

Application Packets are due  
no later than June 27, 2019  
at 4:30 p.m. to the Lively Tech Health  
Education Center (Bldg 15)



Lively  
Technical  
College



## Medical Assisting Program Application Packet

500 North Appleyard Drive | Tallahassee, FL 32304  
850.487.7555 | [www.Livelytech.com](http://www.Livelytech.com)



# Mission Statement

Lively Technical Center's Mission is to provide career-oriented education to the community.

## Our Vision

- We aim to be the first choice for community career and technical education.
- Through education, we will contribute to the betterment of our society.
- Students will be able to enhance their lives through our educational offerings.
- We will support diverse learning styles.
- Industry driven instruction will be the standard for our programs.
- We will support student, community, and institutional goals.

### Approved:

Faculty and Staff: August 6, 2018

Public Hearing: September 18, 2018

School Advisory Council: September 18, 2018

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The Accrediting Commission of the Council on Occupational Education, 7840 Roswell Road, Building 300, Suite 325, Atlanta, Georgia 30350; 770.396.3898.

AdvancED Florida (SACSCASI) University of West Florida, 11000 University Parkway, Pensacola, FL 32514 800.865.9068

Lively is approved for training by the following State Approved Agencies: The Florida Department of Veterans Affairs, The Florida Board of Cosmetology, The Florida State Board of Nursing, The Federal Aviation Administration, The Florida Real Estate Commission, The Florida Department of Insurance, The Florida of Business and Professional Regulation, The American Heart Association, The Florida Department of Transportation, The Department of Highway Safety and Motor Vehicles, The Florida Rider Training Program, The Motorcycle Safety Foundation, The HVAC Excellence for Heating & Air, ASE Certified, NATEF and The Lively Technical Center Medical Assisting Program is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP), on recommendation of the Curriculum Review Board of the American Association of Medical Assistants' Endowment (AAMAE). Commission on Accreditation of Allied Health Education Programs, 1361 Park Street, Clearwater, Florida 33756, 727.210.2350

\*\*Any academic requirement, course or program offering, business policy, fee, and/or information contained in this publication are subject to change or revocation without notice.





Lively Tech  
500 North Appleyard Drive  
Tallahassee, Florida 32304

LEON COUNTY SCHOOLS SUPERINTENDENT  
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LEON COUNTY SCHOOL BOARD MEMBERS  
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Shelly Bell

LIVELY ASSISTANT PRINCIPAL  
Randy Free

DIRECTOR HEALTH EDUCATION  
Yolanda Graham, BSN, RN

*No person shall on the basis of sex (including transgender, gender nonconforming and gender identity), marital status, sexual orientation, race, religion, ethnicity, national origin, age, color, pregnancy, disability or genetic information be denied employment, receipt of services, access to or participation in school activities or programs if qualified to receive such services, or otherwise be discriminated against or placed in a hostile environment in any educational program or activity including those receiving federal financial assistance, except as provided by law. No person shall deny equal access or a fair opportunity to meet to, or discriminate against, any group officially affiliated with the Boy Scouts of America, or any other youth group listed in Title 36 of the United States Code as a patriotic society.*

*Lack of English language skills will not be a barrier to admission and participation. The district may assess each student's ability to benefit from specific programs through placement tests and counseling, and, if necessary, will provide services or referrals to better prepare students for successful participation.*



# Medical Assisting Program Application Packet

## **PROGRAM DESCRIPTION:**

The Medical Assisting (MA) program is accredited by the Commission on Accreditation of Allied Health Education Program (CAAHEP) and is designed to prepare students for employment in various medical settings, such as a physician's office, clinics, and certain hospital settings. This program will prepare the student to function in a medical office or clinical environment as a medical receptionist, administrative assistant, insurance coder/biller, phlebotomist, EKG Technician, and as a back office clinical assistant/patient educator.

<b>PROGRAM BEGINS</b>	<b>Classes begin on August 12, 2019</b>
<b>PROGRAM LENGTH</b>	1300 Hours
<b>PROGRAM HOURS</b>	<b>Day Program</b> Monday–Thursday: 8:00 am - 4:00 pm  <b>Part-time Program beginning January, 2020</b> Monday–Thursday: 6:00 pm - 10:00 pm
<b>PROGRAM LOCATION</b>	Lively Technical Center Health Education Department, Building 15 500 North Appleyard Drive Tallahassee, FL 32304 (850) 487-7449 (Clinical locations vary)

## GENERAL REQUIREMENTS

Applicants seeking admission to the Medical Assisting Program must:

- Be at least 18 years of age at projected time of program completion.
- Have a high school diploma or equivalent.
- Pass random drug screenings throughout the program. Students with positive drug screen results will be withdrawn from the program.

To apply for acceptance into the Medical Assisting Program students must:

1. **STEP 1 - COMPLETE THE LIVELY STUDENT ONLINE APPLICATION.** (This application is required for all Lively students) This application can be completed at: <https://livelytech.com>

**STEP 2 - MEET WITH STUDENT SERVICES ADVISOR-** Student Services will review your online enrollment information. **You will need to provide:**

- Testing assessment scores if needed (see below for exemption documents)
- Two proofs of Florida Residency
- Official Transcripts for High School and College (if applicable). For copy of your GED transcript go to [www.myged.com](http://www.myged.com)
- Wonderlic Test Official Results or exemption (see below for more information).

**STEP 3 - MEET WITH FINANCIAL AID** – Meet with Financial Aid. They will check for all needed financial aid documents (ISIR, verification letter, etc.) Bring proof of any additional grants, scholarships, or waivers in order to your deferment. (If you are self-pay, you may skip this step.). Federal Pell Grant information is at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). School code: 013997

2. Complete the **MA Application Packet**

The MA Application Packet must include:

- **Health Education Student Information Sheet.**  
The Student Information Sheet is available as an interactive PDF [here](#). A printed copy must be submitted with the application packet.
- **Three current reference letters:**
  - Two professional references (recent employers, former teachers, counselors, etc.)
  - One personal reference (may not be family member)
- **Student Health Assessment Form** signed by a healthcare provider.  
This can be uploaded via the Lively Student Online Application or submitted with the application packet.
- **Receipt of payment for a Level 2 criminal background to Leon County Schools.**  
This must be completed prior to submitting the application, at the student's expense\*. In order to participate in the mandatory clinical practicum, as well as to obtain licensure, students must have a clear background.

*\*No refunds will be issued.*

## **TESTING INFORMATION – REQUIRED TESTS & SCORE INFORMATION**

### **Academic Skills Test (Wonderlic)**

State Board Rule 6A-10.040, FAC states the following: "Students who are enrolled in a postsecondary vocational certificate program shall complete a basic skills examination."

Lively admission policies require that all students that enroll in Workforce Education Certificate Programs of 450 hours or more must take the Wonderlic assessment test or provide proof of acceptable forms of exemption from testing.

You may be exempt from the Wonderlic test if you:

- Possess a college degree at the associate in applied science level or higher.
- Demonstrate readiness for public postsecondary education pursuant to F.S. 1008.30 (See acceptable exemptions list in Student Services)
- Earned a **standard Florida public high school diploma** (Student entered 9th grade in the 2003-2004 school year or any year thereafter) or earned a GED in 2014 or any year thereafter.
- Student serves as an active duty member of any branch of the United States Armed Services
- Passed a state or national industry certification or licensure examination identified in State Board of Education rules and aligned to the career education program, which they enroll.
- Proof of exemption status is required. Please see an advisor for further details in Student Services.

**The academic skills test passing score for the Medial Assisting program is an 10 in Reading, Language and Math. These scores are valid for two (2) years.**

If you do not meet your exit scores, you will need to enroll in AAEE at a cost of \$30 per semester. The AAEE instructor evaluates your test scores and an individualized learning plan will be designed based on your Wonderlic results. Students work individually, at their own pace, and seek the assistance of an instructor when needed.

There is a \$25.00 fee for this exam. Applicants must go to the Registration window in Building 8 to pay for the exam then report to the Testing Center.

**For more information, please contact The Testing Center: 850-487-7467**

*Regular Hours of Operation: Monday-Friday, 8:00am-4:00pm*

## **HEALTH REQUIREMENTS**

Applicants are required to complete a Student Health Assessment Record by a Healthcare Provider (not more than 6 months old). If, after acceptance, a student's health status changes, further documentation may be required stating the student is physically able to continue the program. As stated on the Student Health Assessment Form, applicants are required to provide proof of the following current immunizations:

- Tetanus, within the past 10 years (Td or Tdap)
- MMR x2 (given on or after the applicant's first birthday). Official documentation of immunity is also acceptable.
- Hepatitis B series.
- Varivax x2 - Official documentation of immunity is also acceptable.



- PPD/Tuberculin skin test within past 12 months. *PPD/Tuberculin skin testing is valid for one (1) year from date of administration. Students will be required to maintain current PPD/Tuberculin skin testing throughout the duration of the program. Students who test positive for tuberculosis must show proof of a negative chest x-ray taken within the past five years to satisfy this requirement.*
- Seasonal Flu Vaccine (August-March).

## **ORIENTATION**

After being accepted into the LTC Medical Assisting Program, applicants will be notified about attending a mandatory orientation. The date(s) and time(s) of this meeting will be given to all accepted students within their acceptance letter. For further information, please contact the Health Education Department at 850-487-7449.

## **CRIMINAL BACKGROUND CHECK**

All applicants must undergo a Level 2 criminal background through Leon County Schools. In order to participate in the mandatory clinical practicum, as well as to obtain licensure, students must have a clear background.

## **DRUG SCREENING**

**Drug screening is not required prior to admission into the program.** However, all students must submit to and *pass* three random drug screenings after entering the Medical Assisting Program and prior to having access to the clinical health care facilities utilized in the Program. This is a Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requirement demanded of all acute care facilities in Florida. Students who do not pass a random drug screening will be withdrawn from the program.

## **DISABILITY SUPPORT SERVICES**

If you have question regarding adult students with disabilities and accommodations, please contact LTC Student Services in Building 9 or at 850-487-7473.

## **FINANCIAL AID**

Financial Aid is available for this program based on eligibility. Qualifying students may be awarded a Federal Pell Grant based on their current FAFSA submission provided through the Federal Student Aid, U.S Department of Education. Lively does not provide loans. Third party loans and other personal financial arrangements are a personal decision of the student and not handled at Lively Technical Center. Additionally, Lively accepts other funding options (Florida Prepaid, CareerSource, VA, etc.). The Financial Aid Office is located in Building 8, phone number 850-487-7431 or 850-487-7421 and/or via email at [LTCFinAid@leonschools.net](mailto:LTCFinAid@leonschools.net). Please direct all financial aid questions directly to their office.

## **ACCEPTANCE INTO PROGRAM / REGISTRATION**

Meeting the criteria for selection does not guarantee admission to the Program. Final selection will be based on the student application, test scores and interview.

Students will then need to complete the LTC registration process through Student Services. Once approved applicants have completed their LTC registration process and the LTC Medical Assisting program has reached its capacity, the program selection and registration will be closed. If any additional slots become available, prospective students will be contacted by the LTC Health Education Department. Students will be notified and given the opportunity to be placed on a waiting list or explore other program options.

**Late and/or incomplete packets will not be considered**



## ENROLLMENT IN LIVELY TECH AND MEDICAL ASSISTANT APPLICATION CHECKLIST

- COMPLETE THE LIVELY STUDENT ONLINE APPLICATION**

Apply at [www.livelytech.com](http://www.livelytech.com)

- MEET WITH STUDENT SERVICES ADVISOR**

Must bring:

Two proofs of Florida Residency

Official transcripts for High School/College/GED

For copy of GED go to [www.myged.com](http://www.myged.com)

- WONDERLIC TEST OFFICIAL RESULTS** (if needed)

- MEET WITH FINANCIAL AID**

Use the following link for the Federal Pell Grant: [www.fafsa.ed.gov](http://www.fafsa.ed.gov) School Code: 013997

Complete the **Medical Assisting Application Packet**. The Medical Assisting Application Packet must include:

- HEALTH EDUCATION STUDENT INFORMATION SHEET**

- WRITING SAMPLE**

- THREE CURRENT REFERENCE LETTERS:**

Two professional references (recent employers, former teachers, counselors, etc.)

One personal reference (may not be family member)

- STUDENT HEALTH ASSESSMENT FORM**

- RECEIPT OF PAYMENT FOR A LEVEL 2 CRIMINAL BACKGROUND TO LEON COUNTY SCHOOLS**



# Lively Health Education Student Information Sheet

## PERSONAL INFORMATION

Date \_\_\_\_\_

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home # ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone# ( ) \_\_\_\_\_

## EDUCATION

High School \_\_\_\_\_ City/State \_\_\_\_\_

Highest grade completed \_\_\_\_\_ Year \_\_\_\_\_ Circle one: High School Diploma GED

Previous Nursing School \_\_\_\_\_ City/State \_\_\_\_\_

College \_\_\_\_\_ Degree awarded \_\_\_\_\_ City/State \_\_\_\_\_

Military \_\_\_\_\_

Education as Certified Nursing Assistant, Patient Care Assistant, Patient Care Technician or Medical Assistant

Name of School \_\_\_\_\_

Certification Awarded Yes No Date the Certificate Awarded \_\_\_\_\_

*Proof required at time of application.*

## EMPLOYMENT RECORD

Present \_\_\_\_\_ Title/Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Previous \_\_\_\_\_ Title/Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Previous \_\_\_\_\_ Title/Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

**The information on this application is true and factual.**

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

Completed required enrollment process to Lively Tech.

Advisor Initials: \_\_\_\_\_







## Student Health Assessment Record

**THIS FORM MUST BE COMPLETED BY YOUR HEALTH CARE PROVIDER.** Any falsification of this record will result in immediate dismissal from the program (if accepted).

NAME (please print): \_\_\_\_\_  
Last First MI

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male \_\_\_ Female

1. **MMR** (Need proof of two MMR vaccines or one mumps, two measles, and one rubella. Any person born before 1/1/57 will need proof of rubella immunization or positive titer.)  
Date of MMR #1: \_\_\_\_\_ Date of MMR #2: \_\_\_\_\_  
**OR**  
**Antibody titers:**  
Mumps titer date: \_\_\_\_\_ Results: Immunity/Not immune  
Rubeola titer date: \_\_\_\_\_ Results: Immunity/Not immune  
Rubella titer date: \_\_\_\_\_ Results: Immunity/Not immune  
If not immune, will require MMR x2.

2. **Tetanus** (Td or Tdap with the last ten years): Date: \_\_\_\_\_

3. **Hepatitis B series:**  
\_\_\_\_\_  
Hepatitis B #1 date Hepatitis B #2 date Hepatitis B #3 date  
**OR**  
Antibody titer date: \_\_\_\_\_ Results: Immunity/Not immune

4. **Varicella:** History of having Chicken Pox is not accepted.  
Date of 1<sup>st</sup> dose: \_\_\_\_\_ Date of 2<sup>nd</sup> Dose: \_\_\_\_\_  
**OR**  
Varicella titer date: \_\_\_\_\_ Results: \_\_\_\_\_ (Lab value)

5. **PPD** (TB Skin Test): Date taken: \_\_\_\_\_  
Results: \_\_\_ Positive \_\_\_ Negative  
**Chest x-ray, if positive PPD:** Date: \_\_\_\_\_ Results: \_\_\_\_\_

6. **Seasonal Flu Vaccine:** Date of Vaccine: \_\_\_\_\_ Injection Site: \_\_\_\_\_  
(August-March) Lot Number Expiration: \_\_\_\_\_ Examiner's Initials: \_\_\_\_\_

Verified by:

\_\_\_\_\_  
Name of Physician's Office/Health Center

\_\_\_\_\_  
Healthcare Provider Signature

\_\_\_\_\_  
Address of Office

\_\_\_\_\_  
Date

## Level 2 Background Screening Instructions

Level 2 screening standards (Fingerprints) return criminal history results on arrests (including juvenile) nationwide. Under Florida Statute 1012, persons with specified access require level 2 screening. Offences outlined in Florida State Statute 435.04 (crimes of moral turpitude) can be disqualifying when persons have been found guilty of or entered a plea of nolo contendere (no contest). FDLE Level 2 Background Screenings must be done for prospective students who wish to enroll in any of the following Health Education Programs:

- Medical Assisting
- Nursing Assistant
- Patient Care Technician
- Practical Nursing

### Instructions:

1. Go to the Fingerprinting Office at the Leon County Schools District main office, located at 2757 W. Pensacola St., Building 1 (to the right of the main district office). The hours for the Fingerprinting Office are: Monday-Friday, 8:00 am-5:00 pm - Take this form with you.
2. The cost of the background screening is \$61.00 and is payable via credit card or money order.
3. Obtain a receipt for the screening.

*Submit the receipt of the background screening along with the Health Education program application.*

*If your background screening does not come back "clear," you will be notified. Additional information may be required.*



## LEVEL 2 Background Screening Request Form

The following individual needs to obtain a Level 2 Background Screening, per Florida Statute 1012:

**IMPORTANT:  
The ORI number for the screening is V37020031**

### PLEASE PRINT

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVER LICENSE NUMBER: \_\_\_\_\_ PHONE: \_\_\_\_\_

The above individual will be at Lively Technical Center/Externship/Clinical Site for the following purpose:

\_\_\_\_\_ Student

Entity/Individual from Lively Technical Center making this request: Lively Administration

Please submit print results to:

**ATTENTION:  
Shelly Bell, CTE Director  
Lively Technical Center  
500 North Appleyard Drive  
Tallahassee, Florida 32304  
Fax: 850.487.7478**

*Any questions regarding this request, should be directed to Health Education Director: 850.487.7443*