



## Medical Assistant Program

Welcome to the Regional One Health's Medical Assistant Program. We are glad you have selected us as an externship site and hope the experience will be a positive influence on your students' career in healthcare.

**Only students from approved Affiliate Schools will be accepted** into the Medical Assistant Program. The Medical Assistant Program is intended for an advanced student who will not be under the on-site supervision of a faculty member. It will include hands- on experience under the guidance of a Preceptor.

The completed Application Packet must be received by Regional One Health no later than **three weeks prior to the requested start date** of the Medical Assistant Externship. Once your Application Packet has been received and reviewed, you will receive a Notice of Approval/Reason for Decline within one week. If you have any questions, please contact the Regional One Health's Training and Development Department at 901-545-7379.



### Application Instructions for Medical Assistant Externship

1. The Student should complete the following:
  - Online Orientation(<http://www.the-med.org/media/Affiliate-School-PPT.pps>)
  - Online Orientation Completion Attestation (Coordinator must countersign)
  - Signed Confidentiality Form (a link to this form is part of the Online Orientation)
  
2. The following documentation *or* a Statement of Attestation (sample provided) must also be included:
  - Copy of current Liability Insurance Certificate
  - Statement of Student Immunizations
    - Annual TST (Tuberculin Skin Test) - date, type, and result.
    - Measles/mumps - for students born on or after 1/1/57, provide adequate documentation of diagnosed disease, laboratory evidence of immunity, or documentation of adequate vaccination.
    - Varicella (Chickenpox) - adequate vaccination, diagnosed disease, or for those with a negative or uncertain history of varicella, serologic screening.
    - Hepatitis B (can waive, if documented; titer optional).
    - Rubella - for students born on or after 1/1/57, provide laboratory evidence of immunity or documentation of adequate vaccination. All women, regardless of birth date, should have proof of rubella immunity or prior vaccination.
    - Tetanus, Diphtheria, and Pertussis Booster - every 10 years after the initial series.
    - Flu Immunization.
  - Statement of Student CPR Certification
  - Statement regarding criminal background check
  - Statement regarding drug screening
  - Statement regarding FIT testing (if applicable)

Completed Application must be received by Regional One Health no later than **three weeks prior** to the requested start date of the Medical Assistant Externship experience.

**Mail:** Regional One Health  
Training & Development, 2nd Floor Adams  
877 Jefferson Avenue  
Memphis, TN 38103

**Fax:** 901-545-7706

**E-mail:** [llanderson@the-med.org](mailto:llanderson@the-med.org) / [Ichism@the-med.org](mailto:Ichism@the-med.org)

Once your Application has been received and reviewed, you will receive a Notice of Approval/Reason for Decline within one week.



## Preceptor Confirmation Form

Affiliate School \_\_\_\_\_

Affiliate School Coordinator \_\_\_\_\_

Student \_\_\_\_\_

I confirm that I have spoken with the Coordinator/Student and am available and willing to act as Preceptor for a Preceptorship experience on the following date(s)/time(s):

\_\_\_\_\_

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

Preceptor Signature \_\_\_\_\_ Date \_\_\_\_\_



## Application for Medical Assistant Externship

### Affiliate School Information

School \_\_\_\_\_

Coordinator \_\_\_\_\_ Email \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

### Student Information

Name \_\_\_\_\_ Email \_\_\_\_\_ Area of Study \_\_\_\_\_

Academic Level \_\_\_\_\_

### Requested Medical Assistant Externship Experience

Department \_\_\_\_\_ Date(s)/Time(s) \_\_\_\_\_

Objectives \_\_\_\_\_

Coordinator Signature \_\_\_\_\_

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

For Training and Development Use Only	
Application Received by: Initials _____	Date _____
<input type="checkbox"/> Approved	
<input type="checkbox"/> Declined (reason) _____	
_____ Signature, Director of Training and Development	_____ Date
<input type="checkbox"/> Approved	
<input type="checkbox"/> Declined (reason) _____	
_____ Signature, CMO ( <i>required for Medical Students only</i> )	_____ Date
<input type="checkbox"/> Approved	
<input type="checkbox"/> Declined (reason) _____	
_____ Signature, Hospital Administrator	_____ Date



## Medical Assistant Prerequisite Checklist

Please submit this completed checklist along with all applicable forms to Regional One Health's Training and Development office no later than **three weeks prior** to the start of the Medical Assistant Externship.

Affiliate School \_\_\_\_\_

Coordinator \_\_\_\_\_

Student \_\_\_\_\_

	Yes	N/A
Medical Assistant Externship Application	<input type="checkbox"/>	<input type="checkbox"/>
Medical Assistant Externship Confirmation Form	<input type="checkbox"/>	<input type="checkbox"/>
Medical Assistant Externship Student Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Online Orientation Completion Attestation	<input type="checkbox"/>	<input type="checkbox"/>
Signed Confidentiality Form	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Objectives (submitted to Preceptor)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of current Liability Insurance Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Attestation of Student Immunizations	<input type="checkbox"/>	<input type="checkbox"/>
Attestation of Student CPR Certification	<input type="checkbox"/>	<input type="checkbox"/>
Attestation regarding criminal background check	<input type="checkbox"/>	<input type="checkbox"/>
Attestation regarding drug screening	<input type="checkbox"/>	<input type="checkbox"/>
Attestation regarding FIT testing	<input type="checkbox"/>	<input type="checkbox"/>

If the student is a current or past Regional One Health employee, please print name used during employment: \_\_\_\_\_

Completed packets must be received by Regional One Health no later than **three weeks prior** to the start of the Medical Assistant Externship.

**Mail:** Regional One Health  
Training & Development, 2nd Floor Adams  
877 Jefferson Avenue  
Memphis, TN 38103

**Fax:** 901-545-7706

**E-mail:** lchism@the-med.org



## Medical Assistant Student Agreement

Student Name \_\_\_\_\_ Age \_\_\_\_\_ (must be 18 or older)

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

I, \_\_\_\_\_ (print name), have read and agree to comply with the following requirements in order to participate in the Regional One Health's Medical Assistant Externship Program (check each statement):

- I voluntarily authorize Regional One Health to make a thorough investigation of my eligibility for a shadowing experience, including a Background Check.
- I understand that my Medical Assistant Externship may be terminated for any misinformation or omission of fact appearing on the application forms or checklists, or for any violation of Regional One Health's rules or regulations.
- I understand that I will not be allowed to complete the Medical Assistant Externship if I am not compliant with Dress Code Policy on days in which I am scheduled to work.
- I understand that I am expected to arrive on time to my assigned department. If I am not available to report for the Medical Assistant Externship experience as scheduled, I will notify my Affiliate School Coordinator and my Preceptor.
- I understand that I am expected to reflect a business-like and professional atmosphere at all times, including maintaining confidentiality of all patients and avoiding boisterous or inappropriate conversations.
- I understand that I am not permitted to use smart phones, tablets or any other devices associated with social networking during my Medical Assistant Externship.

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

## Sample Statement of Attestation

(Must be on School Letterhead)

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

Dr. Linda Chism Leaks  
Director of Training and Development  
Regional One Health  
877 Jefferson Avenue  
Memphis, TN 38103

### RE: Medical Assistant Externship Program Attestation

Dear Dr. Chism Leaks:

This letter confirms that Student Name has on file with School Name/Program documentation of the following:

1. Annual TST (Tuberculin Skin Test) date, type, and result.
2. Measles/mumps. For students born on or after 1/1/57, provide adequate documentation of diagnosed disease, laboratory evidence of immunity, or documentation of adequate vaccination.
3. Varicella (Chickenpox). Adequate vaccination, diagnosed disease or, for those with a negative or uncertain history of varicella, serologic screening.
4. Hepatitis B (can waive, if documented; titer optional).
5. Rubella. For students born on or after 1/1/57, provide laboratory evidence of immunity or documentation of adequate vaccination. All women, regardless of birth date, should have proof of rubella immunity or prior vaccination.
6. Tetanus, Diphtheria, and Pertussis Booster every 10 years after the initial series.
7. Flu Immunization or informed refusal of the vaccine.
8. Fit Testing.
9. CPR Certification.
10. Evidence of negative background screen (must have been performed within the past 12 months.)
11. Evidence of negative drug screen (must have been performed within the past 12 months.)

This information is valid for Medical Assistant Externship Dates and will be made available upon request.

Please feel free to contact me if you have additional questions.

Sincerely,

Affiliate School Coordinator  
Contact Information