



# Medical Assistant Refresher Online Course

August 1, 2014-September 19, 2014

## Do you need to become a Credentialed Medical Assistant?

In order to meet meaningful use requirements, medical assistants need to be credentialed to be eligible to enter medication, radiology, and laboratory orders into electronic health records. One of the ways to achieve that credentialing is to take a certification examination. This MA Refresher Course will prepare you to sit for any one of two exams. You can take the Certified Medical Assistant (CMA) Certification Examination sponsored by the American Association of Medical Assistants (AAMA), the American Medical Technologist exam for Registered Medical Assistants (RMA). Please see the following websites for testing qualifications:

[www.aama-ntl.org](http://www.aama-ntl.org) – CMA credentialing

<http://www.abhes.org> – RMA credentialing

**Cost:** \$285.00. Comprehensive Medical Assisting Exam Review 3rd by JP Cody ISBN 978-1-4354-9914-0 is purchased by the student. No refunds will be permitted after August 1. The online course can be accessed until December 31, 2014.

## Exam Content

### Administrative Topics:

Medical Reception  
Patient Navigator/Advocate  
Medical Business Practices  
Patient Medical Record  
Scheduling Appointments  
Practice Finances

### General Topics:

Psychology  
Communication  
Professionalism  
Medical/Law/Regulatory Guidelines  
Medical Ethics  
Risk Management, Quality Assurance, & Safety  
Medical Terminology

### Clinical Topics:

Anatomy & Physiology  
Infection Control  
Patient Intake and Documentation of Care  
Patient Preparation  
Assisting the Provider  
Nutrition  
Collecting and Processing Specimens  
Diagnostic Testing  
Pharmacology  
Emergency Management & Basic First Aid



White  
Mountains  
Community College



NORTH COUNTRY  
HEALTH CONSORTIUM



Southern  
New Hampshire  
Area Health  
Education Center  
A Public Health Training Center

**Sign Up  
Today!**



**Faculty:**  
**Lynn M. Davis, CMA (AAMA), CPC-A**

## Registration

Name: \_\_\_\_\_

Credentials: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

*\*Registration confirmations will be sent out via email*

*Payment by student: Call (603) 752-1113 x3053 Jessica Hill*

*Payment by employer: Letter by employer confirming payment to the address below.*

Where did you earn your MA degree? List name of school or on-the-job: \_\_\_\_\_

What did you earn? Please circle: certificate, diploma, associate degree. What year? \_\_\_\_\_

I, \_\_\_\_\_, authorize the appropriate staff of White Mountains Community College to discuss general academic progress with the North Country Health Consortium and the Southern New Hampshire Area Health Education Center.

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

Please register by returning this form to:  
White Mountains Community College, Attention: Lynn M. Davis  
2020 Riverside Drive, Berlin, NH 03570  
(603) 752-1113 x3036 Fax (603) 752-6335  
[ldavis@ccsnh.edu](mailto:ldavis@ccsnh.edu)



**Registration  
Deadline:  
July 25, 2014  
Space is  
limited.**