Medical Assistant (MA) Admissions Process

To be considered for the MA Program, you must be at least 18 years old, and have a high school diploma or high school equivalency (HiSET/GED).

The Medical Assistant program includes:

Course consists of 400 hours of online instruction
Open lab attendance bimonthly to practice technical skills with program instructor
Clinical Experience of 180 hours
Upon successful completion, students are prepared to test for the Certified Clinical Medical Assistant (CCMA) or the Certified Medical Administrative Assistant (CMAA) certification exams.

<table>
<thead>
<tr>
<th>Steps</th>
<th>Phase 1: Admission and Online Classes — What To Do</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Application</strong></td>
<td>Pick up the MA application packet</td>
</tr>
<tr>
<td>☐</td>
<td>CTE Building Rm 101</td>
</tr>
<tr>
<td></td>
<td>1000 Viking Drive, Hillsboro, MO</td>
</tr>
<tr>
<td>☐</td>
<td>Meet with a representative at your local Missouri Job Center to register to take Work Keys Assessment and discuss funding options.</td>
</tr>
<tr>
<td>☐</td>
<td>Applied math Score required: 4</td>
</tr>
<tr>
<td>☐</td>
<td>Graphic literacy Score required: 4</td>
</tr>
<tr>
<td>☐</td>
<td>Workplace documents Score required: 4</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Turn in completed and SIGNED application, including:</td>
</tr>
<tr>
<td>☐</td>
<td>All forms in application packet</td>
</tr>
<tr>
<td>☐</td>
<td>Work Keys scores</td>
</tr>
<tr>
<td>☐</td>
<td>Copy of driver’s license</td>
</tr>
<tr>
<td>☐</td>
<td>Copy of Social Security card</td>
</tr>
<tr>
<td>☐</td>
<td>Copy of high school diploma/HiSET or official high school transcript</td>
</tr>
<tr>
<td>☐</td>
<td>3 letters of recommendation</td>
</tr>
<tr>
<td>☐</td>
<td>Email all materials to <a href="mailto:workforce@jeffco.edu">workforce@jeffco.edu</a> or call to make an appointment at: (636) 481-3144.</td>
</tr>
</tbody>
</table>
**Phase 1: Admission and Online Classes – What To Do**

<table>
<thead>
<tr>
<th>Steps</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Care Safety Registry</strong></td>
<td>If you are not currently registered for the Family Care Safety Registry, you can sign up on-line at: <a href="https://health.mo.gov/safety/fcsr/">https://health.mo.gov/safety/fcsr/</a>. The cost is approximately $15.25.</td>
</tr>
<tr>
<td><strong>Alcohol/drug screening</strong></td>
<td>Complete alcohol and drug screen at Risse Counseling. Contact <a href="mailto:workforce@jeffco.edu">workforce@jeffco.edu</a>. Results will be sent to our office. Location:  Risse Counseling 101 East Main Street, Festus, MO  63028.</td>
</tr>
<tr>
<td><strong>Tuition</strong></td>
<td>Tuition is often funded by programs through the MoJobs Center or through Skill UP and will be verified at time of application for the program. If third party is paying for tuition, a letter must be submitted with the application. Sample copy of letter is available, upon request. If tuition is paid by student, payment may be made by: credit or debit card; cashier’s check; or cash. Personal checks are not accepted. Payment plans are not available.</td>
</tr>
<tr>
<td><strong>Orientation</strong></td>
<td>Once the application process is complete and tuition has been secured, students will attend an orientation session with a member of WES staff. Upon completion, the student’s information will be forwarded to NHA to be enrolled in Phase I: Online Classes.</td>
</tr>
<tr>
<td><strong>NHA</strong></td>
<td>Attend on-boarding webinar with NHA on designated date/time to verify ability to access course curriculum and receive final instructions from NHA student advocates.</td>
</tr>
<tr>
<td><strong>Online Classes</strong></td>
<td>Online classes are available 24 hours, 7 days per week. Weekly achievements will be expected from each student and must be successfully completed in a timely manner. Plan to work 20 to 25 hours per week on the computer. The goal is to finish in 6 months or less.</td>
</tr>
</tbody>
</table>

**Phase 2: Open Lab Training-- What To Do**

<table>
<thead>
<tr>
<th>Steps</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Immunizations</strong></td>
<td>Prior to beginning Clinical Training (Phase 3) students may be required to show proof of the immunizations listed below. Some immunizations require several weeks to complete, so start early enough to complete BEFORE you enter Phase 3: Clinical Training. MMR – 2 doses with several weeks between Varicella Hepatitis B – 3 dose with several weeks between Current Influenza vaccine Immunizations can usually be obtained at your county health department, a primary care physician’s office, or a clinic. Prices vary.</td>
</tr>
<tr>
<td>Steps</td>
<td>Phase 2: Open Lab Training-- What To Do</td>
</tr>
<tr>
<td>------------------------</td>
<td>---------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>BLS</strong></td>
<td>Complete and pass the Basic Life Support for Healthcare Professionals (BLS) Certification PRIOR to pre-clinical.</td>
</tr>
<tr>
<td></td>
<td>Class schedule for each semester is posted at <a href="http://www.jeffco.edu/WES">www.jeffco.edu/WES</a>. The cost for this class is $85.00 and must be paid at the time of registration.</td>
</tr>
<tr>
<td><strong>Complete 2-step PPD (TB) testing.</strong></td>
<td>Two-step PPD.</td>
</tr>
<tr>
<td></td>
<td><strong>Step One:</strong> Get one needle stick. Have the test read 2-3 days later.</td>
</tr>
<tr>
<td></td>
<td><strong>WAIT ONE WEEK.</strong></td>
</tr>
<tr>
<td></td>
<td>Step Two: Get another needle stick. Have it read 2-3 days later.</td>
</tr>
<tr>
<td></td>
<td>The test is valid for one year only. Proof of both negative readings is required.</td>
</tr>
<tr>
<td><strong>Open Lab Training</strong></td>
<td>While completing phase 1 training, students will attend bi-monthly open lab sessions. These instructor lead sessions provide hands on training to gain practical skills needed for clinicals.</td>
</tr>
</tbody>
</table>

********************************************

<table>
<thead>
<tr>
<th>Steps</th>
<th>Phase 3: Clinical Training-- What To Do</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Training</strong></td>
<td>All students will complete a clinical externship consisting of 180 hours.</td>
</tr>
<tr>
<td></td>
<td>Students will be evaluated by their preceptor during the clinical externship. It is the student’s responsibility to make sure these forms (along with time sheets) are completed and returned to the WES office.</td>
</tr>
<tr>
<td></td>
<td>Once it is determined that all clinical hours have been successfully completed and all paperwork has been approved by the Program, students will be enrolled in the NHA study materials to help them prepare for the certification exam. Students will then determine when they want to register for and complete the certification exam.</td>
</tr>
</tbody>
</table>
Application for Admission

CERTIFIED MEDICAL ASSISTANT (CMA)

Jefferson College Workforce & Employment Services • 1000 Viking Drive • Hillsboro, MO 63050-2441
(636) 481-3144 • TDD (636) 789-5772 • www.jeffco.edu

LAST FIRST MI PREVIOUS NAME

CURRENT ADDRESS CITY, STATE, ZIP CODE

SOCIAL SECURITY NUMBER DATE OF BIRTH EMAIL

Do you have a high school diploma? Yes _____ No _____ HiSET Yes _____ No _____ Please attach a copy with application.

HOME PHONE NUMBER CELL PHONE NUMBER

SCRUB TOP SIZE: ___ XS _____ S _____ M _____ L _____XL _____2XL _____ 3XL _____ 4XL
SCRUB PANT SIZE: ___ XS _____ S _____ M _____ L _____XL _____2XL _____ 3XL _____ 4XL

It is the policy of Jefferson College that no person shall, on the basis of age, ancestry, color, creed, disability, gender, national origin, race, religion, or veteran status, be subject to discrimination in employment or in admission to any educational program or activity of the College. Please note: If accommodations for a disability are needed, please contact Christine Platter at (636) 481-3148. TDD users may call (636)789-5772. The contents of this application are provided for informational purposes. The application is accurate at the time of printing but is subject to change. Any such changes may be implemented without prior notice and are effective when made. Jefferson College reserves the right to terminate programs for financial or other reasons which the College determines warranted. The programs, services, or other activities of the College may be terminated at any time due to reasons beyond the control of the College, including—but not limited
THE ESSENTIAL FUNCTIONS OF THE MEDICAL ASSISTANT

Satisfactory completion of the Jefferson College Medical Assistant Program is contingent upon my being physically, mentally, and medically able, with or without reasonable accommodation, to successfully perform the essential functions necessary in the role of the Certified Medical Assistant.

Following appropriate instruction and supervision of the charge personnel, the student will at a minimum:

- Demonstrate understanding of and practice universal precautions
- Obtain patient vital signs
- Take measurements (height/weight)
- Communicate effectively and accurately record patient medical history
- Administer oral and parenteral medication
- Perform wound care
- Assistant during various in-office surgical procedures
- Label and process specimens
- Prepare for, perform, and monitor EKG
- Manage medical records
- Process health insurance claims
- Adhere to protocols involved in the protection of patient confidentiality and demonstrate knowledge of HIPAA

Do you believe you would be able to perform the above listed essential functions, which are necessary in the role of a Certified Medical Assistant for which you are applying?    YES ____     NO  ____

If you answered NO to the above, are there any reasonable accommodations that you believe can be made that would permit you to perform the essential functions necessary in the role of a CERTIFIED MEDICAL ASSISTANT? Please answer in the space provided below.

I have read the above statement and have answered to the best of my knowledge.

___________________________________________________________  ____________________________
Signature of Applicant                                      Date

In order to have a complete file, you must read and sign this form and return it to the Jefferson College Office of Workforce & Employment Services.

01/27/2022
Please complete the following:

1) Do you have any prior experience working in the healthcare industry?  Yes ____  No ____
   If yes, please provide a brief summary of your experience:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

2) Do you have any personal experience related to the healthcare industry?  Yes ____  No ____
   If yes, please provide a brief summary of your experience:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

3) Please list any science-related courses you have previously successfully completed, including in high school:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

4) Do you have sufficient access to the internet to complete course requirements?  Yes ____  No ____
   __________________________________________________________

5) Are you proficient:
   a. using a personal computer?  Yes ____  No ____
   b. in Microsoft Word?  Yes ____  No ____
   c. in Microsoft Excel?  Yes ____  No ____

6) Which exam do you plan to take upon completion of the Medical Assistant Program? (Check one below.)
   _____ Certified Medical Administrative Assistant (CMAA) Exam (front office-clerical)
   _____ Certified Clinical Medical Assistant (CCMA) Exam

01/27/2022
Jefferson College CERTIFIED MEDICAL ASSISTANT Program Application

EMERGENCY INFORMATION

Emergency Contact: ___________________________ Phone #: ___________________________
Physician: __________________________________ Phone #: ___________________________
Allergies: _______________________________________________________________________

Please make sure that all sections of this application are complete with accurate up-to-date information.

Contact the Workforce & Employment Services Office with change of address.

*File Reviews will not be rated unless all admission information requested is in your file.*

LIST THREE REFERENCES

List complete name & phone number below. All three must be on file before review.

Name: ___________________________________________ Phone Number: ___________________________
Employer/Other: ____________________________________________________________
Relationship of Reference (no family members): __________________________________________

Name: ___________________________________________ Phone Number: ___________________________
Employer/Other: ____________________________________________________________
Relationship of Reference (no family members): __________________________________________

Name: ___________________________________________ Phone Number: ___________________________
Employer/Other: ____________________________________________________________
Relationship of Reference (no family members): __________________________________________

NOTES:

1). Three (3) letters of reference must be submitted with the MA application in order to be eligible for a review.

2). Students may not use Title IV Funds, including Pell Grants or Federal Student Loans, to pay for this course.
Contact your local Missouri Job Center about funding options.

ENTRANCE REQUIREMENT
WRITE A SHORT ANSWER TO THE FOLLOWING QUESTION:

*Why do you want to be a Certified Medical Assistant?*

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

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Jefferson College’s Annual Security and Fire Safety Report is now available. This report is required by federal law and contains policy statements and crime statistics for Jefferson College. The policy statements address Jefferson College’s policies, procedures, and programs concerning safety and security, for example, policies for responding to emergency situations and sexual offenses.

Additionally, this report contains information regarding campus security and personal safety, including topics such as: crime prevention, fire safety, Jefferson College Campus Police Department enforcement authority, crime reporting policies, disciplinary procedures, and other matters of importance related to security and safety on campus. Also included are crime statistics for three previous calendar years which were reported to have occurred on campus, in or on off-campus buildings or property owned or controlled by the school, and on public property within or immediately adjacent to the campus.

This report is available online at: [https://www.jeffco.edu/sites/default/files/PR/Web/2020_annual_security_and_fire_safety_report_1.pdf](https://www.jeffco.edu/sites/default/files/PR/Web/2020_annual_security_and_fire_safety_report_1.pdf).

You may also request a paper copy from the Jefferson College Police Department by phone at 636-481-3500 or at Jefferson College Hillsboro-802 Mel Carnahan Drive, Apartment 214, Hillsboro, MO 63050; Jefferson College Arnold-1687 Missouri State Road, Arnold, MO 63010; or Jefferson College Imperial-4400 Jeffco Boulevard, Arnold, MO 63010.

01/27/2022
PROGRAM REQUIREMENT

I UNDERSTAND THAT A MINIMUM GRADE OF 85% WILL BE REQUIRED FOR SUCCESSFUL COMPLETION OF THE MEDICAL ASSISTANT COURSE. I ALSO UNDERSTAND THAT I MUST PASS THE CCMA CERTIFICATION EXAM TO BECOME A CERTIFIED MEDICAL ASSISTANT.

I UNDERSTAND ACCEPTANCE INTO THE MEDICAL ASSISTANT PROGRAM IS COMPETITIVE. A STUDENT MUST BE AT LEAST 18 YEARS OF AGE, HAVE A NEGATIVE CRIMINAL BACKGROUND CHECK, A NEGATIVE DRUG/ALCOHOL TEST, AND MEET THE ESSENTIAL FUNCTIONS OF A CERTIFIED MEDICAL ASSISTANT. ACCEPTANCE INTO THE CERTIFIED MEDICAL ASSISTANT PROGRAM DOES NOT GUARANTEE CERTIFICATION.

In applying for admission to the CERTIFIED MEDICAL ASSISTANT program at Jefferson College, I hereby voluntarily waive my right of access as provided by Federal Law, PL 93-380, to confidential letters and statements of recommendation submitted by reference on my behalf.

___________________________________________________________
Signature of Applicant

_____________________________________________________
Date

01/27/2022
This reference form pertains to ______________________________ who has made application for our Certified Medical Assistant Program. The information included here is collected with the understanding that it is not shown nor quoted to the candidate. This reference will become the property of Jefferson College upon its receipt by the Coordinator of the CMA program. An honest and complete opinion will be most helpful to us. After completing, please place in envelope, seal and sign your name across the seal. **Return** sealed reference to the applicant. Sealed references must be turned in with CMA application. **Note: CMA applicant will provide envelopes for their references.**

1. How long have you known this individual? __________________________
2. How do you know this person (i.e. employee, colleague, friend)? ________________
3. Has this individual displayed traits that would indicate that he or she is interested in other individuals and their welfare? Yes ____ No _____. If yes, please give an example:

4. Has this individual been involved in community or school activities? Yes ____ No _____. If yes, please list those activities about which you know

5. From your experience with this individual, would you please rate him or her in the following characteristics?

<table>
<thead>
<tr>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Integrity</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>b. Dependability</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>c. Punctuality</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>d. Initiative</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>e. Moral Character</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>f. Industrious</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>g. Grooming</td>
<td>_____</td>
<td>_____</td>
</tr>
</tbody>
</table>

   If fair or poor, please explain:

   (over please)
6. Would you employ this individual for a position that requires responsibility and stability? Yes _____ No _____.

7. Do you:
   a. _____ Recommend with enthusiasm
   b. _____ Recommend
   c. _____ Not recommend this applicant

Additional Comments:

Date: ____________________  Signature: _____________________________

Title/Occupation:________________________________________________________
MEDICAL ASSISTANT TECHNICIAN

Consent for Drug/Alcohol Testing

I have read and understand the Jefferson College CMA Drug/Alcohol Testing Policy.

In response to any violations of this policy, continuation of rights and privileges of participation by the individual in the Jefferson College CMA Program will be suspended or revoked, as appropriate.

I agree to undergo standardized drug/alcohol testing, which will be conducted in accordance with the Jefferson College Drug/Alcohol CMA Testing Policy. I understand that the testing results can be provided to the individuals listed in the drug/alcohol testing policy. I further understand that failure to participate in good faith in the drug/alcohol testing program may result in disciplinary action or revocation of CMA participation privileges as set forth in the Jefferson College CMA Drug/Alcohol Testing Policy.

Print Full Legal Name of CMA Applicant

________________________________________

Social Security Number

________________________________________

Signature of CMA Applicant

________________________________________

Date

________________________________________

Signature of Witness

________________________________________

Date
JEFFERSON COLLEGE CMA PROGRAM
DRUG and ALCOHOL SCREENING

To ensure compliance with Jefferson College policy, all CMA students will be screened for drugs, alcohol, and other controlled substances:

1. as a condition of admission or re-admission into the CMA Program,
2. at any time upon reasonable suspicion, and
3. at any time upon random selection during your enrollment in the CMA Program.

Students in clinical agencies are subject to the policies of Jefferson College, and must also abide by the policies of the agency in which they are assigned as a medication technician. A student may be required to have alcohol or drug testing alone or in combination.

A positive test will result in immediate dismissal from the CMA Program. If an illegal substance, controlled substance, or alcohol test is positive, a second test on the same specimen will be performed to confirm the initial result. Any confirmed alcohol result above 0% will be considered positive. A positive test result on the confirming test will result in immediate dismissal from the CMA Program.

When a student is dismissed from the program, a grade of “W” will be transcripted if prior to the College’s withdrawal date. A grade of “F” will be transcripted if the student is removed from the program following the College’s withdrawal date.

Any student who refuses to submit to initial or subsequent testing will be dismissed from the CMA Program.

The CMA Program Coordinator must authorize reasonable suspicion testing on a student before such a test is administered. In the absence of the Coordinator, the Director of Workforce and Employment Services or designated administrator may authorize a test. Reasonable suspicion may include, but not be limited to: accidents and injuries caused by human error, unusual or serious violations of rules, secured drug supply disappearance, irrational or extreme behavior, or unusual inattention or personal behavior, such as smelling of alcoholic beverages.

Students must abide by the terms of the above policy and must report any conviction under a criminal drug statute for violations occurring on or off College premises. A conviction must be reported within five (5) days after the conviction. Students convicted of involvement in a criminal drug offense or alcohol offense will be dismissed from the CMA Program.

Dismissed students will be reconsidered for admission one time. Dismissed students will be eligible for consideration of readmission to the CMA Program upon successful completion and documented evidence of treatment remedying the rationale for dismissal following no less than a one year hiatus.

Drug and Alcohol Screening Procedures

1. All students must be drug and alcohol tested upon conditional acceptance into the CMA program. Students may be retested at any time during the program.

2. Students who test positive for illegal substances, controlled substance and/or alcohol will be ineligible to continue and will be dropped or withdrawn from the program if the withdrawal deadline has not passed.*
3. After a positive drug and/or alcohol screen, no student will be permitted to apply for CMA admission or re-admission again for a period of one year.

4. Readmission after a positive drug and/or alcohol screen or refusal to submit to initial or subsequent testing will require three negative screens: one screen will be done prior to admission and two random screens will be done during the program.

5. All initial drug and/or alcohol screening must be completed as instructed by the CMA Program Coordinator.

6. Failure to complete drug and/or alcohol screening by the specified date will result in the student’s dismissal from the CMA Program.

7. Students who are absent on a day of group testing will present themselves to the testing lab within a designated time frame to meet the testing requirements.

8. Students presently enrolled in the CMA program who test positive for illegal substances, controlled substances, and/or alcohol will be dismissed from the CMA Program.*

9. Any discipline called for pursuant to the College’s drug and/or screening policy for CMA students will be governed by the “Rules of Procedure in the Student Disciplinary Matters” as they appear in the Jefferson College Student Handbook.

*NOTE: Any student who tests positive for a controlled substance must be able to verify that the substance was obtained legally and legitimately.
JEFFERSON COLLEGE CMA PROGRAM
BACKGROUND CHECK

As a requirement of the Jefferson College Certified Medical Assistant Program (CMA) application process and in response to RSMo 660.317 and 660.315, students will be required to consent to release of their criminal history records as a condition of admission and/or re-admission to program as well as to determine the applicant’s ability to enter patient care areas in order to fulfill the requirements of the CMA program. The CMA Program Coordinator will receive the results of the criminal background inquiry. The results will remain confidential.

As stated:
RSMo 660.317 prohibits a hospital, or other provider, from knowingly allowing those who have been convicted of, pled guilty to or nolo contendere in this state or any other state or has been found guilty of crimes, which if committed in Missouri would be a Class A or B felony violation, to give care to clients in their agency. As defined by state law, these are violations of chapter RSMo 565 (domestic violence/violence against a person), RSMo 566 (sex offenses) or RSMo 569 (robbery, arson, burglary, or related offenses), or any violation of subsection 3 of section 198.070 RSMo (abuse and neglect), or section 568.020 RSMo (incest).

RSMo 660.315 requires an inquiry whether a person is listed on Missouri Department of Health and Senior Services disqualification list. In addition to these records, an on-line search will be conducted to determine if a student is on other government sanction lists. These on-line searches include Office of Inspector General (OIG) and the General Services Administration (GSA).

Any student found to have a positive criminal background check (Class A or Class B felony) as defined by state law, or on one of the governmental sanction lists, will be immediately dropped or withdrawn from the program.

Any student found to have a positive criminal background check (Class A or Class B felony) as defined by state law, or on one of the governmental sanction lists, will be immediately dropped or withdrawn from the program.

A grade of “W” will be transcripted if prior to the College’s withdrawal date. A grade of “F” will be transcripted if the student is removed from the program following the College’s withdrawal date.

Students in clinical agencies are subject to the policies of Jefferson College and must also abide by the policies of the agency in which they are assigned as a CMA. A student may be required to have additional testing. Any student who refuses to submit to initial or subsequent testing will be dismissed from the CMA program.

Students must abide by the terms of the above policy and must report any conviction under a criminal statute for any violations occurring on or off College premises. A conviction must be reported within five (5) days after the conviction. Students convicted of involvement in a criminal offense may be dismissed from the CMA program.

Criminal background check procedure:
1) All students will be tested upon conditional acceptance into the CMA program.
2) Testing expenses are included in the student’s fees.
3) Students who test positive for a Class A or B felony and/or governmental sanction lists will be ineligible to continue and will be dropped or withdrawn from the program if the withdrawal deadline has not passed.
4) All initial criminal background testing must be completed 30 days prior to the start of classes.
5) Failure to complete a criminal background check by the specified date will result in the student’s dismissal from the CMA program.
6) Any discipline called for pursuant to the College’s criminal background policies for CMA students will be governed by the “Rules of Procedure in the Student Disciplinary Matters” as they appear in the Jefferson College Student Handbook.
As part of the student clinical affiliation, I ________________________________
Applicant’s Name (Please Print)

consent to the release of any criminal background records by the Missouri State Highway Patrol and any other agency that provides such information, and to the conduct of an investigation and obtaining of information including Employer Disqualification List (EDL), Department of Family Services (DFS), and Office of Inspector General (OIG).

The information received by the Coordinator of the Jefferson College CMA Program will remain confidential and will be used for the sole purpose to determine my ability to enter patient care areas in order to complete the requirements of the CMA program.

I also understand if my criminal history prohibits my placement in the clinical setting, I will not be able to complete the CMA program at Jefferson College.

Full name (Print): _______________________________  SSN: _______________________________

Previous name(s): _______________________________ (include all last names you have been known as)

Address: ______________________________________

                      Street Address       City    State    Zip

Date of birth: ________________  Place of birth: _______________________________

Signature: ______________________________________  Date: _______________________________
## BACKGROUND CHECK ADVANTAGE - Request Form

### Jefferson College – Lore Robart, Secretary Business & Community Development
1000 Viking Drive, Hillsboro, MO 63050
Ph: 636-481-3144 or 636-481-3406 Fax: 636-789-4012

---

### Exhibit B

#### BACKGROUND CHECK ADVANTAGE - Request Form

**Background Check Advantage**  
P.O. Box 6766, Jefferson City, MO 65102

**Jefferson College – Lore Robart, Secretary Business & Community Development**  
1000 Viking Drive, Hillsboro, MO 63050
Ph: 636-481-3144 or 636-481-3406 Fax: 636-789-4012

---

### First Name: _____________________________  Middle Name: _____________________________  Last Name: _____________________________

### Social Security Number: _____________________________  Date of Birth: _____________________________  Race: _____________________________

### Gender:  
- Male  
- Female

### Mailing Address (NO P.O. Boxes): _____________________________  City: _____________________________  State: _____________________________  Zip: _____________________________

---

**As part of the ☐ employment ☐ volunteer ☐ student ☐ credentialing process, I consent to the release of my criminal background records and motor vehicle driving records or any search listed below by any and all states or agencies holding such records. I also agree to an investigation and the obtaining of a consumer report solely for ☐ employment ☐ volunteer ☐ student ☐ credentialing purposes. By signing this consent, I acknowledge I have received in writing a Disclosure Regarding Procurement of a Consumer Report. I understand that the Company named above may use this consent on multiple occasions to request such consumer reports.**

---

**Signature of Applicant: _____________________________  DATE: ________ / ________ / ________**

---

### BACKGROUND SEARCHES

- ☑ OIG (Medicare/Medicaid Fraud & Abuse)  
- ☑ GSA (Federal Procurement Fraud)  
- ☑ FCSR (Must Fax Necessary Documents)

- ☑ SSN Verification Plus (Address & Alias Name are included)  
- ☑ Address Verification

- ☑ Government Watch List  (includes DOC Entity List & Denied Persons List, DOT Specially Designated Nationals & Blocked Persons List, DOS Proliferation List & more)

- ☑ Wants & Warrants  (Nationwide - extraditable only)  
- ☑ OFAC (Specially Designated Nationals and Blocked Persons List)

- ☑ MO DSS (Child Abuse/Neglect)  
- ☑ TN Abuse Registry

- ☑ MO Mental Health Employee Disqualification Registry  
- ☑ MO EDL (Employee Disqualification List)

- ☑ FEDERAL COURTS - Criminal  
- ☑ SEX OFFENDER  
- ☑ Nationwide or ☑ State

- ☑ PROFESSIONAL LICENSE  
- ☑ National  
- ☑ State

- ☑ EDUCATION  
- ☑ School Name (include campus):

  - City/State: _____________________________  /  
  - Major: _____________________________  Graduation Date: _____________________________

- ☑ Degree Type: _____________________________  (BSN, B.A., etc.)  
- ☑ Name While Attending: _____________________________

---

**If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.**

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**EQUIPMENT**

- ☑ Company: _____________________________

  - City/State: _____________________________  /  

  - Phone: _____________________________  /  

  - Manager: _____________________________

  - Title: _____________________________  Starting Wage: _____________________________

  - Ending Wage: _____________________________

  - Duties: _____________________________

  - Reason for Leaving: _____________________________

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**If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.**

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### LIST CITY/COUNTY CRIMINAL SEARCHES NEEDED

**States with county by county access only: CA, WV and WY**

<table>
<thead>
<tr>
<th>County 1</th>
<th>State: _______</th>
<th>County 2</th>
<th>State: _______</th>
<th>County 3</th>
<th>State: _______</th>
</tr>
</thead>
</table>

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**STATEWIDE CRIMINAL**  
A Statewide/State Repository houses records from all jurisdictions throughout the State

- ☑ AL  
- ☑ AK  
- ☑ AZ  
- ☑ AR*  
- ☑ CO  
- ☑ CT*  
- ☑ DE  
- ☑ DC*  
- ☑ FL  
- ☑ GA*  
- ☑ HI  
- ☑ ID**  
- ☑ IN  
- ☑ IA**  
- ☑ KS  
- ☑ KY  
- ☑ LA*  
- ☑ MA  
- ☑ ME  
- ☑ MD  
- ☑ MI  
- ☑ MN  
- ☑ MS*  
- ☑ MT  
- ☑ NE  
- ☑ NV*  
- ☑ NH**  
- ☑ NJ  
- ☑ NM*  
- ☑ NY*  
- ☑ NC  
- ☑ ND  
- ☑ OH  
- ☑ OK  
- ☑ OR*  
- ☑ PA  
- ☑ RI*  
- ☑ SC  
- ☑ SD  
- ☑ TN  
- ☑ TX  
- ☑ UT*  
- ☑ VA*  
- ☑ VT*  
- ☑ WA  
- ☑ WI  

**Note:** Louisiana, Nevada & Ohio are Felony Only

- ☑ Puerto Rico Repository (Felony Only Search & requires Mother’s Maiden Name & Address)

- ☑ Illinois Healthcare-compliance with IL Healthcare Worker Background Check Act (IL Police Full-State Repository Criminal)

- ☑ MO-includes MO Sex Offender Search at no additional cost (MO State Highway Patrol Full-State Repository Criminal)

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*Required Form(s) & **Required Special Form(s) must be ATTACHED when ordering or faxed to 573-893-7669*
A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer
reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address form the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

- The following FCRA right applies with respect to nationwide consumer reporting agencies:

  **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

  You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

  As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is
placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:
<table>
<thead>
<tr>
<th>TYPE OF BUSINESS:</th>
<th>CONTACT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates</td>
<td>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</td>
</tr>
<tr>
<td>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</td>
<td>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</td>
</tr>
<tr>
<td>2. To the extent not included in item 1 above:</td>
<td>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</td>
</tr>
<tr>
<td>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</td>
<td>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</td>
</tr>
<tr>
<td>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</td>
<td>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</td>
</tr>
<tr>
<td>d. Federal Credit Unions</td>
<td>3. Air carriers Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</td>
</tr>
<tr>
<td>4. Creditors Subject to the Surface Transportation Board</td>
<td>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</td>
</tr>
<tr>
<td>5. Creditors Subject to the Packers and Stockyards Act, 1921</td>
<td>Nearest Packers and Stockyards Administration area supervisor</td>
</tr>
<tr>
<td>6. Small Business Investment Companies</td>
<td>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</td>
</tr>
<tr>
<td>7. Brokers and Dealers</td>
<td>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</td>
</tr>
<tr>
<td>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</td>
<td>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</td>
</tr>
<tr>
<td>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</td>
<td>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</td>
</tr>
</tbody>
</table>