The BPCC faculty and administration reserves the right to make changes to the policies and procedures included in this handbook as deemed necessary to promote the goals of the program and to ensure compliance with College, regulatory agency and/or clinical affiliate requirements.
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**Purpose of the Program Handbook**

The Bossier Parish Community College (BPCC) *Program Handbook* serves to inform students about the curriculum, rules, regulations, and policies of the clinical programs at BPCC. It also serves to disseminate clear information and guidelines for use in decision-making. The information in this handbook is intended to provide each student with the knowledge of the intent and expectations of the Program for which he/she is enrolled. This Handbook is not intended to replace the *BPCC Catalog* or the *BPCC Student Handbook.*

The student must abide by the policies established by each program, rules and policies of clinical affiliates, and the standards established by the respective professions.

For the purpose of the handbook “clinical” shall refer to all components of the curriculum in which the student is assigned to locations outside of the BPCC classroom and laboratory. These include, but are not limited to, hospitals, clinics, physicians’ offices, fire departments, emergency transport units, pharmacies, medical records facilities and surgical centers. Students will also be responsible for following the clinical site’s policies and procedures while in their facility.

**Mission Statement:**

The mission of the Medical Assistant program is to provide quality education in medical office clinical, administrative, and professional skills to students so they can successfully practice as a medical assistant.

**Nondiscrimination Statement**

Bossier Parish Community College does not discriminate on the basis of race, color, national origin, gender, age, religion, qualified disability, marital status, veteran’s status, or sexual orientation in admission to its programs, services, or activities, in access to them, in treatment of individuals, or in any aspect of its operations. Bossier Parish Community College does not discriminate in its hiring or employment practices.

Title VI, Section 504, and ADA Coordinator
Sarah Culpepper, Manager
Career Services, D-112
6220 East Texas Street
Bossier City, LA 71111
Phone: 318-678-6539  Hours: 8:00 a.m.-4:30 p.m. Monday - Friday, excluding holidays.
Email: sculpepper@bpcc.edu

Equity/Compliance Coordinator
Teri Bashara, Director of Human Resources
Human Resources Office, A-105
6220 East Texas Street
Bossier City, LA 71111
Phone: 318-678-6056  Hours: 8:00 a.m.-4:30 p.m. Monday - Friday, excluding holidays.
Program Learning Outcomes

Recipients of the Associate of Applied Science in Medical Assistant and the Technical Diploma in Medical Assistant will be able to demonstrate:

A. effective communication in the medical office environments through utilization of active listening, interviewing, instructing, and documenting skills with patients, families, and health care professionals in recognition of diverse cultures;

B. utilization of critical thinking to identify, analyze, and problem-solve in the clinical and administrative medical assistant work place;

C. application of concepts of anatomy, physiology, medical terminology, pharmacology, pathophysiology, medical dosage calculation, laboratory testing, computer skills and other current technologies to perform as a medical assistant;

D. the ability to think and act as a professional by using effective time management, organization, provisions for safety and legal/ethical principles; and

E. Competency in the performance of administrative and clinical skills appropriate to the role of a medical assistant.

Faculty

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Program Administrative Assistants:

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Fax: 318-678-6199

Cindy Adams
Division of Science, Nursing, and Allied Health
Building D, Room 145
cyadams@bpcc.edu
Office: 318-678-608
Program Accreditation Information

The Bossier Parish Community College Medical Assistant Technical Diploma Program is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Medical Assisting Education Review Board (MAERB) Commission on Accreditation of Allied Health Education Programs
25400 U.S. Highway 19 North, Suite 158
Clearwater, FL 33763
727-210-2350
www.caahep.org

Advisory Committee Information

Each program has an advisory committee with the charge of providing broad-based input to institutional programs. Advisory committees consist of faculty, administrators, professionals (employers, physicians, others), community representatives, graduates, and student representatives. Meetings are held at least annually to allow for discussions and decisions relative to programmatic curriculum modifications or revisions, student academic and clinical performance, graduate examination results, employer feedback on graduate entry-level performance, ensure program responsiveness to change, and hiring trends.

Decisions made by advisory committees requiring administrative action will be presented to the Vice Chancellor for Academic Affairs, the Curriculum Committee, the governing board or other board or committee as deemed appropriate. Minutes of these meetings are maintained in the Division Office and distributed to the advisory committee membership and BPCC administration.

Clinical Admissions Requirements

Clinical admission to the program is successful completion of either ALHT 201 or ALHT 203, Application and Essential Requirements form completion, an email to the program director acknowledging admission into the program, and attendance at the mandatory orientation meeting.

Upon selection to a program, the student will be required to submit the following items:

- **Health Status Statement** – must be submitted on the form provided by the program director and must be signed by a physician
- **Immunization/Laboratory test results** – must submit official immunization records and laboratory test reports (List of program specific
immunizations and laboratory tests may be located in the section titled “Student Resources”)

- Health Insurance documentation – must be maintained while in program
- American Heart Association Healthcare Provider Basic Life Support Certification (commonly known as CPR card) – must be maintained while in program
- OSHA Certification – current for the year
- HIPAA Certification – current for the year
- Any additional information required by the clinical facility (ies)

Upon selection to a program, the student will be required to sign the following releases and forms (copies for these forms may be located in the section titled “Student Resources”):

- Consent for Information Release in Preparation of Clinical Assignment Form
- Consent for Background check
- Drug/Alcohol Testing Consent form
- Memorandum of Understanding
- Student Information Release form
- Image Release form
- Acknowledgment of BPCC Clinical Handbook form
- BPCC’s Under No Obligation Form
- Computer Usage Policy
- Patient Confidentiality Agreement
- Clinical Medical Assistant Student Agreement
- Any additional forms required by the clinical facility (ies)

**Essential Requirements**

Allied health program admissions are based on academic achievement and additional program specific non-academic criteria that can be referenced in the catalog. Essential Requirements have been established by each program identifying the occupational specific technical standards required of students in the program. Decisions to apply for admission to a clinical program should be made after considering the program Essential Requirements.

It is the responsibility of this program to be concerned with the rights of patients and clinical sites and to only place students in clinical education that are capable of providing safe, high quality health care. The list of Essential Requirements for this program can be located in the section titled “Student Resources”. The Essential Requirements represent reasonable expectations for a student enrolled in a specific clinical program at BPCC.
It is the responsibility of the program applicants to carefully review the Essential Requirements and ask questions if not familiar with the standards and skills listed. Certain chronic or recurrent illnesses and problems that interfere with patient care or safety may be incompatible with clinical training or clinical practice. Conditions that may lead to a high likelihood of student absenteeism should be carefully considered. Deficiencies in knowledge, judgment, integrity, character, or professional attitude or demeanor which may jeopardize patient care may be grounds for course/rotation failure and possible dismissal from the program. All applicants to the program must have the ability to meet the standards and skills listed in the Essential Requirements if accepted to the program in order to complete the educational requirements for the certificate or degree sought.

If a student cannot demonstrate the standards and skills contained within a program’s Essential Requirements without accommodation, it is the responsibility of the student to request an appropriate accommodation with the Coordinator for Section 504 and ADA, (Career Services, Building F, 318-678-6005) by the clinical program’s application deadline. The College is committed to the principle of equal opportunity as defined in the catalog and will provide reasonable accommodation as long as it does not fundamentally alter the nature of the program offered and does not compromise patient safety, or impose an undue hardship such as those that cause a significant expense or are unduly disruptive to the educational process.

A copy of essential requirements specific to the clinical program is included in the program application, on the BPCC website, and in the Student Resource section of this handbook.

**Clinical Fees and Expenses**

A clinical fee is charged, in addition to regular college tuition, for each clinical program. This fee is required each semester that a student is scheduled to practice in a clinical facility. The regular college tuition and fees are listed in the BPCC Catalog. Students may incur expenses in addition to tuition and fees for items including physical exam, laboratory testing, immunizations, health insurance, required uniform, books and other program specific requirements.

The CMA (AAMA) Certification/Recertification Examination is a requirement of graduation. The expense for the examination is included as a fee for ALHT 210.

**Health and Insurance Information**

Malpractice Insurance for students enrolled in clinical programs is provided by the Louisiana Office of Risk Management. Coverage terminates when a student graduates or is no longer enrolled. This policy covers students only during assigned clinical practice.
Accidents or Illness expenses that occur at a clinical facility are not the responsibility of the clinical affiliate. Each student must assume responsibility for the cost of treatment.

Health Insurance for students enrolled in clinical programs is not provided by BPCC. Students are required to maintain personal health insurance during the duration of their clinical practice. A student unable to maintain health insurance will be dismissed from the program.

**Release of Information for Preparation of Clinical Assignment**

Students are required to sign a *Consent for Information Release in Preparation of Clinical Assignment* form. This will allow BPCC and its representatives to release information to clinical affiliate(s) for approval to schedule a student clinical experience and maintain a student’s clinical rotation. The information that will be released includes the following:

- Name
- Contact information
- Social Security Number
- Date of birth
- Background check results
- Drug/Alcohol Testing results
- Health information
- OSHA certification
- HIPAA certification
- BLS certification
- Health Insurance Information
- Academic and clinical performance and status
- Emergency contact information
- Vehicle registration information
- Any other site requested information

The ability to place a student in a clinical rotation is not possible without the sharing of this information; therefore, failure to authorize this release of information will result in the student being unable to perform clinical rotations.

**Background Checks**

Background checks are a required prerequisite for BPCC’s clinical affiliates. Students enrolled in a program requiring clinical placement, shall consent to have a background check(s) performed and for the results to be shared with school administration, clinical faculty, and clinical affiliates. It is the student’s responsibility to fully disclose all
incidents that result in an arrest, warrant, or violation of the law\(^1\) before, during, or after the background check. Any above referenced activities shall result in immediate disclosure of said information to current or potential clinical affiliates and an additional background check being performed with all results disclosed to the clinical sites.

Omission of and/or failure to disclose information will be regarded as an intentional falsehood and shall be reported to the clinical sites.

Any and all findings will be released to the above named parties and to any accrediting agency and/or regulatory agency as required by law. Although positive findings do not immediately interfere with the student’s standing in the clinical program, the findings will be released to the clinical affiliate. It is the clinical affiliate’s decision to permit a student to perform a clinical rotation in their facility.

**Facility Refusal or Delay of Results**

Should a student be unable to complete all required rotations or assignments due to refusal or delay of a clinical affiliate to accept the student, the student may be unable to complete the clinical course and may ultimately be unable to complete the clinical program.

Common causes for a delay of results are positive findings, multiple names or alias, multiple locations of residence, locations of residence outside of the continental United States, residence in a parish or county with limited or fixed schedules for performing background checks, unusual or frequent social security number usage, or student submission of incorrect information.

**Positive Background Check Findings**

If a student should have positive background check findings, the student may provide court documents, receipts, personal statement of events, and/or certificates of completion of court ordered interventions to the program coordinator. These documents will be submitted to clinical affiliates for review. Some clinical affiliates may require this documentation to determine if permission to rotate through the facility will be granted. The facility has the right to refuse permission regardless of the charge, level of the charge, circumstances surrounding the charge, or outcome of the charge. The decision of the facility is final.

**Additional Background Checks**

Clinical affiliates have the right to perform additional background checks and the associated cost may be the responsibility of the student. Students will be notified prior to submitting for background checks that may result in additional cost. Failure to submit to these additional background checks will prohibit the student from being placed in the

\(^1\) Excluding moving and nonmoving traffics, except DWI and DUI
facility and may ultimately result in immediate dismissal from the program. Contact Erin Liesveld, Program Coordinator, (eobanion@bpcc.edu) room D105, for further information.

**Drug/Alcohol Testing**

Drug/Alcohol Testing is another required prerequisite for BPCC’s clinical affiliates. Students consent to a drug/alcohol test and for the results to be shared with administration, clinical faculty, clinical affiliates, and all other agencies as directed by law and/or program accreditation. A drug/alcohol screen will be performed prior to placement into clinical rotation and may also be performed randomly, during incidences of suspicious behavior, or upon clinical affiliate request or requirement. Any and all findings will be released to the above named parties. A non-refundable drug/alcohol screen fee will be charged to the student for drug/alcohol testing performed by a BPCC contracted vendor, however, if a Clinical Affiliate requires a separate or additional drug/alcohol testing the student may be responsible for these charges.

A positive drug/alcohol test will result in the student immediately being prohibited to continue in the clinical program with a recommendation for dismissal from the clinical program being sent to the Office of Student Services. Once the program coordinator has received the results of a positive drug/alcohol screen, a letter will be sent to the student reiterating the Drug/Alcohol Testing policy and recommending that the student contact the Admissions Department to withdraw from the program courses. Any and all findings will be released to the Program Director, Program Faculty, Administration, Clinical Affiliates and to any accrediting agency and/or regulatory agency as required by law.

The dismissal from the clinical program for a positive drug/alcohol test will remain on the student’s intra-campus record. This will prohibit the student from applying to any BPCC clinical program for the period of one full calendar year. After the period of one full calendar year, the student may apply to any BPCC clinical program assuming completion of program prerequisites and meeting of program eligibility requirements. Contact Erin Liesveld, Program Coordinator, (eobanion@bpcc.edu) room D105, for further information.

**Clinical Attendance**

Students are required to attend all clinical classes as scheduled. In the event of illness, emergency or other situations causing absence or tardiness, the student is required to:

- speak to the contact person at the clinical site prior to the beginning of the scheduled day
  - **FAILURE** to notify the clinical site of an absence or tardy will result in an unexcused absence.
• notify the medical assistant clinical coordinator immediately after speaking with the clinical site contact person by phone, message, or email
  o **FAILURE** to notify the medical assistant clinical coordinator of an absence or tardy will result in an unexcused absence.
• students are advised to be at the clinical site at least 15 minutes prior to the start of the scheduled day
• students must make-up any missed, excused absences

• in addition to attending the clinical site, there will be required meetings scheduled on campus throughout the semester
  o **FAILURE** to attend the on-campus meetings will result in an unexcused absence
• an unexcused absence will result in written counseling and a reduction in the student’s grade of 10% for ALHT 210
• two unexcused absences will result in Office of Student Services notification with recommendation to dismiss
• a minimum of 220 hours must be completed prior to the end of the semester or the student may earn a failing grade

**Students who are tardy (defined as more than 10 minutes late) are considered absent and the same procedure and policies apply. This includes the on-campus meetings.**

Students should be aware that if employment interferes with attendance and participation in clinical classes these absences will be unexcused and students will be subject to written counseling. Also, a recommendation of disciplinary action to the Office of Student Services will be made.

**Prohibition Against Performing Services**

Students do no perform services in lieu of a clinical site’s staff or employees.

**Student Academic Integrity**

Students should be aware of the Student Academic Integrity policy described in the Student Handbook and that if the policy is violated, they will be subjected to disciplinary sanctions listed in the Student Handbook.

**Programmatic Counseling**

BPCC is dedicated to the development of professionals. Programmatic Counseling is a means for an instructor to further communicate with a student about behavior or actions
that are unbecoming for a professional. The programmatic counseling documentation is maintained in the student’s file, but will be released to the Office of Student Services should the behavior require disciplinary action or intervention.

**Disciplinary Referral**

At any time unsatisfactory behavior in the clinical, laboratory, or classroom setting is identified as requiring disciplinary action, the following procedure will apply:

1. The instructor will immediately fax (318-678-6474) a completed Disciplinary Referral Form to the Office of Student Services. The instructor should also fax any supportive documentation.
2. The instructor does NOT contact the student regarding this referral. The student will be contacted by the Office of Student Services.
3. After review of the documentation and meeting with the student, the Vice Chancellor for Student Services will determine the course of disciplinary action.
4. The instructor will be notified by the Vice Chancellor for Student Services of the disciplinary action taken.

Certain behaviors, including but not limited to the following, may result in immediate removal from the clinical site with a referral for dismissal from the program being sent to the Office of Student Services:

- Failure to submit to a criminal background check
- Jeopardizing patient safety
- Failure to maintain personal health insurance
- Failure to consent to a background check, drug/alcohol screen, or Release of Information for Preparation of Clinical Rotation
- Violation of patient’s rights
- Violation of patient’s confidentiality
- Falsifying data or records
- Illegal behavior or act
- Possession or use of intoxicants or narcotics
- Failure to follow the instructions of employees of the facility
- Any conduct that results in dismissal from a clinical site or programmatic course

**Computer Usage**

BPCC encourages and embraces technology and the opportunities for learning it provides. However, students must behave in a manner that is ethical and legal when utilizing the computers, internet, and wireless internet connection at School and in a
clinical setting. Students are only permitted to perform activities that are academic in nature when using these resources. The computer and internet usage is monitored to ensure these resources are not abused. Failure to act in a manner that is ethical and/or legal will result in the Office of Student Services being contacted with a recommendation for disciplinary action.

**Due Process**

Students have the right to appeal any grade or disciplinary action. The process of appeal is described in BPCC student Handbook, available on-line at http://www.bpcc.edu/studenthandbook/index.html.

**Confidentiality**

**HIPAA**

Students are expected to respect patient rights at all times during the education process and after completion of course / programmatic enrollment. Any and all information students have exposure to during laboratory, classroom, field trips, and clinical rotation is to remain confidential. Failure to maintain this confidentiality is unethical and illegal. Breaches of confidentiality will not be tolerated. The Office of Student Services will be contacted in such an instance.

Specifically per HIPAA guidelines, the following behaviors are prohibited:

- Releasing confidential patient/client information by any means (i.e., verbally, electronically, or in print) to any individual/agency who does not have the legitimate, legal or clinical right to the information
- Unauthorized use, copying, or reading of patient medical records
- Unauthorized use, copying or reading of employee/hospital records
- Taking patient records outside the clinical facility
- Any tampering of patient information

This policy/agreement applies not only to patients/clients with whom the student has direct contact, but for any personal/confidential information the student may have access to while in the clinical setting.

The student must use discretion when discussing patient/client information with other appropriate individuals to assure that the nature of the discussion remains professional and pertains only to information clinically relevant. The student must make every effort to assure that such conversations cannot be overheard by those not involved in the patient’s care.
Violations of this policy/agreement may result in sanctions and may be grounds for dismissal from the clinical program.

Some clinical facilities will have additional policies related to protecting patient/client information that the student will be expected to follow.

**Business Practices**

Students are expected to respect the confidentiality of business practices at all times during the education process and after completion of course / programmatic enrollment. Any and all information students have exposure to during laboratory, classroom, field trips, and clinical rotation is to remain confidential. Failure to maintain this confidentiality is unethical and in some cases illegal. Breaches of confidentiality including but limited to the release of information regarding equipment used, computer software capabilities, documentation protocols, or medication formulations will not be tolerated. The Office of Student Services will be contacted in such an instance.

Specifically the following behaviors are prohibited:

- Releasing confidential business practices by any means (i.e., verbally, electronically, or in print) to any individual/agency who does not have the legitimate, legal or clinical right to the information
- Unauthorized use, copying, or reading of confidential business practices
- Unauthorized use, copying or reading of employee/hospital records
- Taking documentation of business practices outside the clinical facility
- Any tampering of business practice documentation

This policy/agreement applies not only to business practices with whom the student has direct contact, but for any confidential information the student may have access to while in the clinical setting.

The student must use discretion when discussing business practice information with other appropriate individuals to assure that the nature of the discussion remains professional and pertains only to information clinically relevant. The student must make every effort to assure that such conversations cannot be overheard by those not involved in the clinical setting’s business practices.

Violations of this policy/agreement may result in sanctions and may be grounds for dismissal from the clinical program.

Some clinical facilities will have additional policies related to protecting business practice information that the student will be expected to follow.

**Protected Health Information (PHI) and the Educational Experience**
If students need to bring protected health information (PHI) back to the institution for teaching purposes, the student must remove all patient-identifying elements and receive approval from the instructor and/or preceptor prior to removal from the institution. NO copies are to be made of patient sensitive chart information. Students may not take any patient imaging studies from the institution.

Publication

A student shall not submit for publication any material relating to the clinical rotation without prior written approval by the clinical site and BPCC.

Academic Standards

Students must earn a “C” or better in all classes taken towards the Medical Assistant degree. ALHT 201 is offered only during the spring semester; ALHT 203, offered only during the fall semester. These courses are taken prior to or with the Medical Assistant Practicum (ALHT 210). Successful completion (with a “C” or higher) in ALHT 201 or ALHT 203, completion of the medical assistant application, completion of the essential requirements form, and written acknowledgement of program acceptance are required for acceptance into the program.

Specific criteria for earning a grade of “C” or higher is described on the syllabus of each course, which is given to each student on the first day of class and posted online at www.bpcc.edu.

The student should successfully complete ALHT 201 and ALHT 203 during the last 2 semesters of the program. With unsuccessful completion in either one of the above two courses, when the other course has been completed successfully; the student may repeat the unsuccessful course a maximum of one time. The unsuccessful course must be completed the next semester it is offered.

The Externship/Practicum must be taken within one year of beginning the second course. The Externship/Practicum is the last program course completed.

Policy on Credit for Experiential Learning

Credit for experiential learning is not allowed for the following Medical Assistant Program courses: ALHT 201, ALHT 209, MOS 107, ALHT 203, or ALHT 210.

Affective Skills Expectations

In addition to requirements related to technical skill development during clinical practice experiences, the Program additionally expects students to demonstrate affective behaviors consistent with a “professional”. Students are expected to conduct themselves in a professional manner at all times during clinical experiences. The policies and procedures
of the Program and of the Clinical Facility must be adhered to. Specifically, the Program has defined the expected affective behaviors/skills as:

- Commitment to Learning
- Interpersonal Skills
- Communication Skills
- Effective Use of Time & Resources
- Use of Constructive Feedback
- Problem Solving
- Critical Thinking
- Professionalism
- Responsibility
- Stress Management

Preceding the first clinical experience, students will receive more detailed descriptions, expectations and examples related to each of the affective skills.

Preceptor and instructor feedback is solicited during each clinical experience on the student’s professional skills and course requirements related to which skills must be satisfactory during the rotation(s).

**Summary of Role/Responsibilities of the Student During Clinical Experiences**

While individual clinical practice course syllabi describe requirements for each clinical experience specifically, students participating in clinical education courses have the following global responsibilities:

a. secure and wear appropriate uniform/dress designated by each site
b. assume travel and accommodation expenses related to each assigned clinical site
c. read and abide by the policies, procedures and standards of the College, the Program, the clinical facility and the profession.
d. fulfill and maintain all prerequisite requirements for clinical education identified by the Program and the clinical site
e. actively participate in the clinical learning process
f. complete all assignments requested by the Program or the clinical site
g. complete a Student Assessment of the Clinical Education Site/Clinical Experience form and submit to the program director.
Complaints

Students

A complaint from an outside source about a student enrolled in a BPCC allied health program, that at the time of the complaint is acting in a capacity to represent the College or Program, will be dealt with according to the Program/College’s discipline policies and procedures.

Other Complaints

A complaint received by a representative of the BPCC allied health Program which falls outside of existing policies for discipline or due process will be documented and forwarded to the Dean of Science, Nursing & Allied Health. Actions taken related to these complaints will vary depending upon the nature of the complaint. Documentation of the complaint and action(s) taken will be kept within the Division.

Removal of a Student from a Clinical Site

If a student is asked to leave or not return to a clinical site, the program director must be notified immediately. The circumstances surrounding the student’s removal will influence the student’s program progression and processing.

Students who have been removed or instructed not return to the site or contact the site. Students who do not follow these instructions will be managed as an unwanted guest as directed by the facility’s security protocol.

BPCC’s Under No Obligation

BPCC strives to provide the best education for all of its students. The School’s attention and compliance with regulatory and accreditation agencies is continuous. However, a student’s graduation or completion of a course or program does not ensure a student’s ability to successfully pass a national credentialing or certification examination or approval for licensure that may be required to practice. It is the student’s responsibility to maintain his/her adequate academic and clinical skill and to further improve them to a mastery level if passing a national credentialing or certification examination is one’s goal. It is the student’s responsibility to meet the criteria set forth by the licensure board or organization if obtaining a license is one’s goal. Graduation or successful completion of a BPCC course or program only indicates a student has met the minimum requirements set forth by BPCC and/or its regulatory and accreditation agencies.
Program Specific Information

Students must contact the clinical site one week prior to the start date of the specific practicum. At this time the following must be obtained by the student:

- determine when the work schedule will be finalized
- determine the times when the time sheet will be signed by the clinical site contact person
- parking guidelines
- name of the clinical site contact person and method to contact person such as phone, email, etc.
- provide clinical site contact person with the completed Student Biography Form and Practicum Evaluation of Student
- submit completed clinical rotation schedule to program director at the end of the first clinical rotation week

Students may not conduct personal business during clinical time. Personal electronic equipment such as, but not limited to cell phones, laptops, iPods, and etc. are not allowed in the clinical area.

Information may need to be dispersed by instructor to students during practicum weeks. Students are expected to check student email and MyBPCC (Canvas) several times/week for information.

Procedure for Practicum Establishment and Practicum Student Evaluation

Purpose
Establish practicum sites for the Bossier Parish Community College (BPCC) medical assistant students in order to gain work experience and gain competence by performing medical assistant administrative and clinical duties in a physician’s office or other ambulatory medical facilities.

Procedure
Physicians’ offices and other ambulatory medical facilities become medical assistant practicum sites in one of the following methods:

- the physician’s office/ambulatory medical facility requests to participate
- BPCC invites the physician’s office/ambulatory medical facility participate
- students request a specific physician’s office/ambulatory medical facility to be considered for participation

The potential practicum site must meet the following qualifications:

- provides educational and learning experiences in the areas of clinical and/or administrative medical assisting
provides a minimum of 110 hours of training per a 4 week time schedule.
provides staff committed to the educational needs of the student
will enter into an affiliation agreement with BPCC
agrees to evaluate the effectiveness of the medical assistant student's performance and progress toward meeting specific learning objectives
agrees to be evaluated by student regarding the quality of experience provided
agrees to sign the student’s time sheet acknowledging accuracy of student practicum hours

Before a student is placed at a practicum site the following occurs:

- an affiliation agreement must be signed by the physician’s office/ambulatory medical facility and BPCC. The affiliation agreement contains general information; responsibilities of the college; responsibilities of the facility; terms of agreement, termination, and modification; and is signed by both the college and facility
- an affiliation agreement may be initiated by BPCC or the practicum site
- the program coordinator:
  - is made aware of a potential site through the program director or the potential practicum site
  - facilitates the completion of the affiliation agreement with BPCC and the potential site
  - provides the program director with the affiliation agreement status of potential practicum sites
- a visit to the site is made by the practicum coordinator to determine appropriateness of the potential practicum site. Expectations of the college and practicum site are discussed. The college expectations include:
  - student orientation to facility including meeting staff, review of facility policies/procedures, review of safety procedures, general work routines, time records, student contact person information, facility expectations, break/lunch procedures, and parking
  - student will shadow staff until both are comfortable with the student functioning independently
  - the practicum coordinator will visit the facility at a minimum of one time during each students’ rotation
  - the practicum coordinator may communicate with the facility by phone or email throughout the students’ rotation
  - the practicum coordinator expects the facility to contact the college as needed, at any time, for any reason.

A decision on the continued use of the practicum site is made every semester:

- by the program coordinator and director based on
  - the number of students available
  - data from the student evaluations of the practicum site
  - and data from the program faculty resource survey
- by the practicum site’s willingness to continue to participate.
Policy for Placement of Graduates from Medical Assisting Program

Purpose: to prepare and assist students and recent graduates in the job placement.

The job placement process begins for students in the ALHT 109 course where they complete resumes, practice interview skills, and explore career options. The campus career service is available to students/graduates for further information on job search techniques and tools, job postings, and job fairs.

Graduates begin their job search through:
- their practicum site(s)
- information received from the program director emailed to them
- attending job fairs on campus
- viewing BPCC website for job postings

Other opportunities for employment
- program director is contacted by ambulatory care facilities requesting eligible graduate medical assistants to apply for openings at their facilities
- current job opportunity information provided to recent graduates through email

Social Media

Online communication through social media and networking is a recognized form of daily communication. BPCC’s Allied Health Programs have expectations for responsible, professional and ethical behavior with this form of interaction/expression. These guidelines are intended to more clearly define Program expectations for appropriate student behavior related to social media and to protect the privacy and confidentiality of patients, fellow students, faculty/staff, clinical educators and BPCC affiliated facilities.

For the purposes of this policy, “social media” include but are not limited to:
- Social networking sites such as Facebook or MySpace
- Video and photo sharing websites such as YouTube, Snapfish, Flickr
- Microblogging sites such as Twitter
- Weblogs and online forums or discussion boards
- Any other websites or online software applications that allow individual users to post or publish content on the internet

BPCC Program students are expected to understand and abide by the following guidelines for use of social media:
- Students should be aware that there is really no such thing as a private social networking site. Comments can be forwarded or copied and search engines can retrieve posts years after the original publication date, even if the post has been deleted.
• Employers are increasingly conducting web searches on job candidates before extending offers. Content posted that is unprofessional or irresponsible may cost students job opportunities.

• Understand that as part of entering a profession, students will interact with individuals who reflect a diverse set of customs, values and points of view. As a professional, caution should be used to not only avoid obviously offensive comments (ethnic slurs, defamatory comments, personal insults, obscenity, etc.) but also to demonstrate proper consideration of privacy and of topics that may be considered objectionable or inflammatory, such as politics and religion.

• Students are prohibited from initiating “friend-requests” (or the like) with clinical instructors or other staff of facilities to which they have been assigned. Students are also prohibited from initiating or accepting friend requests from patients/clients of those clinical facilities.

• A violation of the privacy of a patient, instructor, clinical affiliate, college faculty/staff member or classmate is extremely serious. This includes violations to HIPAA and FERPA policies and additionally may include disclosure of confidential information related to business practices of clinical affiliates. Such behavior may result in failure of a clinical practice course, a recommendation to the Office of Student Services for dismissal from the program and may also put the student at risk of legal liability. Students utilizing social media should make absolutely no reference to patients, clinical sites or clinical instructors, even if names are not given or if the student attempts to remove identifying information from the comment.

• Posting/publication/distribution of pictures, audio or video of patients, clinical affiliate facilities/instructors/staff, college facilities/faculty/staff or classmates is prohibited unless the student receives written permission from the subject(s), clinical affiliate, and the Program/college.

• Students should use discretion when selecting the appropriate time and place for utilizing social media so as not to interfere with classroom instruction/learning or clinical experience performance. For example, posting “status updates” during class or during the clinical day from a smart phone is prohibited.

Violations of the social media policy are considered professional behavior violations and will result in Programmatic Counseling and if appropriate a disciplinary referral to the Office of Student Services.


Professional Appearance

Clinical rotations, ALHT 201L, and ALHT 203
1. Students will be required to wear:
   - scrubs
     - the color will be selected by the class
   - lab coat or scrub jacket
   - BPCC emblem on shoulder
   - BPCC nametag
   - Leather-style closed-toe/closed-heel flat shoes with rubber soles
   - stockings or socks must be worn
   - Uniforms must be clean, wrinkle-free, and properly fit. Professional lengths are expected.
   - Dresses or skirts should be no shorter than two inches above the knees. No revealing apparel of any kind is acceptable.
   - The uniforms are furnished by the student.
2. Accessories, including jewelry, must not be excessive and may not be worn at all where hazards exist.
   - earrings are limited to one per ear
   - no other pierced jewelry is permitted
   - tattoos must be hidden and at no time may they be visible
3. Students are expected to maintain proper hygiene while at the externship site.
4. Use of fragrances should be utilized on a limited basis.
5. Natural color hair and cut is required.
   - hair must be clean and combed
   - hair must be tied back at the neck when it is long enough
6. Fingernails must be kept short and neatly trimmed.
   - extensions cannot be worn
   - clear nail polish only
7. If a facility a student is assigned has stricter professional appearance expectations than the medical assistant program, the student must also follow the requirements of the facility.

Special Events
See program director for professional appearance instruction.

Care of Patients with Known Active Tuberculosis (TB)

Students in BPCC clinical programs are not TB mask fit-tested, therefore, they should not care for patients with known active TB. Please contact Erin Liesveld (eobanion@bpcc.edu) with questions or concerns.
**Student Injury**

Students are to perform all tasks with safety for patients, staff, faculty, and themselves as priority. However, even in the most cautious environments accidents occur.

BPCC does not have insurance covering injury of a student in a classroom setting. If a student is injured in a classroom, all efforts to obtain care for the student will be made, however, the student will be responsible for any and all costs related to care.

BPCC has insurance coverage for students injured in a laboratory. In the event a student is injured while in a laboratory setting, the student must contact the instructor immediately to initiate the appropriate protocol and documentation of the event. Initially, the student’s health insurance will be processed and then BPCC’s laboratory insurance will be applied.

Students are required to have their own personal health insurance to assist with any costs related to injury or illness that occurs during clinicals. If a student is injured during a clinical rotation, the student should immediately contact the health facility preceptor. The preceptor will obtain care for the student according to the facility’s protocol, however, the student will be responsible for any and all costs related to care.

In the event a student is exposed to a bloodborne pathogen, the following protocol is to be followed (excerpt from *Exposure Control Plan-Bloodborne Pathogens*, Office of Risk Management, BPCC):

**Exposure**

In the event of possible exposure to bloodborne pathogens the following protocol will be followed:

- For contact with needles or other sharps:
  1. Decontaminate the needlestick or other sharps injury (i.e., shards of glass) with soap and water for 30 seconds, OR
  2. Use an appropriate antiseptic (e.g., iodine, Betadine) for 30 seconds

- For exposure other than by needle or other sharps:
  1. Contact lenses must be removed immediately and disinfected before reuse or discard
  2. Flush the exposed mucous membrane site (e.g., eyes, nose, or mouth) with water (eyewash station is available) or sterile saline for 10—15 minutes
STUDENT LOGIN INFORMATION GUIDE

Please allow 24 hours after submitting your admissions application to be provided a username.

LOLA:

1. Go to www.bbcc.edu and select the LOLA icon on the home page.
2. Select “Don’t know your username?”
3. Enter SSN and date of birth, click “Find My Username”, click “Continue”
4. Type the temporary password:
   - First initial of first name (lowercase) +
   - First initial of last name (lowercase) +
   - Birthdate (mm/dd/yy) +
   - P@ss
   - Temporary Password
   EXAMPLE: John (j)
   EXAMPLE: Smith (s)
   EXAMPLE: May 10, 1975 (051075)
   EXAMPLE: P@ss
   EXAMPLE: js051075P@ss
5. Once you have logged into LOLA for the first time, you will be asked to create a new password:
   - Passwords cannot contain the user’s first or last name
   - Length must be between 12 and 20
   - Must contain at least one uppercase letter and one number
   - Must contain one of these characters: @ * = +
   - Password EXAMPLES: CallMe@5555555, Mybirthday=010199, student@BPCC2014

myBPCC:

Questions? Email mybpcc@bpccee.edu or call Educational Technology at 318-678-6023.

Students can utilize myBPCC for announcements, assignments, grades, and other important information. Students taking courses for the first time at BPCC are encouraged to complete the myBPCC orientation prior to the start of class.
1. Go to my.bpccee.edu (or to the BPCC home page and click on the myBPCC icon).
2. Username: Your LOLA username
3. Password: Your LOLA password

If you do not know your LOLA credentials, you can attempt to recover them at LOLA. You will need to provide your Social Security Number and Date of Birth. The system will then give you the username for the account for verification.

At this point you are prompted for a new password. Simply, provide a new password that satisfies the outlined requirements and you will be all set to access LOLA and myBPCC.

Note: After three (3) failed login attempts your account will be locked for approximately 15-30 minutes.
To prevent this, please ensure you are using the proper login credentials.

BPCC STUDENT EMAIL:

Questions? Email studentmail@bpccee.edu or call Computer Services at 318-678-6418.

Students are assigned a BPCC student email after registering for classes and will be available approximately one week prior to the start of the semester.
1. Go to student.bpccee.edu/webmail OR to www.bpccee.edu, click on Current Students, scroll down & click on Student Email.
2. Username: BPCC username
3. Password: 6-digit birthdate

Example: John Smith was born May 10, 1975 = Password: 051075

BPCC COMPUTER:

Questions? Call Computer Services at 318-678-6418.

Students will be granted access to BPCC computers approximately one week prior to the start of the semester.
1. Username: BPCC username
2. Password: 6-digit birthdate

Example: John Smith was born May 10, 1975 = Password: 051075

BPCC Wi-Fi:

Questions? Call Computer Services at 318-678-6418.

Students will be granted access to BPCC Wi-Fi at the same time that the student’s email is assigned.
Select and connect to the wireless network BPCCLink2 on laptops, smartphones, tablets, or other Wi-Fi devices.
If a log-on page does not show immediately, open any web browser to access.
1. Username: BPCC username
2. Password: 6-digit birthdate

Example: John Smith was born May 10, 1975 = Password: 051075

revised 6-15-15
Student Resources

The following documents and forms are included as a reference for the student. The student’s signed originals are maintained in the student’s Science, Nursing, and Allied Health Division clinical student file while enrolled in the clinical program.
Science, Nursing and Allied Health Division

Student Program Handbook Acknowledgement

I, ________________________________, acknowledge receipt of a Student Program Handbook for the Medical Assistant Program. I accept the responsibility of abiding by the rules and procedures contained in the Student Program Handbook. My signature below also indicates my understanding that the policies are contained in the Student Clinical Handbook do not replace the policies and procedures found in the Bossier Parish Community College Student Handbook or Catalog. In addition, I understand that I will also be responsible for abiding by the policy and procedure of a specific clinical affiliate while in their facility.

________________________________________  ________________
Student’s Signature  Date

________________________________________
Student’s Printed Name
Authority to Release Drug and / or Alcohol Testing Records

As part of the drug policy for clinical students at Bossier Parish Community College, I, __________________________, do hereby voluntarily consent to drug/alcohol testing. I also authorize and give full written permission to the testing agency to release the results to Bossier Parish Community College. Information may be released for the purpose of confirming eligibility to continue in the program, as required by regulating agencies, and for participation in clinical classes, as required by clinical affiliates. Except as permitted by the testing program, the College will exercise its best effort to assure that all test results remain confidential. Bossier Parish Community College may also advise others, within the normal reporting lines, of a positive result for illegal drugs or for banned legal drugs, where such disclosure is appropriate.

I understand that as a student, if I test positive for drugs or alcohol, I will be immediately dismissed from the program.

__________________________________________
Student Name (print)

__________________________________________       ________________
Student Signature                                      Date

Information may be released to the following:

Bossier Parish Community College: Erin Liesveld, Program Coordinator
Program Director
Clinical Faculty
Clinical Affiliates
Carolyn Burroughs, Dean
Background Checks

Background checks are a required prerequisite for BPCC’s clinical affiliates. Students enrolled in a program requiring clinical placement, shall consent to have a background check(s) performed and for the results to be shared with school administration, clinical faculty, and clinical affiliates. It is the student’s responsibility to fully disclose all incidents that result in an arrest, warrant, or violation of the law \(^2\) before, during, or after the background check. Any above referenced activities shall result in immediate disclosure of said information to current or potential clinical affiliates and an additional background check being performed with all results disclosed to the clinical sites. Omission of and/or failure to disclose information will be regarded as an intentional falsehood and shall be reported to the clinical sites.

Any and all findings will be released to the above named parties and to any accrediting agency and/or regulatory agency as required by law. Although positive findings do not immediately interfere with the student’s standing in the clinical program, the findings will be released to the clinical affiliate. It is the clinical affiliate’s decision to permit a student to perform a clinical rotation in their facility.

Should a student be unable to complete all required rotations or assignments due to refusal of a clinical affiliate to accept the student, the student may be unable to complete the clinical course and may ultimately be unable to complete the clinical program.

Contact Erin Liesveld, Program Coordinator, (eobanion@bpcc.edu) room D105 for further information.

By signing and dating the bottom of this policy, the signor acknowledges that they have read, agree to comply with, and understand the policy above.

_________________________  ________________
Signature                     Date

__________________________________
Printed Name

\(^2\) Excluding moving and nonmoving traffics, except DWI and DUI
Science, Nursing and Allied Health Division

Consent for Information Release in Preparation for Clinical Assignment

I, _______________________________________________________, authorize Bossier Parish Community College (BPCC) and its agents to release my name, contact information, social security number, date of birth, background check results, drug/alcohol screen results, health information, OSHA certification, HIPAA certification, American Heart Association Health Care Provider Basic Life Support Certification, health insurance information, and information regarding my performance as necessary to a third party for the sole purpose of obtaining and maintaining approval for clinical assignment while enrolled in the Medical Assistant program. I know it is my responsibility to inform BPCC of any changes or updates in the above named information.

________________________________________

Student’s Signature

____________________________________________________

Student’s Printed Name
Bossier Parish Community College Clinical Programs

Student Consent - Memorandum of Understanding

I understand that a portion of my education in the Medical Assistant Program at Bossier Parish Community College (BPCC) will include clinical placements in health care facilities. One purpose of clinical education is to acquaint students with the reality of clinical practice of a health care profession. I understand that during clinical placement, I will be subject to the known and unknown risks those members of my profession experience in the provision of health care. These may include exposure to people with infectious and communicable diseases, chronic and degenerative diseases, mental illness, and risks attendant to the work environment. I realize however that as a student, I am not eligible for coverage under the College’s or facility’s workmen’s compensation insurance, and there is no mechanism for compensation in the event I am injured during my clinical placement.

Every attempt has been made by the Bossier Parish Community College’s Medical Assistant Program to protect my interests. I have been provided basic instruction in prevention procedures and in the application of reasonable and prudent clinical practices, which can serve to limit unnecessary exposure and constitute a measure of safety for me and the patients I treat. I understand that it is my responsibility to apply these procedures and to take appropriate steps to protect my patients and myself. As a condition of placement in a clinical affiliation, I will be required by the facility and the College to show proof of health insurance. I also understand that another condition of placement in a clinical affiliation is completion and submission of immunizations and laboratory testing. Further, I will be expected to abide by whatever policy (ies) the facility has regarding risk exposure management for its employees, even though I am not considered by the College or the facility to be an employee of the facility.

The program director, for the program in which I am enrolled, has offered to answer any questions that I may have about these risks and the precautions I can take to avoid them. If I have any questions before, during, or after the clinical affiliations, I will contact my program director. Also, I understand that I may stop any participation in the clinical affiliation at any time I think my personal safety, or that of the patients I treat is in jeopardy and agree to contact my program director immediately should this occur.

I have a right to privacy, and all information obtained in connection with this affiliation that can be identified with me will remain confidential as far as possible within state and federal laws.

I voluntarily agree to participate in clinical affiliations arranged by the Bossier Parish Community College Medical Assistant Program.

In addition, I acknowledge that I have read, understand and will abide by clinical policies as established by the BPCC Allied Health Division as presented to me in the Program Handbook.

________________________________________________  __________________
Signature of Student                                    Date

________________________________________________
Printed name of Student
Patient/Client Confidentiality Statement

I acknowledge that I have received training in protecting patient/client confidentiality and HIPAA guidelines. In the course of my clinical training I will have access to confidential information related to patients/clients of the facilities that I enter. I have been informed that it is my responsibility as a student enrolled in a clinical program at Bossier Parish Community College to maintain confidential any information related to patients and/or clients. I specifically understand that per HIPPA guidelines, the following behaviors are prohibited:

- Releasing confidential patient/client information by any means (i.e., verbally, electronically, or in print) to any individual/agency who does not have the legitimate, legal or clinical right to the information
- Unauthorized use, copying, or reading of patient medical records
- Unauthorized use, copying or reading of employee/hospital records
- Taking patient records outside the clinical facility
- Any tampering of patient information

I understand that this policy/agreement applies not only to patients/clients with whom I have direct contact, but for any personal/confidential information I may have access to while in the clinical setting.

I further understand that I must use discretion when discussing patient/client information with other appropriate individuals to assure that the nature of the discussion remains professional and pertains only to information clinically relevant. I will make every effort to assure that such conversations cannot be overheard by those not involved in the patient’s care.

I am aware that violations of this policy/agreement may result in sanctions and may be grounds for dismissal from the clinical program.

I understand that some clinical facilities will have additional policies related to protecting patient/client information that I will be expected to follow.

__________________________  ______________________
Student Signature                                                                   Date
Authorization for Imaging Release

I do hereby irrevocably authorize Bossier Parish Community College, and employees thereof to copyright, publish, and use in all forms and media and all manners for advertising, trade, promotion, education, exhibition, or any other lawful purpose whatsoever, still, single, multiple of moving photographic portraits, pictures, or videos in which I may be included in whole or in part, or composite or distorted in character, or form, in conjunction with or without my own name, or reproductions thereof in color or otherwise or other derivative works made through any medium.

I do hereby waive any right that I may have to inspect or approve the finished product or the advertising or other copy that maybe used in connection therewith or the use to which it may be applied.

I do hereby warrant that I am of full age and have every right to grant release in my own name in the above regard. Further, I have read the above authorization and release, prior to its execution, and I am fully familiar with the contents thereof.

Signed: ___________________________ Date: ______________________
Computer Usage

I, __________________________________________, understand that when I
utilize the computers, internet, and wireless internet connection I must behave in
a manner that is ethical and legal. I agree to perform only activities that are
academic in nature when using these resources. I am aware that my computer
and internet usage are monitored and failure to act in the manner described will
result in disciplinary action.

___________________________________________    _________________________
Student Signature                              Date
I, ___________________________________________________, understand that my graduation from or completion of the Medical Assistant Program does not ensure my ability to successfully pass a national credentialing or certification examination or obtain approval for licensure that may be required to practice. I know it is my responsibility to maintain adequate academic and clinical skill and to further improve them to a mastery level if passing a national credentialing or certification examination is my goal. I accept the responsibility for initiating and completing the credentialing or certification process.

I know it is my responsibility to meet the criteria set forth by the licensure board or organization if obtaining a license to practice is my goal. I accept the responsibility for initiating and completing the licensure process.

I understand that graduation or successful completion of a BPCC course or program only indicates that I have met the minimum requirements set forth by BPCC and/or its regulatory and accreditation agencies.

____________________________________________________
Student’s Signature

____________________________________________________
Student’s Printed Name

BPCC Under No Obligation
Medical Assistant Program

Allied health program admissions are based on academic achievement and additional program specific non-academic criteria that can be referenced in the catalog. Essential Requirements have been established by each program identifying the occupational specific technical standards required of students in the program. Decisions to apply for admission to the Medical Assistant Program should be made after considering the program Essential Requirements.

It is the responsibility of this program to be concerned with the rights of patients and clinical sites and to only place students in clinical education that are capable of providing safe, high quality health care. The following list represents reasonable expectations for the student enrolled in the Medical Assistant Program at Bossier Parish Community College.

It is the responsibility of the program applicants to carefully review the Essential Requirements and ask questions if not familiar with the standards and skills listed. Certain chronic or recurrent illnesses and problems that interfere with patient care or safety may be incompatible with medical assistant training or clinical practice. Conditions that may lead to a high likelihood of student absenteeism should be carefully considered. Deficiencies in knowledge, judgment, integrity, character, or professional attitude or demeanor which may jeopardize patient care may be grounds for course/rotation failure and possible dismissal from the program. All applicants to the program must have the ability to meet the following standards and skills if accepted to the program in order to complete the educational requirements for the Medical Assistant Program.

If a student cannot demonstrate the following standards and skills without accommodation, it is the responsibility of the student to request an appropriate accommodation with the Coordinator for Section 504 and ADA, (Career Services, Building F, 318-678-5315) by the application deadline. The College is committed to the principle of equal opportunity as defined in the catalog and will provide reasonable accommodation as long as it does not fundamentally alter the nature of the program offered and does not compromise patient safety, or impose an undue hardship such as those that cause a significant expense or are unduly disruptive to the educational process.
## Essential Requirements for the Medical Assistant Program

Where applicable, use the following keys:

- Listed indicators are required for proficient job performance or academic completion of the program
- Frequency of indicators:
  - O = Occasionally 1-33%
  - F = Frequently 34-66%
  - C = Constantly 67-100%

<table>
<thead>
<tr>
<th>Mandatory Prerequisite Requirements</th>
<th>Freq</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Current CPR certification</td>
<td>C</td>
</tr>
<tr>
<td>- Satisfactory Physical Exam</td>
<td>C</td>
</tr>
<tr>
<td>- Current OSHA &amp; HIPAA education verification</td>
<td>C</td>
</tr>
<tr>
<td>- Completed Application Packet submitted by due date</td>
<td>C</td>
</tr>
<tr>
<td>- Health Insurance Maintained throughout Program Clinicals</td>
<td>C</td>
</tr>
<tr>
<td>- CPA v. 2.0 or better</td>
<td>C</td>
</tr>
<tr>
<td>- &quot;C&quot; or higher on prerequisite courses</td>
<td>C</td>
</tr>
<tr>
<td>- Absence of criminal history or record</td>
<td>C</td>
</tr>
<tr>
<td>- Negative drug/alcohol screen (may also be performed randomly or ordered if student is under suspicion)</td>
<td>C</td>
</tr>
</tbody>
</table>

### Immunizations

- Hepatitis B series & titer
- Tetanus (within 10 years)
- Z MMK (Only 1, if born before 1957)
- TB Test (current for the year)
- Chicken Pox (Varicella Zoster) Titer
- Rubella titer & Rubella Titer
- Influenza Vaccine (current for the season)

### Sensory Requirements

#### Touch

- Ability to type or keyboard 25 wpm accurately
- Feel airflow, necessary for patient assessment and administration of medical gases

#### Small

- Fine motor abilities sufficient to dispense fluids and for safe, effective handling of medications
- Tactile sensory ability needed in tasks such as palpation and percussion performed during patient assessment
- Fine motor abilities to manipulate small items, such as IV tubing, pills, and needles
- Dexterity and grip strength to open and manipulate bottles and syringes
- Determine if puncture wound was sustained
- Manipulate controls on equipment

#### Hearing

- Auditory ability sufficient to hear co-workers, patients, or their representatives
- Auditory ability to hear mechanical alarms and tones
- Auditory ability to hear breath sounds, bowel sounds, and heart tones through a stethoscope

### Intellectual Requirements

- Process & communicate information in a timely manner
- Read and understand typed, handwritten, verbal, and computer information
- Able to problem solve, assess, analyze data and implement solutions
- Able to think critically and distinguish relevant from irrelevant data
- Able to memorize and categorize large quantities of information
- Operate computers
<table>
<thead>
<tr>
<th>Written Communication Skills</th>
<th>Oral Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Typing or word processing and data entry</td>
<td>Demonstrates respect for others with language</td>
</tr>
<tr>
<td>Uses correct spelling, grammar, and punctuation</td>
<td>Instruction of others</td>
</tr>
<tr>
<td>Writes legibly</td>
<td>Offers own thoughts and ideas with appropriate non-verbal expression</td>
</tr>
<tr>
<td>Express thoughts of idea in written form</td>
<td>Uses correct grammar and expression</td>
</tr>
<tr>
<td>Concise and accurate documentation</td>
<td>Communicate with people of different cultures and beliefs</td>
</tr>
<tr>
<td>Ability to perceive pertinent detail in verbal or tabular material; to observe differences in copy, to proof-read words and numbers, and to avoid perceptual errors in arithmetic computation</td>
<td>Communicates with others in a respectful, confident and appropriate manner</td>
</tr>
<tr>
<td>Perception</td>
<td>Adjust for differences in age or education level</td>
</tr>
<tr>
<td>Spatial—ability to comprehend forms in space and understand relationships of plane and solid objects; frequently described as the ability to &quot;visualize&quot; objects of two or three dimensions, or to think visually of geometric forms</td>
<td>Capable of responsive empathetic listening</td>
</tr>
<tr>
<td>Form—ability to perceive pertinent details in objects or in pictorial or graphic material; to make visual comparisons and discrimination and see slight differences in shapes and shadings of figures and widths and lengths of line</td>
<td>Environmental Factors</td>
</tr>
<tr>
<td>Reasoning</td>
<td>Indoor</td>
</tr>
<tr>
<td>Deal with abstract and concrete variables, define problems, collect data, establish facts, and draw valid conclusions</td>
<td>Outdoor</td>
</tr>
<tr>
<td>Mathematics</td>
<td>Bright lighting</td>
</tr>
<tr>
<td>Simple skills—add, subtract, multiply and divide whole numbers, fractions, ratios, decimals, and percentages, calculate time and simple measurements</td>
<td>Chemicals</td>
</tr>
<tr>
<td>Complex skills—Conversion between different weights, volume systems, application of formulas</td>
<td>Machinery with moving parts</td>
</tr>
<tr>
<td>Reading</td>
<td>Exposure to blood and body fluids</td>
</tr>
<tr>
<td>Simple skills—Comprehend simple instructions and notations</td>
<td>Long or irregular hours</td>
</tr>
<tr>
<td>Complex skills—Comprehend newspapers, manuals, journals, instructions in use and maintenance of equipment, safety rules, reference and procedures and drawings</td>
<td>Exposure to sharp objects</td>
</tr>
<tr>
<td>Complex skills—Conversion between different weights, volume systems, application of formulas</td>
<td>Exposure to unpleasant biological odors</td>
</tr>
<tr>
<td>Environmental Factors</td>
<td>Exposure to dust, fumes, smoke, gases, odors, mists, or irritating particles</td>
</tr>
<tr>
<td>Indoor</td>
<td>Exposure to toxic, caustic chemicals, or medications</td>
</tr>
<tr>
<td>Outdoor</td>
<td>Exposure to solvents, grease, or oils</td>
</tr>
<tr>
<td>Bright lighting</td>
<td>Working in confined spaces alone and with others</td>
</tr>
<tr>
<td>Chemicals</td>
<td>Exposure to graphic images or situations</td>
</tr>
</tbody>
</table>
**Essential Requirements of Medical Assistant Program cont.**

<table>
<thead>
<tr>
<th>Physical Requirements</th>
<th>Freq</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good physical condition with ability to:</td>
<td></td>
</tr>
<tr>
<td>- Walk (at varying speeds)</td>
<td>C</td>
</tr>
<tr>
<td>- Sit</td>
<td>C</td>
</tr>
<tr>
<td>- Stand: work for prolonged position of standing</td>
<td>C</td>
</tr>
<tr>
<td>- Twisting of body</td>
<td>C</td>
</tr>
<tr>
<td>- Kneel</td>
<td>C</td>
</tr>
<tr>
<td>- Bend forward</td>
<td>C</td>
</tr>
<tr>
<td>- Pull: up to 50 lbs</td>
<td>C</td>
</tr>
<tr>
<td>- Push: up to 50 lbs</td>
<td>C</td>
</tr>
<tr>
<td>- Climb stairs</td>
<td>C</td>
</tr>
<tr>
<td>- reach above shoulder level, below and in front of body</td>
<td>C</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lift</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Light: less than 15 lbs</td>
<td>C</td>
</tr>
<tr>
<td>- Moderate: 15 to 20 lbs</td>
<td>C</td>
</tr>
<tr>
<td>- Heavy: greater than 20 lbs</td>
<td>C</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Carry</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Light: less than 15 lbs</td>
<td>C</td>
</tr>
<tr>
<td>- Moderate: 15 to 20 lbs</td>
<td>C</td>
</tr>
<tr>
<td>- Heavy: greater than 20 lbs</td>
<td>C</td>
</tr>
<tr>
<td>- Maintain good balance with movement while performing tasks</td>
<td>C</td>
</tr>
<tr>
<td>- Maneuver equipment safely</td>
<td>C</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behavioral/Emotional Requirements</th>
<th>Freq</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Ability to exercise sound judgement</td>
<td>C</td>
</tr>
<tr>
<td>- Prompt completion of all tasks</td>
<td>C</td>
</tr>
<tr>
<td>- Prioritize and manage multiple tasks</td>
<td>C</td>
</tr>
<tr>
<td>- Able to manage stress effectively</td>
<td>C</td>
</tr>
<tr>
<td>- Can function independently and unsupervised</td>
<td>C</td>
</tr>
<tr>
<td>- Demonstrate time management</td>
<td>C</td>
</tr>
<tr>
<td>- Follow directions</td>
<td>C</td>
</tr>
<tr>
<td>- Demonstrate flexibility</td>
<td>C</td>
</tr>
<tr>
<td>- Organizational skills</td>
<td>C</td>
</tr>
<tr>
<td>- Able to perform self-assessment</td>
<td>C</td>
</tr>
<tr>
<td>- Able to recognize patient needs</td>
<td>C</td>
</tr>
<tr>
<td>- Ability to receive and apply constructive criticism</td>
<td>C</td>
</tr>
<tr>
<td>- Assumes responsibility and accountability for actions and outcomes</td>
<td>C</td>
</tr>
<tr>
<td>- Effective use of resources</td>
<td>C</td>
</tr>
<tr>
<td>- Maintains professional demeanor</td>
<td>C</td>
</tr>
<tr>
<td>- Respects personal space of others</td>
<td>C</td>
</tr>
<tr>
<td>- Recognizes limitations and seeks assistance</td>
<td>C</td>
</tr>
<tr>
<td>- Maintains confidentiality</td>
<td>C</td>
</tr>
<tr>
<td>- Establishes rapport and trust with patients and co-workers</td>
<td>C</td>
</tr>
<tr>
<td>- Maintains composure during unpleasant or stressful situations</td>
<td>O</td>
</tr>
</tbody>
</table>

**Acknowledgement of Essential Requirements for the Medical Assistant Program**

I, ____________________________, have been informed of the Essential Requirements of the Bossier Parish Community College Medical Assistant program. I have carefully reviewed the Essential Requirements and have asked questions if I was unfamiliar with the standards and skills listed. If I believe I require accommodation, I will request an appropriate accommodation with the Coordinator for Section 504 and ADA, (Career Services, Building F, 318-678-6315) by the application deadline. I am aware that certain chronic or recurrent illnesses and problems that interfere with patient care or safety may be incompatible with Medical Assistant training or clinical practice. I have also considered any conditions that I may have that may lead to a high likelihood of absenteeism. I have been informed that deficiencies in knowledge, judgment, integrity, character, or professional attitude or demeanor which may jeopardize patient care may be grounds for course/rotation failure and possible dismissal from the program. I have the ability to meet the standards and skills listed in the Essential Requirements and agree to complete the educational requirements for the Medical Assistant Program, if accepted to the program.

__________________________  __________________________
Signature                                     Date

__________________________
Printed Name of Student
I, the undersigned student, do fully understand the following:

1. A grade of C or above must be obtained in the practicum work to receive a degree in the Bossier Parish Community College Medical Assistant Program. The practicum/externship is completed during the last semester of the program.

2. A student who withdraws from the program after successful completion of ALHT 201 & ALHT 203 may re-enter the program. The Externship/Practicum must be taken within one year of beginning the second course. A student who withdraws from the program after successful completion of either ALHT 201 or ALHT 203 may re-enter the program only if the second course and the practicum/externship are completed within one year of completing the first course.

3. Students are entering a profession, which involves frequent contact with infectious and often virulent agents of disease.

4. There shall be no exchange of monies between Facility and College or between the Facility and the students in consideration of the responsibilities assumed hereunder.

5. Candidates applying for the CMA examination are not eligible if they have pleaded guilty to a felony or found guilty of a felony.

6. Supervised practicum training (a minimum of 220 hours) is completed at physician’s offices and clinics throughout northwest Louisiana.

I fully understand the statement listed above. I desire to participate in the Medical Assistant externship and agree not to hold Bossier Parish Community College responsible for any diseases that I may contract.

____________________________  ________________
Student Signature                  Date

____________________________  ________________
Witness                               Date
Bossier Parish Community College Waiver

I, _____________________________, hereby, for myself, my heirs, executors, administrators and assigns, waive and release any and all rights and claims for damages I may have against Bossier Parish Community College, the Louisiana Community and Technical College System, the State of Louisiana and any and all agents, employees, representatives, successors and assigns of said parties for any and all injuries which may be suffered by me in connection with my participation in attending, completing or participating in any field trip associated with Bossier Parish Community College.

______________________________  ______________________________
Date                                                          Student’s Signature

______________________________
Student’s Printed Name
Acknowledgement of Social Media Policy

My signature below indicates that I have read and will follow the Social Media Policy. My signature also indicates that I am aware that violations of the social media policy are considered professional behavior violations and will result in Programmatic Counseling and if appropriate a disciplinary referral to the Office of Student Services.

__________________________________  ________________________________
Date                                    Student’s Signature

__________________________________
Student’s Printed Name
Clinical Student Disclosure of Clinical Requirements

Bossier Parish Community College
Science and Allied Health Division

Clinical Student Disclosure of Clinical Requirements

Clinical students in the following programs **MUST** provide the requested documentation* in order to be placed in a clinical site:

- Biotechnology
- ECG/Telemetry Technician
- EMT Basic/Paramedic
- Medical Assistant
- Medical Office Specialist
- Pharmacy Technician
- Phlebotomy
- Physical Therapist Assistant
- Respiratory Therapy
- Surgical Technology
- Occupational Therapy Assistant
- Nursing

*Required documentation subject to change. Requirements are based on mandates from healthcare facilities.

Clinical students in the above named programs are responsible for obtaining the following immunizations:

- Hepatitis B vaccination series
- Hepatitis B titer**
- Varicella titer**
- Rubella and Rubeola titer**
- Negative TB skin test or negative chest x-ray report (current for the year)
- 2 MMR (2 MMR if born after 1957, only 1 MMR if born before 1957)
- Tetanus (within 10 years)
- Flu shot may also be required at specific facilities (i.e., LSU HSC)

**A negative titer may require additional vaccinations and titers to be performed.

Clinical students in the above named programs are also responsible for providing the following documentation:

- General physical examination – program specific forms to be completed to comply with requirement
- Health insurance verification** (must be maintained during enrollment in clinical program)
- HIPAA certification (current for the year) – may not be required for Biotechnology program
- OSHA certification (current for the year) – may not be required for Biotechnology program
- American Heart Association Healthcare Provider Basic Life Support certification (current for the year) – may not be required for Biotechnology program
- ACLS certification (only for Advanced Respiratory Therapy students)
- Copy of Driver’s License or State Issued Identification Card
- Paramedic applicants **MUST** be of EMT Basic National Registry status and possess Louisiana State certification by the first day of class
- TB Mask Fit Test performed at a Willis Knighton Health System Workcare, if performing a clinical rotation in that system
- Certificate of Completion of online modules for the Veteran’s Administration (VA) Hospital, if performing a clinical rotation in that system
The following consent forms and documents will be provided by BPCC and must be completed during clinical orientation:

- Background Checks (To include a minimum of the following: Criminal history, Social Security number trace, residency history, Office of Inspector General Sanction Report, Medicare/Medicaid excluded lists, and General Services Administration, and State and National Sexual Predator Registry)
- Drug / Alcohol screen (Random testing may be performed at any time)
- Image release
- Student information release
- Memo of Understanding
- Clinical Student Handbook Acknowledgement
- Essential Requirements (Technical Requirements)
- BPCC Under No Obligation
- Consent for Information Release in Preparation for Clinical Assignment
- Acknowledgment of BPCC Clinical Handbook

Certain behaviors, including but not limited to the following, may result in immediate removal from the clinical site with a recommendation for dismissal from the program being sent to the Office of Student Services:

- Violation of patients right/confidentiality
- Falsifying data and/or records
- Illegal behavior or act
- Possession or use of intoxicants or narcotics
- Failure to follow the instructions of employees of the facility
- Any conduct that results in dismissal from a clinical site or programmatic course
- Failure to submit to a drug test or a positive drug test result
- Failure to submit to a criminal background check
- Jeopardizing patient safety
- Failure to maintain personal health insurance
- Failure to consent to a background check, drug/alcohol screen, or Release of Information for Preparation of Clinical Rotations

Additional documentation or procedures may be required at any time. Changes to documentation requirements would be in response to mandates administered by accrediting agencies, clinical affiliates, or administration. If you have any questions, please contact the Program Coordinator.
# Health Status Statement for the Medical Assistant Program

**Name:**

**Date of Birth:**

**Social Security Number:**

**Height:**

**Weight:**

**Allergies:**

**Medications (list over-the-counter and prescribed):**

## Vision

<table>
<thead>
<tr>
<th>With correction:</th>
<th>Right 20/</th>
<th>Left 20/</th>
</tr>
</thead>
<tbody>
<tr>
<td>Without correction:</td>
<td>Right 20/</td>
<td>Left 20/</td>
</tr>
</tbody>
</table>

**Reaction of pupils:**

**Evidence of disease or injury: Right:**

**Left:**

**Able to see color and shades of color:**

**Able to perceive depth:**

## Ears

**Hearing with correction: Right:**

**Left:**

**Hearing without correction: Right:**

**Left:**

## Nose & Throat

## Teeth & gums

## Heart

**Hypertrophy:**

**Arrhythmia:**

**Blood pressure:**

**Murmurs:**

**Pulse:**

## Lungs

## Abdomen

## Spine

## Hemia:

**Type:**

**Condition of inguinal rings:**

**Varicocele:**

**Hydrocele:**

**Medical conditions that may require attention during academic attendance, laboratory practice, or clinical rotations:**

## Lower extremeties:

**Varicose Veins:**

**Location:**

**Upper Extremeties:**

**Skin:**

## Reflexes:

**Patellar:**

**Bomberg:**

## Will the student be able to meet the following Essential Requirements for the Medical Assistant program?

<table>
<thead>
<tr>
<th>Essential Requirement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walk (varying speeds) for prolonged periods</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Sit for prolonged periods of time</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Work in a prolonged period of standing</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Frequent twisting of body</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Knee frequently</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Bend forward frequently</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Pull up to 50 lbs</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Push up to 50 lbs</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Climb stairs</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Maintain good balance with movement</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Constantly lift items less than 15 lbs.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Constantly lift items 15 to 20 lbs.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Constantly lift items greater than 20 lbs.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Constantly carry items less than 15 lbs.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Constantly carry items 15 to 20 lbs.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Constantly carry items greater than 20 lbs.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Reach above shoulder level</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

## Classify Examinee:

- **Box:** Class I: Physically fit to perform in the Medical Assistant program.
- **Box:** Class II: Unfit for performance in the Medical Assistant Program.

**Remarks:**

---

**Examining Physician’s Signature:**

**Examining Physician’s Printed Name:**