent them.

Inappropriate use of the computer is considered computer misuse. The supervisor of each lab will determine what is deemed "inappropriate use" for their particular lab. For specific computer lab policies, see individual lab instructors. Inappropriate use may result in denial of computer lab access at the College of Technology.

The misuse of this computing account, or use of an account belonging to another, may result in the loss of your computer privileges. Where computing is required to complete course work this may effectively require transfer to a non-computer related program and/or hinder your pursuit of a degree. Examples of misuse are: sharing your personal account with another individual, using unauthorized passwords, use for financial gain or business purposes, sending offensive electronic mail or internet correspondence, chain letter, or other such correspondence, unauthorized transfer of computer programs or data, attempts to circumvent established procedures, computer security breach or attempts to break security.

I have read the entire student computing contract. I acknowledge and agree to use the ISU computing resources solely for University instructional, administrative, or research activities in accordance with above policy. I further acknowledge that any abuse of the above privilege may result in loss of computing privileges whether or not such privileges are necessary for continued enrollment in my present course of study.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
BENGAL ID #

## XI. Informed Consent and Release to Allow ISU to Use Student's Criminal Background Investigation, Drug Screen, and Any Other Applicable Reports



**Idaho State  
University**

**College of  
Technology**

### Medical Assisting Program

*Instructions: This form is to be used when a student is: 1) applying for admission to a program, 2) applying for field-based experience, or 3) requesting to complete a health care program's clinical requirement. Questions may be directed to the Office of General Counsel at (208) 282-2683.*

I am submitting this form in conjunction with my: *(check one applicable item)*

1. Application for admission to the ISU College of Technology MA program.
2. Application for field-based experience with the ISU College of Technology MA program.
3. Request to participate in health care clinical education for the ISU College of Technology MA program.

I hereby authorize the University, any qualified agent, and/or clinical affiliate/agency to receive and use in connection with the program checked above any of the following information including, but not limited to: criminal background information, including copies of my past and present nationwide law enforcement records; drug screen reports; insurance; Social Security number trace for previous residencies, employment checks, Office of Inspector General (OIG) Sanctions List, General Services Administration's Excluded Parties Listing System (GSA/EPLS), violent sex offender and predator registry search, applicable state exclusion list, US Treasury Office of Foreign Assets Control (OFAC), and the list of specifically designated nationals. I will purchase an ISU approved criminal background investigation from the designated third party vendor for the purpose of assisting the Program and/or the clinical affiliate/agency in evaluating my suitability for admission to a program, field-based experience, or participation in a clinical internship experience. The release of information pertaining to a background investigation is expressly authorized.

I understand that information contained in the criminal background report or any additional reports may result in: 1) my being denied full admission to the Program and, consequently, dismissal from the Program; or 2) my being denied or dismissed from the field-based experience and, consequently, denied admission to or dismissal from the Program; or 3) my being denied a clinical assignment and, consequently, dismissal from the program. I also understand that I will be afforded the opportunity to be heard before any such withdrawal from the Program.

I understand that I have online access to the vendor's results to review the same information that the Program receives in a criminal background investigation. I understand that reasonable efforts will be made by ISU to protect the confidentiality of the information it receives. I further understand that the results of the criminal background check and other reports may be reviewed by the following individuals and entities when evaluating my suitability, including but not limited to: the applicable dean, chair, program, department, the Office of General Counsel, and clinical affiliates or agencies.

If adverse information is contained in my report(s), I understand that I can view my own results and may be asked to provide more information in writing to the Program. I understand that admission decisions made by the Program are not subject to appeal.

I hereby give the Program permission to release my criminal background report and any other reports to affiliates and/or agencies to which I am assigned for clinical or educational experience prior to beginning the assignment and regardless of whether such affiliates and/or agencies have required the background check or other reports. I understand the affiliates or agencies may refuse me access to their clients/patients based on information contained in the criminal background check or other reports and that the affiliates'/agencies' criteria may differ from that of the Program.

I hereby release and hold harmless the State of Idaho, the University, its agents, officers, governing board, employees and/or the affiliates and agencies from any liability or damage in providing and disclosing such background information or any other reports. I agree that a photocopy of this authorization may be accepted with the same authority as the original.

I understand the University is not responsible for the accuracy and content of the background information provided by the third party vendor or any other reports and I hereby further release and hold harmless the State of Idaho, the University, its agents, officers, governing board, and employees from any and all claims, including but not limited to, claims of defamation, invasion of privacy, wrongful dismissal, negligence, or any other damages of or resulting from or pertaining to the collection of background information.

Additionally, I understand that the background check, drug screen, additional reports, program admission, field experience, and placement are subject to the requirements of the ISUPP Student Affairs.

I understand that I am responsible for all costs associated with this process.

**My signature below show that I have carefully read this document and understand and agree to its contents:**

\_\_\_\_\_  
Student's Signature (Student or Parent/Legal Guardian if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Name (Print)

\_\_\_\_\_  
Student Date of Birth

**Please print or type all names you have used in the past (use other side of page if necessary):**

\_\_\_\_\_  
\_\_\_\_\_  
-----

\_\_\_\_\_  
ISU Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Department

## XII. Consent, Acknowledgement of Risk and Waiver of Liability



**Idaho State  
University**

**College of  
Technology**

### Medical Assisting Program

*Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety.*

I, \_\_\_\_\_, am aware that as a student in the Medical Assisting program at Idaho State University, there are procedures I may be asked to perform as part of my education. These procedures utilize universally recognized precautions and follow the Clinical Laboratory Improvement Amendments of 1988 (CLIA). I will be supervised and observed during the procedures by a member of the teaching staff of ISU.

However, I am fully aware that there may be risks involved. These risks include, but are not limited to, hematoma (bruising), vasovagal syncope (fainting), muscle soreness, needle sticks, and other unknown and unanticipated hazards. Furthermore, if I am involved in an accidental needle stick, I acknowledge and understand that I will be asked to take a blood test immediately for my safety and the safety of others.

**To the extent permitted by law, and in consideration for being allowed to participate, I hereby assume all risks of such injury and hereby release the State of Idaho, the State Board of Education, Idaho State University and the College of Technology, and their respective agents, employees, officers, and volunteers (collectively the Released Parties) from any and all liability, claims, causes of actions, damages or demands, including costs and expenses, of any kind and nature whatsoever that may arise now or in the future from or in connection with my participation in the program whether caused by the negligence or carelessness of the Released Parties or otherwise.**

I understand I am responsible for my own medical insurance and certify that I am of lawful age (18 years or older) and otherwise legally competent to sign this Agreement. (If under the age of 18, Parent/Guardian must sign this release in front of a notary).

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name Print

\_\_\_\_\_  
Bengal Number

\_\_\_\_\_  
Parent/Guardian Signature (if under 18)

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Emergency Contact & Phone Number

**MUST BE NOTARIZED IF PARTICIPANT IS A MINOR**

NOTARY STATEMENT FOR MINOR PARTICIPATION:

STATE OF Idaho

COUNTY OF Bannock

On this \_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, before me personally appeared \_\_\_\_\_, known or identified to me and whose name is subscribed to the within instrument, and acknowledge to me that he/she executed the same.

SEAL

Notary Public of Idaho

Residing in: \_\_\_\_\_

\_\_\_\_\_

My Commission expires: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## XIII. Background Check with CastleBranch

Order Instructions for:



Idaho State University College of Technology Health Occupations

1. Go to [mycb.castlebranch.com](https://mycb.castlebranch.com)
2. In the upper right hand corner, enter the Package Code that is below.
  - Package Code ID41

### ABOUT

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#### About CastleBranch:

Idaho State University College of Technology Health Occupations and CastleBranch – one of the top ten background screening and compliance management companies in the nation – have partnered to make your onboarding process as easy as possible. Here, you will begin the process of establishing an account and starting your order. Along the way, you will find more tailored instructions on how to complete the specific information requested by your organization. Once the requirements have been fulfilled, the results will be submitted on your behalf.

### Order Summary

---

#### Payment Information:

Your payment options include Visa, Mastercard, Discover, debit, electronic check, and money orders. Note: Use of electronic check or money order will delay order processing until payment is received.

#### Accessing Your Account:

To access your account, log in using the email address you provided and the password you created during order placement. Your administrator will have their own secure portal to view your compliance status and results.

#### Contact Us:

For additional assistance, please contact the Service Desk at 888-666-7788 or visit [mycb.castlebranch.com/help](https://mycb.castlebranch.com/help) for further information.

## XIV. Medical History and Physical Examination



**Idaho State  
University**

**College of  
Technology**

### Medical Assisting Program

College: \_\_\_\_\_ Department: \_\_\_\_\_  
 921 South 8<sup>th</sup> Avenue, MS \_\_\_\_\_  
 Pocatello, Idaho 83209- \_\_\_\_\_  
 Program of Study \_\_\_\_\_  
 Fax Number: \_\_\_\_\_ ATT: \_\_\_\_\_

**STUDENTS PLEASE COMPLETE**

**BEFORE GOING TO YOUR PHYSICIAN FOR EXAMINATION**

#### REPORT OF MEDICAL HISTORY

				M/F
Last Name	First	Middle		Sex

Home Address: Number & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

#### PERSONAL HISTORY

Please check those which **you have had or now have**

Have You Had	Yes	Date	Comments	Have You Had	Yes	Date	Comments
Head Injury with Unconsciousness				Tuberculosis			
High or Low – Blood Pressure				Heart Condition			
Back Problems				Jaundice			
Stomach, Intestinal, Gallbladder Trouble				Disease or Injury of Joints			
List All Operations:   List All Current Medications:				Kidney Disorder			
				Allergy: Asthma			
				Hay Fever			

I hereby declare that I have no illnesses or emotional problems not discussed with my physician that will interfere with my enrollment in the program. I hereby grant permission for the information requested on this form to be released to the

\_\_\_\_\_ OF \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**PHYSICIAN PLEASE COMPLETE**

**REPORT OF HEALTH EVALUATION**

BP                      Height                      Vision – Right 20/                      Left 20/  
Pulse                      Weight                      Corrected – Right 20/                      Left 20/

ARE THERE ANY ABNORMALITIES?	YES	NO	DESCRIBE
1. Head, Ears, Nose, or Throat			
2. Respiratory			
3. Cardiovascular			
4. Gastrointestinal			
5. Hernia			
6. Eyes			
7. Genitourinary			
8. Musculoskeletal			
9. Metabolic/Endocrine			
10. Neuropsychiatric			
11. Skin			

HEPATITIS B	INFLUENZA	MMR	Tdap	VARICELLA	TB
+ Positive Titer -Negative Titer Attach lab result	Yearly Vaccine  August – March	2 documented doses OR proven serologic immunity to all three	Booster as an adult within the last 10 years	2 documented doses OR proven serologic immunity	Skin Test (PPD) Mm induration (>10mm is +) OR IGRA + or –
Negative titer requires further evaluation		Attach copy of vaccine administration record OR attach lab result	Attach copy of vaccine administration record	Attach copy of vaccine administration record OR attach lab result	Attach copy of document PPD mm reading or IGRA lab result  If positive* CXR attach report from radiology
<b>Please refer to ISU screening recommendations for details about serologic immunity, vaccines, and *TB screening</b>					

Is the patient now under treatment for any medical or emotional condition? Yes \_\_\_\_\_ No \_\_\_\_\_

Does this person have any limitations regarding lifting and moving of people and or equipment?

Yes \_\_\_\_\_ No \_\_\_\_\_

In your opinion, does this applicant have the mental and physical health to meet the requirements of being an active and successful student in the \_\_\_\_\_ Department as well as for being employed professionally following graduation? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

\_\_\_\_\_  
Physician's Signature                      Date                      Address

\_\_\_\_\_  
Print Name                      Phone



## XV. Clinical Education Assumption of Risk



**Idaho State  
University**

**College of  
Technology**

### Medical Assisting Program

Participation in clinical education, including clinical simulations in didactic settings, is required by professional accreditation standards for health sciences programs. Any placement in a healthcare facility (including hospitals, clinics, pharmacies, or other such entities) for the purpose of clinical education entails certain risks, including the risk of exposure to infectious diseases and other personal injuries. Similarly, there exists some level of risk in didactic settings. While every effort will be made to minimize risks to students, staff, and faculty, the elimination of all such risks is beyond the control of the program or university. Vaccination for many infectious diseases, including COVID-19, may be required by a healthcare facility for placement in clinical education. All health science students may receive a COVID-19 vaccination free of charge. If unvaccinated, restrictions upon student activities by the program or facility may be imposed. Placement at certain healthcare facilities may be contingent on vaccination status and requirements may change without advanced notice. Educational opportunities missed due to lack of vaccination may delay graduation and/or result in additional educational expenses.

I freely and voluntarily accept the health risks and potential facility requirements described above to complete my clinical educational requirements. I also understand that COVID-19 vaccination is recommended, but not required by Idaho State University. I understand that COVID-19 vaccination may be required by some health facilities to participate in certain aspects of clinical education. If I choose NOT to be vaccinated for COVID-19, I will be required to adhere to additional guidance based on CDC recommendations as detailed below. Before engaging in clinical education, please read, initial, and sign the following:

#### INITIALS

- \_\_\_\_\_ 1. I will not participate in clinical education if I exhibit any signs/symptoms of infection, including but not limited to: runny nose, fever, cough, shortness of breath, head or body aches, sore throat, loss of smell, or nausea/vomiting/diarrhea. If I exhibit any of these signs/symptoms, I will notify the appropriate person(s) at my clinical site and my designated program contact person.
- \_\_\_\_\_ 2. If I am unvaccinated and I am exposed to COVID-19, I will immediately notify the appropriate person(s) at my clinical site and my designated program contact person. I will complete [a self-reporting form](#) and may be required to quarantine.
- \_\_\_\_\_ 3. If I am unvaccinated for COVID-19, I will self-isolate before engaging in clinical education of any kind, as directed by my program and clinical site policy.
- \_\_\_\_\_ 4. If I am unvaccinated for COVID-19, I will comply with masking and physical distancing requirements when possible, including on lunch, breaks, or when occupying shared workspaces. I will wear facial covering in accordance with CDC, program, and health facility policy.
- \_\_\_\_\_ 5. Regardless of my vaccination status, I will comply with clinical site policies related to facial covering/glove wearing and handwashing and disinfecting procedures before and after all patient encounters and at other times as specified.

- \_\_\_\_\_6. I will complete any required infection control or PPE training by my program or the clinical facility.
- \_\_\_\_\_7. I will follow all infection control guidelines, policies, and procedures of the clinical facility, program, and/or university. Such guidelines are subject to change as more information becomes available.
- \_\_\_\_\_8. I recognize the dangers to myself and others of acquiring infectious diseases during clinical education, including the possibility of health-related consequences of such diseases. I recognize that vaccination for COVID-19 and other infectious diseases is recommended to decrease the risk of these consequences.
- \_\_\_\_\_9. I have the right to feel safe during clinical education; I have the ability to talk to my clinical instructor regarding any concerns I may have related to breaches in infection control measures or public health recommendations at any clinical education site.
- \_\_\_\_\_10. I recognize I have the right not to participate in clinical education because of the potential risk to myself and/or members of my household. I recognize that any missed clinical education time due to lack of participation or required quarantine time will need to be made up to complete program requirements and may delay my graduation.
- \_\_\_\_\_11. If I test positive for COVID-19, I will notify my program's clinical coordinator and complete [the self-report form](#).
- \_\_\_\_\_12. I will follow all ISU or health facility-related screening requirements.

### Training Guidelines:

Different programs may develop their own COVID-related training requirements. Possible options include those from either the World Health Organization (WHO) or the Centers for Disease Control (CDC):

[openwho.org](https://openwho.org)

[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

### Opt-out Guidelines:

In general, satisfactory progression through professional curricula requires that students complete clinical and didactic course requirements in the semester in which they are enrolled. Programmatic requirements are based on professional accreditation standards and licensing board requirements, and include clinical education activities. Should a student be unable to complete requirements due to illness or CDC-recommended isolation/quarantine, make-up work may be allowed if congruent with programmatic or university policies for other medically-related absences. Should a student choose not to complete any course or program requirement related to clinical education, the student is responsible for contacting the course instructor and providing a rationale for "opting out." Opt-out policies may vary between programs; students should contact their individual

programs for specifics on process. Delays in progression and/or graduation may occur if a student chooses to opt-out of any aspect of required coursework.

**Other Potential Consequences and Considerations:**

Clinical placement sites may limit the types of patient populations unvaccinated students may interact with; for example, some sites do not allow students to see patients with acute respiratory illness or to interact with pregnant patients if they have not been vaccinated for COVID-19 and other infectious diseases. A student's satisfactory progression through clinical education may be impeded if students cannot demonstrate adequate training in such patient populations.

**Sharing Information with Clinical Site:**

If a student tests positive for COVID-19, this information may need to be shared with clinical site preceptors. A separate FERPA waiver form will need to be signed by the student and complete for each preceptor site with whom test results are to be shared. This form is available online and in the Health Occupations Department main office.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Printed Name

This assumption of risk is in effective for the course of the program of study or until a new document is signed, whichever is greater.

## Clinical Education Assumption of Risk



**Idaho State  
University**

**College of  
Technology**

### Medical Assisting Program

*Updated 6/16/2021 CTO*

*Reviewed by ISU General Counsel*

### Participation in the Care of Patients with Aerosol Generating Procedures (AGP) at St. Luke's Health System

*NOTE: The following sections are ONLY for students participating in the care of non-COVID-19 patients at St. Luke's Health System facilities.*

At St. Luke's facilities, a student may care for non-COVID-19 patients receiving Aerosol Generating Procedures (AGP) if the student has completed the N95 fit testing procedures (which will be completed by ISU faculty) prior to the student participating in this care.

\_\_\_\_ I will complete the N95 fit testing procedures. Idaho State University faculty will perform fit testing.

Note: If the student is a current employee of St. Luke's Health System and has already been fit tested for an N-95 as a provider in this system, St. Luke's will continue to complete fit testing and will continue to supply N-95 masks.

#### **Additional requirements:**

The student will:

- Bring adequate and new supply of N95 masks to the clinical setting that are NIOSH approved, no vents or valves; comply with St. Luke's mask use/re-use guidelines and CDC guidelines
- Complete the OSHA medical questionnaire and follow the St. Luke's Re-Use Program
- Provide a copy of the fit test record and bring to clinical site (worn in badge holder or wallet)
- Re-fit testing will be done as needed by Idaho State University faculty.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Printed Name

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# Clinical Education Assumption of Risk



**Idaho State  
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**College of  
Technology**

## Medical Assisting Program

*Reviewed by ISU General Counsel*

### Participation in COVID-19 Care Pilot St. Luke's Health System

*NOTE: This section is ONLY for students participating in the care of COVID patients at designated sites and on specific clinical rotations that include these activities.*

As a voluntary, selected student in this pilot project, I understand that I will be caring for patients that are known or suspected to be COVID-19 positive. In addition to above statements:

- \_\_\_\_\_ 1. I choose to "opt-in" for this clinical experience.
- \_\_\_\_\_ 2. I will comply with all training requirements of both ISU and St. Luke's Health System.
- \_\_\_\_\_ 3. I will participate in PPE validation prior to any COVID-19 care being provided.
- \_\_\_\_\_ 4. I will be fitted for and wear an N-95 mask (completed through the College of Technology).
- \_\_\_\_\_ 5. I understand that the clinical site will provide a gown, shield, and other appropriate PPE as required while in the clinical setting and I will wear required PPE while in the clinical setting.
- \_\_\_\_\_ 6. I will work with the preceptor and/or buddy to ensure donning and doffing is completed accurately each and every time entering or exiting a patient room.
- \_\_\_\_\_ 7. I agree to participate in required weekly survey administered through St. Luke's Health System.
- \_\_\_\_\_ 8. I agree to participate in all debrief sessions held by St. Luke's and/or ISU as part of the program.
- \_\_\_\_\_ 9. I understand that pilot project data (i.e. weekly survey will be collected. Outcomes of the pilot project will be disseminated in aggregate form only.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Printed Name

This assumption of risk is in effective for the course of the program of study or until a new document is signed, whichever is greater.