



## Medical Assistant Bridge Program Student Training Agreement

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ RCC Student ID: \_\_\_\_\_

**Initial each item below to acknowledge you have read, understand, and agree to the following:**

\_\_\_ I have completed the Rogue Community College admission process and have obtained an RCC ID or I am a current student with RCC ID.

\_\_\_ I have attached the Work Experience Form verifying at least 500 hours of experience as a front desk staff member at a medical facility with the following work experience: scheduling, patient check-in and screening, telecommunications, customer service, experience working with electronic health records, knowledge of insurance and basic billing functions and professional communication.

\_\_\_ I have attached two letters of recommendation to this program.

\_\_\_ I possess an active AHA BLS provider certification or will obtain one in the first term of the program through RCC or any other AHA certified organization.

\_\_\_ I must adhere to all policies outlined in the Medical Assistant Program Handbook.

\_\_\_ I must complete my required practicum hours at my current place of employment (if applicable) unless my employer releases me from this requirement. During these hours, I will be assigned a preceptor and work under the role of "student".

\_\_\_ I acknowledge that the CCMA certification is not guaranteed upon completion of this program. I will have to sit for and pass the NHA examination in order to receive certification. RCC will provide the education required for eligibility to sit for examination. I must study for content of any bypassed courses typical of the MA program in order to be successful in the NHA CCMA examination.

\_\_\_ I understand that the MAA to CCMA bridge program does not require all of the traditional Medical Assistant courses to complete. It is therefore at the employer and my discretion to request any additional trainings I will need to be successful as a Certified Clinical Medical Assistant. Any requested training must be initialed below (please see Medical Assistant Bridge Program Guide before initialing)

\_\_\_ AH100 Medical Terminology: Introduction

\_\_\_ AH110 Medical Terminology: clinical

\_\_\_ AH105 Communication and Professional Behavior

\_\_\_ AH123 Legal and Ethical Issues for Medical Personnel

\_\_\_ Bi100SB Biology of Human Body Systems

\_\_\_ AH202 Infection Control

RCC appreciates your interest in this Medical Assistant Bridge Program and looks forward to providing you with a quality educational experience.

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

# Medical Assistant Bridge Program

## Work Experience Verification

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ RCC Student ID: \_\_\_\_\_

Dear Employer/ Supervisor/ Human Resource Manager:

The above individual is planning to apply to the RCC Medical Assistant Bridge Program. The applicant must prove accumulation of a minimum of 500 hours work experience at the front desk of a medical facility in the past three years. Applicable positions are known as: Patient Service Specialist, Medical Office Assistant, Medical Receptionist, Medical Administrative Assistant, etc.

If you have any questions, you may email me at [DSilva@rogucecc.edu](mailto:DSilva@rogucecc.edu). Thank you for your help.

Sincerely,

**Deneen Silva, MSN, RN, NPD-BC**

Director of Nursing and Allied Health Occupations  
Rogue Community College  
541-955-7596

---

I verify that this applicant has worked at the front desk of our medical facility for a minimum of 500 hours in the past three years.

Work experience must include: scheduling, patient check-in and screening, telecommunications, customer service, experience working with electronic health records, knowledge of insurance and basic billing functions. This individual should also demonstrate professional communication with patient's and health care team.

Total number of hours worked here as a front desk receptionist (or applicable title): \_\_\_\_\_

Signature of Supervisor or HR Manager: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Facility: \_\_\_\_\_

Phone Number: \_\_\_\_\_

# Medical Assistant Bridge Program

## Clinical Training Agreement

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ RCC Student ID: \_\_\_\_\_

Dear Employer/ Supervisor/ Manager:

The above individual is planning to apply to the RCC Medical Assistant Bridge Program. The intention of this program is to support industry partners in the skill development of high performing front office staff members into clinical medical assisting roles within your organization.

The program is nine months in length and course times vary dependent on cohort with a 90-hour practicum requirement.

If you have any questions, you may email me at [DSilva@rogucecc.edu](mailto:DSilva@rogucecc.edu) .

Sincerely,

**Deneen Silva, MSN, RN, NPD-BC**

Director of Nursing and Allied Health Occupations

Rogue Community College

541-955-7596

---

Our facility supports the above student's decision to apply for the RCC Medical Assistant Bridge Program.

We have read the Medical Assistant Bridge Program Guide and will release the student for assigned class times and practicum requirements.

We acknowledge that this program will make eligible, but does not guarantee certification through the NHA.

Signature of Supervisor or HR Manager: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Facility: \_\_\_\_\_

Phone Number: \_\_\_\_\_