



**EBI** CAREER  
COLLEGE

Experience. Believe. Inspire.



Vestal Campus  
4100 Vestal Road  
Vestal, NY 13850  
607-729-8915 Phone  
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**Medical Assistant  
Practicum Sponsoring Agency  
Handbook  
(EXT 120 [6 credits] Medical Assisting  
Externship)**

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## WHAT IS A PRACTICUM (EXTERNSHIP)?

The Externship Program at Elmira Business Institute is the integration of study with planned and supervised periods of relevant and meaningful employment. While on externship assignments, the students work as regular part-time or full-time employees and earn academic credit for knowledge and skills acquired from their work experience.

Practicum can be defined as comparable to employment except that participating students are not paid.

Practicum affords a sponsoring agency and the college the unique opportunity to work together to provide students with quality education.

## WHY DO SPONSORING AGENCIES PARTICIPATE IN PRACTICUM EDUCATION?

Sponsoring agencies of the college extern students have noted the following advantages.

- The sponsoring agency has been provided with highly motivated trainee-level talent whose productivity often exceeds their most optimistic expectations.
- Practicum affords the opportunity to observe a student's performance before making a commitment to full-time employment.
- Practicum saves some of the expense of recruiting, training, and orienting new personnel.

In addition, a national survey of sponsoring agencies who have hired former Practicum students has indicated that:

- The work performance level of these students is higher than it is for other recent college graduates.
- They advance more rapidly on the job and are more frequently promoted to supervisory positions.
- They are more flexible in assuming work responsibilities.
- They are more easily recruited at considerably lower cost and have the tendency to remain with the sponsoring agency for a longer period of time.

## HOW DOES A SPONSORING AGENCY BECOME INVOLVED?

Most sponsoring agencies become involved with the program in one or more of the following ways:

1. Elmira Business Institute solicits the participation of a sponsoring agency.
2. Recognizing the benefits, a sponsoring agency requests to be considered for participation.
3. A student requests that a particular sponsoring agency be considered for participation.

## WHAT QUALIFICATIONS MUST A SPONSORING AGENCY MEET?

The sponsoring agency must understand and be committed to the concept of Externship Education. Those who can provide one or more full-time or part-time positions, which meet the following qualifications, are encouraged to participate in the program:

1. The job must provide educational experiences in an area directly related to the student's course of study or career goals.
2. The job must provide learning experiences which will be meaningful and challenging for the student.
3. The job should be relatively secure, so as to provide for at least one full work term.
4. The sponsoring agency will cooperate with the college and the student in jointly developing specific learning objectives for each work period.
5. The sponsoring agency will enter into a training agreement with the college and the student.
6. At the end of the work experience, the sponsoring agency agrees to evaluate the student's performance and progress toward meeting specific learning objectives.
7. The sponsoring agency will be evaluated by the extern regarding the quality of work experience provided.

## HOW DOES THE PROGRAM FUNCTION?

This course is designed to expose the student to an actual office environment with a local employer. The student will utilize and enhance the knowledge gained in the classroom through work experience in both the administrative and clinical areas of the office for a

minimum of 225 hours for a non-paid externship experience. Attention will be given to the student's professional development and skills, such as interpersonal, interviewing, networking, and job searching throughout the externship including proper office attire, punctuality, and the ability to successfully complete assigned tasks through classroom training. Externship is scheduled in the last semester of a student's academic experience at EBI. Six (6.0) semester credit hours are awarded for the completion of this course.  
(Lec/Lab/Ext/Total)  
(15/0/225/240)

## TRAINING AGREEMENTS

Before a student can be officially placed in a job, it is necessary that an agreement be executed by the three parties involved: the sponsoring agency, the student, and the college. A document called a "Training Agreement" has been designed to verify that the sponsoring agency and the college are partners in providing the student with meaningful and relevant learning experiences (Appendix A "Training Agreement"). Three signatures are required in order to validate the agreement: the sponsoring agency's (or the sponsoring agency's representative), the student's and the student's Externship Coordinator. The document highlights the responsibilities of all parties to the Agreement.

## LEARNING OBJECTIVES

A vital part of the "Training Agreement" is a number of statements describing the meaningful and relevant learning activities, which should take place at the practicum site. They are called "Learning Objectives" and are stated in terms which can be evaluated at the conclusion of the work experience.

Appropriate objectives are determined for each individual site. If the site is to replace a course described in the college catalog, then the objectives for that course will be used. Otherwise, the objectives are first developed by the student with the Externship Coordinator and then reviewed by the sponsoring agency who may delete and/or add objectives as appropriate.

## PRACTICUM SITE VISITATIONS

Practicum site visitations will be scheduled at a time most convenient for the sponsoring agency. It may be necessary for the student and site supervisor be available during the evaluation visit.

Two types of visits are generally required within each work period:

**Pre-placement visit:** Determines the suitability of the work site, reviews learning objectives, and executes the training agreement. This visit may be waived if the sponsoring agency has previously sponsored an Elmira Business Institute student.

**Evaluation visit:** Evaluates student performance. This visit usually occurs around the middle of the semester, but may occur earlier if requested by the site.

## EVALUATION METHODS

Sponsoring agencies are asked to complete two evaluations:

1. An assessment of each learning objective listed on the "Training Agreement," at Midterm.
2. A Sponsoring agency's Final Evaluation Report of the Extern

The Final Evaluation will be collected during the evaluation visit at the conclusion of each work period. It will be utilized by the student's Externship Coordinator, along with an experience report written by the student, to determine the grade the student has earned. If for any reason an objective has not been met, it is requested that this be indicated by the sponsoring agency when evaluating the student.

Occasionally, a sponsoring agency will be asked to return an evaluation paper by mail. When this is done, it is requested that the forms be returned promptly so that the student can be given a grade at the appropriate time (the student's Externship Coordinator will provide the sponsoring agency with a deadline.).

<b>Assessment Type</b>	<b>% of Grade</b>
Midterm Externship Evaluation	35%
Final Externship Evaluations	35%
Attendance/Professionalism	15%
In Class Work & Participation	15%
<b>Total</b>	<b>100%</b>

## EVALUATION STANDARDS

A sponsoring agency often has difficulty determining whether the student should be evaluated by comparison to other workers or other students. As most sponsoring agencies do not have other students by which to establish standards, it is recommended the comparison be made to other successful employees engaged in similar work. However, it is still important to remember that the extern is a student learner and, as such, is often working with entry-level knowledge and skills and should be evaluated accordingly.

## STUDENT STATUS AS AN EMPLOYEE

During the work experience, a student should be considered an employee subject to the same rules and regulations as other employees. The student should be advised of these rules and regulations and all other policies governing working conditions, hours of work, holidays, and other matters concerning employment. It is expected that the student will conform explicitly to the rules, regulations, and policies. Failure to do so should subject the student to the same disciplinary and corrective procedures as any other employee.

## ABSENTEEISM

Students are required by the terms of their training agreement to notify both their sponsoring agency and the college if they anticipate an absence from the job. Because students occasionally fail to notify the college, we request that the sponsoring agency notify the college of excessive or extended absences.

## TERMINATION OF THE PRACTICUM EXPERIENCE

On occasion, termination of Practicum experience may become necessary. This may be initiated by either the sponsoring agency or the student, and may be for a wide variety of reasons ranging from in-compatibility to lack of adequate work. Elmira Business Institute requests that the sponsoring agency notify the Externship Coordinator promptly if the need for termination appears imminent. This will give the student's Externship Coordinator an opportunity to attempt a reconciliation if practical and warranted. If this is not possible, then it is important that the student be phased back into the college program expeditiously and smoothly. Timely notification will help to make this possible.

## SUPERVISION

Students need to receive feedback, both positive and negative, from their job supervisors. Such contacts are valuable to both student and the sponsoring agency for many reasons, such as:

1. The sponsoring agency will learn of any problems experienced by the student which may adversely affect learning and/or productivity.
2. The student will be made to feel part of the sponsoring agency's organization and that his or her work is contributing to its success.
3. The sponsoring agency will be given the opportunity to point out any shortcomings which may be evident in the student's character or work habits, and offer constructive criticism when warranted.



Several aspects of supervision should be stressed:

1. Every effort should be made to keep the student busy. Nothing is more demoralizing than slack time when no work has been assigned. While "busy work" is not desirable as a steady diet, there are times when it is better than no work at all.
2. Keep tasks varied. When a worker performs one or two responsibilities well, there is a natural tendency to assign these tasks to them. With students, it must be remembered that their principal reason for being at the site is to learn as much about their career field as possible. The best learning comes from a variety of experiences.

#### WAGES, SALARIES, AND STIPENDS FOR STUDENTS

Elmira Business Institute students volunteer for both public and private non-profit organizations and agencies as a NON-PAID experience.

#### CLARIFICATIONS, QUALIFICATIONS, AND EXCEPTIONS

"Guidelines for Sponsoring Agency" is intended as a general introduction to the Externship Program at Elmira Business Institute. Hopefully, it will serve to answer most sponsoring agency questions. However, a key factor in the success of the Externship Program at Elmira Business Institute has been built-in flexibility, which allows custom tailoring to meet the needs of individual students and the sponsoring agency. Thus, this information is offered in full knowledge that there are exceptions to every rule and that it may be necessary to clarify or qualify some points.

Any sponsoring agency who questions any portion of these guidelines, or has any suggestions as to how the program might be improved, is urged to contact the student's Externship Coordinator.

**Appendix A**  
**Externship Education Training Agreement**

## APPENDIX A

### ELMIRA BUSINESS INSTITUTE

*The Career College*

4100 Vestal Road

Vestal, NY 13850

(607) 729-8915

(607) 729-8916 Fax

### EXTERNSHIP EDUCATION TRAINING AGREEMENT

Sponsoring agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Student \_\_\_\_\_ Program: Medical Assisting

Semester \_\_\_\_\_ Scheduled Hours 225

### PARTICIPANT RESPONSIBILITY

**THE STUDENT:** Will adhere to all sponsoring agency policies, will notify both the sponsoring agency and the college in the case of illness or emergency and will not terminate employment before contacting the Externship Coordinator.

**THE MENTORING SITE:** Will provide varied work experience and adequate supervision based upon the learning objectives described below and will assist the college in evaluating the performance of the student, will provide a safe and healthful working environment and will meet with the student and Externship Coordinator in the event termination of employment becomes necessary. This is an unpaid work experience.

The Sponsoring agency has the right to remove any student if it is in the best interests of the Sponsoring agency's clients or the Sponsoring agency, following an appropriate process of conferring and communicating with the College liaison and the student.

**THE COLLEGE:** Will provide the student with instruction in job related skills prior to placement, will meet with the sponsoring agency to review the learning objectives, will periodically visit the student and sponsoring agency on the job and will grant credit for the student's successful externship experience.

## LEARNING OBJECTIVES

Externship education is a valid learning experience to the degree that the College provides adequate training and guidance, the sponsoring agency provides and supervises meaningful work experiences, and the student undertakes the task of understanding and effectively performing the work. Externship education is educationally valid to the extent that learning outcomes can be specifically defined and measured for each student trainee. The following objectives have been established for this work period.

At the completion of the work experience, the student will be able to (please place a check in the boxes that pertain to this site).

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Measure blood pressure            | <input type="checkbox"/> Measure height and weight         | <input type="checkbox"/> Measure pulse                |
| <input type="checkbox"/> Measure respirations              | <input type="checkbox"/> Measure pulse oximetry            | <input type="checkbox"/> Measure apical pulse         |
| <input type="checkbox"/> EKG                               | <input type="checkbox"/> File medical documents            | <input type="checkbox"/> Fax/scan, or email           |
| <input type="checkbox"/> Measure child/infant              | <input type="checkbox"/> Venipuncture                      | <input type="checkbox"/> CLIA Strep testing           |
| <input type="checkbox"/> Capillary puncture                | <input type="checkbox"/> CLIA Urinalysis                   | <input type="checkbox"/> Patient screening            |
| <input type="checkbox"/> CLIA Pregnancy testing            | <input type="checkbox"/> CLIA glucometer tests             | <input type="checkbox"/> Use critical thinking        |
| <input type="checkbox"/> First Aid/CPR certification       | <input type="checkbox"/> Administer medication             | <input type="checkbox"/> Use PPE                      |
| <input type="checkbox"/> Document lab results              | <input type="checkbox"/> Document on growth chart          | <input type="checkbox"/> Patient check in/out         |
| <input type="checkbox"/> Perform handwashing               | <input type="checkbox"/> Perform sterilization techniques  | <input type="checkbox"/> Dressing change              |
| <input type="checkbox"/> Wound care                        | <input type="checkbox"/> Perform in a sterile field        | <input type="checkbox"/> Demonstrate active listening |
| <input type="checkbox"/> Clear communication               | <input type="checkbox"/> Patient education                 | <input type="checkbox"/> Take phone message           |
| <input type="checkbox"/> Professional telephone skills     | <input type="checkbox"/> Schedule appointments             | <input type="checkbox"/> Schedule procedures          |
| <input type="checkbox"/> Create medical record             | <input type="checkbox"/> Manage medical record             | <input type="checkbox"/> Utilize an EMR               |
| <input type="checkbox"/> Perform inventory                 | <input type="checkbox"/> Perform routine maintenance       | <input type="checkbox"/> Post payments to account     |
| <input type="checkbox"/> Prepare bank deposit              | <input type="checkbox"/> Verify insurance                  | <input type="checkbox"/> Obtain billing information   |
| <input type="checkbox"/> Obtain precertification           | <input type="checkbox"/> Perform procedural coding         | <input type="checkbox"/> Perform diagnostic coding    |
| <input type="checkbox"/> Complete insurance forms          | <input type="checkbox"/> Utilize medical necessity         | <input type="checkbox"/> Utilize HIPAA rules          |
| <input type="checkbox"/> Document patient care             | <input type="checkbox"/> Use body mechanics                | <input type="checkbox"/> Complete incident report     |
| <input type="checkbox"/> Process mail                      | <input type="checkbox"/> Assist provider with patient care | <input type="checkbox"/> Pulmonary testing            |
| <input type="checkbox"/> Demonstrate work ethic            | <input type="checkbox"/> Empathize with patients           | <input type="checkbox"/> Written communication        |
| <input type="checkbox"/> Administer parenteral meds.       | <input type="checkbox"/> Use flow sheets                   | <input type="checkbox"/> Use CDC regulations          |
| <input type="checkbox"/> Prepare items for autoclaving     | <input type="checkbox"/> Coach patients on office policy   | <input type="checkbox"/> Data entry                   |
| <input type="checkbox"/> Utilize Word, Access, and Excel   |  | <input type="checkbox"/> Bookkeeping                  |
| <input type="checkbox"/> Demonstrate respect for diversity |  |   |
| <input type="checkbox"/> Other (please specify) _____      |  |   |
| <input type="checkbox"/> Other (please specify) _____      |  |   |

**We understand and affirm the terms and statements established in this agreement.**

\_\_\_\_\_  
Employer Name (Print)

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name (Print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Externship Coordinator Name (Print)

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

\_\_\_\_\_  
Date

*Revised 10-24-17*

**Appendix B**  
**Professionalism Pledge**

## **PROFESSIONALISM PLEDGE**

**Elmira Business Institute  
Employer Advisory Board**

### **Professional Career Expectations The Top Ten Ways to Be in the “Know”**

1. Be here and be early! Show initiative! Attendance is the key to your success!
2. Use good manners; listen when others are talking.
3. Meet deadlines. Work is due on time.
4. Cell phone use is for emergency purposes only.
5. Mere physical presence is not equal to active participation.
6. Take pride in your appearance, behavior and hygiene.
7. Use appropriate professional language and stay out of office politics. Maintain professionalism on ALL social media. Employers are using this as a pre-hiring tool!
8. Be conscious of your surroundings; avoid inappropriate topics.
9. Value academic integrity; no cheating.
10. Be supportive and patient with yourself and each other as we all learn together.

I agree to abide by these expectations

\_\_\_\_\_  
Student Name (Print)

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

\_\_\_\_\_  
Date

**EBI Career Services**

**Appendix C**

**Medical Assisting Program – Student Externship**

**Student Evaluation Form**



## **APPENDIX C**

### **ELMIRA BUSINESS INSTITUTE**

*The Career College*

4100 Vestal Road

Vestal, NY 13850

(607) 729-8915

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### **MEDICAL ASSISTING PROGRAM - STUDENT EXTERNSHIP STUDENT EVALUATION FORM**

This form should be completed by the individual(s) who is/are familiar with the student's progress and abilities. In order for this evaluation to be an effective tool, it should be answered honestly and accurately. The information contained in this evaluation will be kept confidential, and the student will not see the specific contents. Rather, it will be used as a guide to assist the Externship Coordinator in determining the student's strengths and weaknesses as a medical assistant.

*Please return this evaluation form to the EBI Medical Assisting Externship Coordinator before the last week of the externship period. The student's grade is based, in part, on the information contained in this evaluation.*

*Please return the evaluation form by mail to:*

Vestal Campus:      Elmira Business Institute  
                             Medical Assisting Externship Coordinator  
                             4100 Vestal Road  
                             Vestal, NY 13850

Thank you for your cooperation, time, and effort in completing this form.

**PRACTICUM EVALUATION OF STUDENT**  
2015 MAERB Core Curriculum

**EVALUATION OF MEDICAL ASSISTING STUDENT EXTERN**

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Extern Site/Physician's Name(s) \_\_\_\_\_

Person Responsible for Supervision of Extern \_\_\_\_\_

Externship Dates:     START \_\_\_\_\_     END \_\_\_\_\_

Total # hours for this report period: \_\_\_\_\_ Midterm Report \_\_\_\_\_ Final Report \_\_\_\_\_

Absences/Tardiness: Date(s) and reason(s) for absence(s)/tardiness:

\_\_\_\_\_

\_\_\_\_\_

Was each absence/tardy made up or excused?

\_\_\_\_\_

\_\_\_\_\_

**INSTRUCTIONS:** Consider each item separately and rate each item independently of all others. Indicate in the appropriate box the *student's level of competency*, if applicable, or access to the specific task.

	Above Average (3)	Competent (2)	Needs Work (1)	Observation only/ Unavailable at site (0)
<b>Psychomotor &amp; Affective Competencies</b>				
<b>I Anatomy &amp; Physiology</b>				
I.P.1. Measure and record:				
a. blood pressure				
b. temperature				
c. pulse				
d. respirations				
e. height				
f. weight				
g. length (infant)				
h. head circumference (infant)				
i. pulse oximetry				
I.P.2. Perform:				

a. electrocardiography				
b. venipuncture				
c. capillary puncture				
d. pulmonary function testing				
I.P.3. Perform patient screening using established protocols				
I.P.4. Verify the rules of medication administration:				
a. right patient				
b. right medication				
c. right dose				
d. right route				
e. right time				
f. right documentation				
I.P.5. Select proper sites for administering parenteral medication				
I.P.6. Administer oral medications				
I.P.7. Administer parenteral (excluding IV) medications				
I.P.8. Instruct and prepare a patient for a procedure or a treatment				
I.P.9. Assist provider with a patient exam				
I.P.10. Perform a quality control measure				
I.P.11. Obtain specimens and perform:				
a. CLIA waived hematology test				
b. CLIA waived chemistry test				
c. CLIA waived urinalysis				
d. CLIA waived immunology test				
e. CLIA waived microbiology test				
I.P.12. Produce up-to-date documentation of provider/professional level CPR				
I.P.13. Perform first aid procedures for:				
a. bleeding				
b. diabetic coma or insulin shock				
c. fractures				
d. seizures				
e. shock				
f. syncope				
I.A.1. Incorporate critical thinking skills when performing patient assessment				
I.A.2. Incorporate critical thinking skills when performing patient care				
I.A.3. Show awareness of a patient's concerns related to the procedure being performed				
<b>II Applied Mathematics</b>				
II.P.1. Calculate proper dosages of medication for administration				
II.P.2. Differentiate between normal and abnormal test results				
II.P.3. Maintain lab test results using flow sheets				

II.P.4. Document on a growth chart				
II.A.1. Reassure a patient of the accuracy of the test results				
<b>III Infection Control</b>				
III.P.1. Participate in blood-borne pathogen training				
III.P.2. Select appropriate barrier/personal protective equipment (PPE)				
III.P.3. Perform handwashing				
III.P.4. Prepare items for autoclaving				
III.P.5. Perform sterilization procedures				
III.P.6. Prepare a sterile field				
III.P.7. Perform within a sterile field				
III.P.8. Perform wound care				
III.P.9. Perform dressing change				
III.P.10. Demonstrate proper disposal of biohazardous material				
a. sharps				
b. regulated wastes				
III.A.1. Recognize the implications for failure to comply with Center for Disease Control (CDC) regulations in healthcare settings				
<b>IV Nutrition</b>				
IV.P.1. Instruct a patient according to patient's special dietary needs				
IV.A.1. Show awareness of patient's concerns regarding a dietary change				
<b>V Concepts of Effective Communication</b>				
V.P.1. Use feedback techniques to obtain patient information including:				
a. reflection				
b. restatement				
c. clarification				
V.P.2. Respond to nonverbal communication				
V.P.3. Use medical terminology correctly and pronounced accurately to communicate information to providers and patients				
V.P.4. Coach patients regarding:				
a. office policies				
b. health maintenance				
c. disease prevention				
d. treatment plan				
V.P.5. Coach patients appropriately considering:				
a. cultural diversity				
b. developmental life stage				
c. communication barriers				
V.P.6. Demonstrate professional telephone techniques				
V.P.7. Document telephone messages accurately				
V.P.8. Compose professional correspondence utilizing electronic technology				

V.P.9. Develop a current list of community resources related to patients' healthcare needs				
V.P.10. Facilitate referrals to community resources in the role of a patient navigator				
V.P.11. Report relevant information concisely and accurately				
V.A.1. Demonstrate:				
a. empathy				
b. active listening				
c. nonverbal communication				
V.A.2. Demonstrate the principles of self-boundaries				
V.A.3. Demonstrate respect for individual diversity including:				
a. gender				
b. race				
c. religion				
d. age				
e. economic status				
f. appearance				
V.A.4. Explain to a patient the rationale for performance of a procedure				
<b>VI Administrative Functions</b>				
VI.P.1. Manage appointment schedule using established priorities				
VI.P.2. Schedule a patient procedure				
VI.P.3. Create a patient's medical record				
VI.P.4. Organize a patient's medical record				
VI.P.5. File patient medical records				
VI.P.6. Utilize an EMR				
VI.P.7. Input patient data utilizing a practice management system				
VI.P.8. Perform routine maintenance of administrative or clinical equipment				
VI.P.9. Perform an inventory with documentation				
VI.A.1. Display sensitivity when managing appointments				
<b>VII Basic Practice Finances</b>				
VII.P.1. Perform accounts receivable procedures to patient accounts including posting:				
a. charges				
b. payments				
c. adjustments				
VII.P.2. Prepare a bank deposit				
VII.P.3. Obtain accurate patient billing information				
VII.P.4. Inform a patient of financial obligations for services rendered				
VII.A.1. Demonstrate professionalism when discussing patient's billing record				

VII.A.2. Display sensitivity when requesting payment for services rendered				
<b>VIII Third Party Reimbursement</b>				
VIII.P.1. Interpret information on an insurance card				
VIII.P.2. Verify eligibility for services including documentation				
VIII.P.3. Obtain precertification or preauthorization including documentation				
VIII.P.4. Complete an insurance claim form				
VIII.A.1. Interact professionally with third party representatives				
VIII.A.2. Display tactful behavior when communicating with medical providers regarding third party requirements				
VIII.A.3. Show sensitivity when communicating with patients regarding third party requirements				
<b>IX Procedural and Diagnostic Coding</b>				
IX.P.1. Perform procedural coding				
IX.P.2. Perform diagnostic coding				
IX.P.3. Utilize medical necessity guidelines				
IX.A.1. Utilize tactful communication skills with medical providers to ensure accurate code selection				
<b>X Legal Implications</b>				
X.P.1. Locate a state's legal scope of practice for medical assistants				
X.P.2. Apply HIPAA rules in regard to:				
a. privacy				
b. release of information				
X.P.3. Document patient care accurately in the medical record				
X.P.4. Apply the Patient's Bill of Rights as it relates to:				
a. choice of treatment				
b. consent for treatment				
c. refusal of treatment				
X.P.5. Perform compliance reporting based on public health statutes				
X.P.6. Report an illegal activity in the healthcare setting following proper protocol				
X.P.7. Complete an incident report related to an error in patient care				
X.A.1. Demonstrate sensitivity to patient rights				
X.A.2. Protect the integrity of the medical record				
<b>XI Ethical Considerations</b>				
XI.P.1. Develop a plan for separation of personal and professional ethics				
XI.P.2. Demonstrate appropriate response(s) to ethical issues				
XI.A.1. Recognize the impact personal ethics and morals have on the delivery of healthcare				

<b>XII Protective Practices</b>				
XII.1. Comply with:				
a. safety signs				
b. symbols				
c. labels				
XII.2. Demonstrate proper use of:				
a. eyewash equipment				
b. fire extinguishers				
c. sharps disposal containers				
XII.3. Use proper body mechanics				
XII.4. Participate in a mock exposure event with documentation of specific steps				
XII.5. Evaluate the work environment to identify unsafe working conditions				
XII.A.1. Recognize the physical and emotional effects on persons involved in an emergency situation				
XII.A.2. Demonstrate self-awareness in responding to an emergency situation				

1. Overall, describe the student's preparation for externship.
  
2. In what areas was the student most prepared for the externship assignments?
  
3. In what areas was the student unprepared for the externship assignments?
  
4. What recommendations would you make to help future students for externship?
  
5. Are there any other recommendations you would like to make for improvement of program?

**Additional Comments:**

---



---

**Supervisor Name (Print)** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

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

**Appendix D**  
**Midterm Evaluation of Student**



## Appendix D

### Elmira Business Institute Student Externship Midterm Site Evaluation for EXT120

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

Date of Visit: \_\_\_\_\_

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

Site Supervisor: \_\_\_\_\_

Assessment- Student Skill	5- Always	4-Almost Always	3- Sometime s	2- Rarely	1-Very Rarely	0- Never	N/A
1- <b>Attendance</b> - Shows up as scheduled, on time, or early							
2- <b>Performance</b> -							
a) Patient intake- student demonstrates principles of self-boundaries							
b) student demonstrates respect for individual diversity in regard to gender/age/race/religion/economic status and appearance							
c) Vital Signs- Accuracy							
3- <b>Professionalism</b>							
a) Communications- in the office and with patients							
b) Professional Dress/ Hygiene							
4- <b>Hireability</b> - If there was an opening, would this student be considered?							
5- <b>Other Skills</b> -							
a) <b>Administrative Functions</b> - Filing/Scheduling/Phones- Student is able to schedule or make phone calls relating to the scheduling. Student is able to locate information in the files as needed.							
b) <b>Administrative Skills</b> - Electronic Medical Record Student is shadowing/or is knowledgeable of information contained in the electronic medical record, and knows how to input that information.							
c) <b>Clinical Skills</b> - EKGs Student has witnessed an EKG performed, or has competently completed an EKG on their own.							

d) <b>Clinical Skills-</b> CLIA Waived Testing (UA, capillary punctures, pregnancy testing, etc.) Student is able to complete the point of care testing without incident, or has witnessed the correct procedures and documentation.							
e) <b>Clinical Skills-</b> Infection Control Student knows how to properly maintain a sterile field and is aware of proper hand hygiene techniques.							
Comments:							

Site Supervisor Name (Print): \_\_\_\_\_
Site Supervisor Signature: \_\_\_\_\_
Date: \_\_\_\_\_

Program Director Name (Print): \_\_\_\_\_
Program Director Signature: \_\_\_\_\_
Date: \_\_\_\_\_

Mid-Term Evaluation Grade: \_\_\_\_\_

Revised 11/27/17

**Midterm Site Evaluation**

Date of Visit: \_\_\_\_\_

Student Name: \_\_\_\_\_ Site Name: \_\_\_\_\_

Supervisor/Staff Member: \_\_\_\_\_

Which of these skills has the student been able to demonstrate with your office so far this semester?

- |   |  |
|---|--|
| <input type="checkbox"/> Vital Signs/Patient Intake       | <input type="checkbox"/> Venipuncture                  |
| <input type="checkbox"/> EKGs/Holter Monitor              | <input type="checkbox"/> Urinalysis                    |
| <input type="checkbox"/> Sterilization/autoclaving        | <input type="checkbox"/> Other CLIA waived testing     |
| <input type="checkbox"/> Immunology testing               | <input type="checkbox"/> Prepare patient for procedure |
| <input type="checkbox"/> Document patient care            | <input type="checkbox"/> Verify Rx/Call into pharmacy  |
| <input type="checkbox"/> Register patients'               | <input type="checkbox"/> Schedule patients             |
| <input type="checkbox"/> Call patient for appointments    | <input type="checkbox"/> Organize medical records      |
| <input type="checkbox"/> Filing/Scanning                  | <input type="checkbox"/> Using the EMR                 |
| <input type="checkbox"/> Explain general office policies  | <input type="checkbox"/> Office inventory              |
| <input type="checkbox"/> Verify insurance/Preauths        | <input type="checkbox"/> Coding                        |
| <input type="checkbox"/> Completing insurance claim forms | <input type="checkbox"/> Capillary Puncture            |
| <input type="checkbox"/> Microbiology/Hematology          |  |

Strengths:

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Weaknesses:

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Concerns:

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Comments:

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Site Supervisor Signature: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_

**Appendix E**  
**Student's Evaluation of Practicum Site**  
**Medical Assisting Program**

**Appendix E**  
**STUDENT'S EVALUATION OF PRACTICUM SITE**  
**Elmira Business Institute**  
**Medical Assisting Program**

This survey is designed to help program faculty determine the appropriateness of individual practicum sites. All data will be kept confidential and will be used for program evaluation purposes only.

**Name of Practicum Site:** \_\_\_\_\_

**INSTRUCTIONS:** Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any item.  
**5 = Strongly Agree    4 = Agree    3 = Neutral (acceptable)    2 = Disagree    1 = Strongly Disagree**  
**N/A = Not available at this site**

**At this practicum site, I was:**

- |  |   |   |   |   |   |     |
|--|---|---|---|---|---|-----|
| 1. Provided orientation to the office/facility.  | 5 | 4 | 3 | 2 | 1 | N/A |
| 2. Assigned to a supervisor/preceptor who actively participated in my learning experience.             | 5 | 4 | 3 | 2 | 1 | N/A |
| 3. Allowed to perform the entry-level skills I had learned in school.                                  | 5 | 4 | 3 | 2 | 1 | N/A |
| 4. Given the opportunity to perform administrative skills.   | 5 | 4 | 3 | 2 | 1 | N/A |
| 5. Given the opportunity to perform clinical skills.   | 5 | 4 | 3 | 2 | 1 | N/A |
| 6. Adequately supervised and informed of whom to ask for help if I needed it.                          | 5 | 4 | 3 | 2 | 1 | N/A |
| 7. Treated respectfully by healthcare providers and other staff.                                       | 5 | 4 | 3 | 2 | 1 | N/A |
| 8. Provided with adequate personal protective equipment (e.g. gloves) to protect my health and safety. | 5 | 4 | 3 | 2 | 1 | N/A |
| 9. Provided the opportunity to communicate with:   |   |   |   |   |   |     |
| a. patients/clients/family members   | 5 | 4 | 3 | 2 | 1 | N/A |
| b. physicians/health care professionals  | 5 | 4 | 3 | 2 | 1 | N/A |
| c. staff and co-workers  | 5 | 4 | 3 | 2 | 1 | N/A |
| d. supervisory personnel   | 5 | 4 | 3 | 2 | 1 | N/A |
| 10. Not used to replace paid employees.  | 5 | 4 | 3 | 2 | 1 | N/A |
| 11. Provided regular constructive verbal feedback by supervisor.                                       | 5 | 4 | 3 | 2 | 1 | N/A |
| 12. Provided a final written performance evaluation.   | 5 | 4 | 3 | 2 | 1 | N/A |

Were you asked to perform any skills for which you were not prepared by your medical assisting program?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please identify: \_\_\_\_\_

Would you recommend this site for future practicum students? \_\_Yes \_\_No      Why? \_\_\_\_\_

What part of the practicum experience did you like best and/or least? \_\_\_\_\_

Print Student Name: \_\_\_\_\_

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

## **Appendix F**

### **Student Personal Information Sheet**

## **APPENDIX F**

### **ELMIRA BUSINESS INSTITUTE**

*The Career College*

.4100 Vestal Road

Vestal, NY 13850

(607) 729-8915

(607) 729-8916 Fax

Please complete the following information:

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

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

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

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

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

Program: \_\_\_\_\_

Any information regarding your availability, transportation, ideal work site, special interests, etc.:

**Appendix G**  
**Externship Guidelines**



**APPENDIX G**  
**ELMIRA BUSINESS INSTITUTE**  
*The Career College*  
4100 Vestal Road  
Vestal, NY 13850  
(607) 729-8915  
(607) 729-8916 Fax

**Externship Guidelines**

1. The student, site supervisor and the Externship Coordinator must sign all training agreements before the externship begins.
2. The student and the site supervisor must sign all timesheets before being turned into the Externship Coordinator. Hours must be calculated at a minimum of 15 minute intervals only.
3. Proper dress attire is required at your externship site. Women should wear conservative business attire. This means no tank tops, halter-tops, shorts or mini-skirts. Men should also be dressed appropriately. This means no shorts or t-shirts. No jeans are allowed at any externship site. Footwear should also be business appropriate. No sneakers or sandals allowed.
4. Attendance at your externship site as well as in class is mandatory. If you are unable to be at your site or in class during your scheduled time you must let your site supervisor AND your externship coordinator know immediately. NO EXCEPTIONS. Students have been dismissed from externship sites due to poor attendance. No scheduling changes are to be made without prior approval from Externship Coordinator.
5. You are required to remain professional at your externship site. This could be a potential employment opportunity and your attitude can help or hinder your chances of being hired.
6. No personal phone calls are allowed at your externship site unless an emergency arises.
7. All externships are non-paid.

Any violation of these policies can result in a withdrawal from externship and deemed a withdrawal from the course.

\_\_\_\_\_  
Student Name (Print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Externship Coordinator Name (Print)

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

\_\_\_\_\_  
Date

*Revised 11/27/17 js*

**Appendix H**  
**Medical Assisting Program**  
**Dress Code**

## Appendix H

**ELMIRA BUSINESS INSTITUTE**

**ALLIED HEALTH PROGRAMS**

**Student Name** \_\_\_\_\_

**Semester** \_\_\_\_\_

### **MEDICAL ASSISTING/MCRS/MCB/MED OT DRESS CODE**

As an Allied Health professional you deal with the public, many who are ill. It is necessary for patients to develop confidence and trust in **YOU**, as allied health staff. **It is required for the staff to be neat and well-groomed at all times to present a positive, confident persona.** Additionally, allied health students are representatives of EBI in the community.

The following dress code is **REQUIRED** for **ALL** allied health students:

- The instructor's decision is final in all matters pertaining to failure to comply with this dress code.
- Unacceptable dress may result in dismissal from that day's class or until the problem is rectified.
- Repeated offenses may result in a reduction of professionalism grade and up to dismissal from the program.

**\*\*\*THESE GUIDELINES MUST BE FOLLOWED DURING ALL CLASSES IN YOUR PROGRAM\*\*\***

**APPEARANCE:** proper appearance will instill pride in yourself and your profession.

<b>Item</b>	<b>Acceptable</b>	<b>NOT ACCEPTABLE</b>
<b>Hosiery</b>	Socks or nylons.	Going without socks/nylons
<b>Shoes</b>	Shoes – leather or man-made material with closed toe & no open heel. In the lab shoes must be clean, and slip-proof.	Open toe shoes, flip flops, sandals, heels (more than 3 inches), bedroom slippers, dirty shoes, crocs
<b>Earrings</b>	One earring per ear. Post only – not larger than dime size.	Hoops, long dangling earrings
<b>Rings</b>	Two per hand, discreet in size and style.	Large, or more than 2 rings per hand
<b>Necklaces</b>	Single choker style.	Long chain necklaces, rope necklaces

<b>Hair</b>	Clean, styled, pulled back if shoulder length or longer.	Colored hair (trendy colors), greasy hair
<b>Facial Hair</b>	Must be trimmed and well groomed.	Thick/Long beards
<b>Nails</b>	Clean, fingertip length only. Clear or light colored polish. <b>No acrylic nails.</b>	Colored nails, Acrylic nails, long nails
<b>Tattoo(s)</b>	<b>Not visible.</b> Any tattoo larger than 2x2 must be covered on campus and at externship site.	Visible tattoos that are larger than 2x2
<b>Uniform/Attire</b>	<b>Name badge/ID</b> must be worn on campus and at externship site. <b>ALL Clinical Classes – Scrubs are required:</b> must be properly fitting, clean and wrinkle free. Undergarments should not be visible. If you want long sleeves, you must wear Lab Coats or Scrub Jackets. <b>OR</b> <b>Non Clinical Classes – Professional Business Attire</b> slacks, dress shirts, dresses are also acceptable.	Jeans, baggy pants, T-Shirts, Tanks tops, Spandex (including leggings), Single shoulder tops, low cut/plunging necklines, visible undergarments, shorts, pajama bottoms, sweat pants, no zipper front sweat shirts in the lab.  Skirts/dresses <b>MUST</b> be just above the knee-or longer.
<b>Dentures</b>	Must be worn and fitted properly.	Not wearing dentures/partials.
<b>Body Jewelry</b>	No facial piercings, including tongue rings	Tongue Rings, ANY facial piercings
<b>Headgear</b>	NONE	Hats, scarves, hoodies, sunglasses, bandanas, stocking caps, wave caps (Administrative approval is required for special circumstances).

**HYGIENE:** Good personal hygiene is required at all times. This is to include:

- Bathed – use of deodorant – light make-up only
- Clean hair – professional styled, pulled off of face
- Proper oral hygiene – teeth brushed, fresh breath & teeth

**ENFORCEMENT:**

1<sup>st</sup> offense-student will be sent home & asked to correct appearance before coming back

2<sup>nd</sup> offense-student will be sent home and offense will be documented

3<sup>rd</sup> offense-possible dismissal as per the Dean's office

**FRAGRANCE FREE POLICY:**

Many extern sites have a fragrance free policy, therefore you must abstain from wearing perfume or perfumed products.

**IT IS NOT ALLOWED FOR ALLIED HEALTH PROGRAM STUDENTS TO SMELL OF SMOKE WHILE IN UNIFORM. AFTER SMOKING, PLEASE BE SURE TO WASH HANDS AND FRESHEN YOUR BREATH. IT IS INAPPROPRIATE TO RETURN TO CLASS AND/OR EXTERNSHIP SITE SMELLING OF SMOKE.**

**COMPLIANCE:**

As a student in an Allied Health program at EBI, I understand and agree to the following:

- I have read and understand the requirements of the Allied Health Dress Code.
- I understand that the EBI Allied Health Dress Code has been instituted for my safety in the clinical and laboratory setting and to prepare me for my career as an Allied Health professional.
- I agree to comply with the Allied Health Dress Code.
- I understand that if I am not in compliance with the Allied Health Dress Code in **ANY** way, I may be removed from class and counted as absent. I further understand that I will be allowed to return to class only upon compliance of the Allied Health Dress Code.
- I understand a copy of this agreement will be placed in my student file.
- I understand that I may need to adjust my uniform as required by the externship sponsor.

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Student Name (Print)

---

Date

---

Student Signature

---

Externship Coordinator/ Instructor Name (Print)

---

Date

---

Externship Coordinator/Instructor Signature

**Appendix I**  
**Confidentiality Policy**

**APPENDIX I**  
**ELMIRA BUSINESS INSTITUTE**

*The Career College*

4100 Vestal Road

Vestal, NY 13850

(607) 729-8915

(607) 729-8916 Fax

**Confidentiality Policy**

All information about doctors, staff, patients, their health conditions, account arrangements, employer & client arrangements, and their lives is **CONFIDENTIAL AND PRIVILEGED** to the office at which you are working. Case histories, medical records, charts, medical reports, correspondence, lab reports and any other records of patient care and history are confidential, and must be guarded at all times. You should never even mention a patient's name to someone outside this office.

All externs are required, as a condition of externship, to maintain the confidentiality required by this policy. Employees may not give advice to patients or their responsible parties on professional or personal matters, unless otherwise instructed. Also, do not engage in conversation about any patient in a public place or areas of the office where others may hear you.

Never reveal to others the names of any patients of the practice. Be particularly careful in leaving telephone messages for a patient. Messages should be limited to the practice name and phone number so the call may be returned. No information regarding a patient's appointment or financial (including insurance) information is to be left in message form.

**ACKNOWLEDGEMENT:**

By my signature below, I confirm I have read and understand this Policy of Confidentiality of the Externship Program and agree to abide by this policy as a condition of my externship. Failure to do so will result in immediate removal from externship. I have retained a copy of this signed Agreement for my records.

\_\_\_\_\_  
Student Name (Print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Externship Coordinator Name (Print)

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

\_\_\_\_\_  
Date

*Revised 5-18-17*

**Appendix J**  
**Externship Time Sheet**



Elmira Business Institute  
Medical Assisting Externship Timesheet/ Skills Assessment  
Week Of: \_\_\_\_\_

Day	Time In (AM)	Time Out (AM)	Time In (PM)	Time Out (PM)	Total Hours for Day				
Monday Date: _____						<input type="checkbox"/> Vitals <input type="checkbox"/> Patient Check In/Out <input type="checkbox"/> CLIA Testing <input type="checkbox"/> EKG	<input type="checkbox"/> Answer Phones <input type="checkbox"/> Wound Care <input type="checkbox"/> Schedule Appointments <input type="checkbox"/> Perform Inventory	<input type="checkbox"/> Verify Insurance <input type="checkbox"/> Phlebotomy <input type="checkbox"/> Perform Coding <input type="checkbox"/> Other: _____	<input type="checkbox"/> File Records <input type="checkbox"/> Fax/Scan/Update EMR <input type="checkbox"/> Apply HIPAA rules
Tuesday Date: _____						<input type="checkbox"/> Vitals <input type="checkbox"/> Patient Check In/Out <input type="checkbox"/> CLIA Testing <input type="checkbox"/> EKG	<input type="checkbox"/> Answer Phones <input type="checkbox"/> Wound Care <input type="checkbox"/> Schedule Appointments <input type="checkbox"/> Perform Inventory	<input type="checkbox"/> Verify Insurance <input type="checkbox"/> Phlebotomy <input type="checkbox"/> Perform Coding <input type="checkbox"/> Other: _____	<input type="checkbox"/> File Records <input type="checkbox"/> Fax/Scan/Update EMR <input type="checkbox"/> Apply HIPAA rules
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Total Hours this week: \_\_\_\_\_

**Copy 1: Externship Coordinator**

Student Name (Print) \_\_\_\_\_

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

Supervisor Name (Print) \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Externship Coordinator Name (Print) \_\_\_\_\_

Externship Coordinator Signature: \_\_\_\_\_

Elmira Business Institute  
Medical Assisting Externship Timesheet/ Skills Assessment  
Week Of: \_\_\_\_\_

Day	Time In (AM)	Time Out (AM)	Time In (PM)	Time Out (PM)	Total Hours for Day				
Monday Date:_____						<input type="checkbox"/> Vitals <input type="checkbox"/> Patient Check In/Out <input type="checkbox"/> CLIA Testing <input type="checkbox"/> EKG	<input type="checkbox"/> Answer Phones <input type="checkbox"/> Wound Care <input type="checkbox"/> Schedule Appointments <input type="checkbox"/> Perform Inventory	<input type="checkbox"/> Verify Insurance <input type="checkbox"/> Phlebotomy <input type="checkbox"/> Perform Coding <input type="checkbox"/> Other:_____	<input type="checkbox"/> File Records <input type="checkbox"/> Fax/Scan/Update EMR <input type="checkbox"/> Apply HIPAA rules
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Total Hours this week: \_\_\_\_\_

**Copy 2: Extern**

Student Name (Print) \_\_\_\_\_

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

Supervisor Name (Print) \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Externship Coordinator Name (Print) \_\_\_\_\_

Externship Coordinator Signature: \_\_\_\_\_

Elmira Business Institute  
Medical Assisting Externship Timesheet/ Skills Assessment  
Week Of: \_\_\_\_\_

Day	Time In (AM)	Time Out (AM)	Time In (PM)	Time Out (PM)	Total Hours for Day				
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Total Hours this week: \_\_\_\_\_

**Copy 3: Externship Site**

Student Name (Print) \_\_\_\_\_

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

Supervisor Name (Print) \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Externship Coordinator Name (Print) \_\_\_\_\_

Externship Coordinator Signature: \_\_\_\_\_

## **Appendix K**

### **Externship Contact Log**

**Appendix K**  
**ELMIRA BUSINESS INSTITUTE**  
**EXTERNSHIP Contact Log**

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

Program: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

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

<b>Week of</b>	<b>Hours for Week</b>	<b>Contact Method</b>	<b>Concerns- Comments</b>

Externship Coordinator Name (Print): \_\_\_\_\_

Externship Coordinator Signature: \_\_\_\_\_

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

*Revised 5-26-17*

## **Appendix L**

### **Externship Entrance Interview Rubric**

## APPENDIX L

### ELMIRA BUSINESS INSTITUTE

#### Externship/Workforce Readiness Interview

Each student will be required to complete an entrance interview prior to being placed at a site. The purpose of the interview is to assist the externship coordinator with appropriate placement of the student as well as to ensure that the student understands what is expected of them. The student will be interviewed by a committee made up of administrators. The student will be required to compose a thank you letter for the interviewing committee. For the interview, students should come professionally dressed and bring the following:

1. Career ePortfolio (should meet or exceed employer expectations).
2. Resume and references sheet (should also be included in the ePortfolio).
3. Required documentation (shot records, physical exam, etc.) if applicable.
4. Required externship forms

#### Externship Entrance Interview Rubric

Student Name: \_\_\_\_\_ Program: \_\_\_\_\_

Content	4- Excellent	3- Above Average	2- Average	1- Below Average	0- Failing	N/A
Preparedness	Student has all required items and was ready to interview.	Student was ready to interview, but did not have all proper paperwork.	Student was not ready to interview, but had all required paperwork.	Student had no paperwork, and was not ready to interview.	Student did not interview.	
Dress Code Medical Coding & Billing Students	Student is clean. Dressed appropriate for their field. Clean, neat professional dress or scrubs, and clean shoes.	Student is clean. Student is dressed in business casual clothes. Wearing sandals, or other inappropriate footwear.	Student is clean, but hair disheveled. Students are dressed in business casual, or scrubs unpressed, or dirty shoes.	Student has poor hygiene. Student in jeans, or shorts, sandals, or other inappropriate footwear are worn.	Student's hygiene is poor, unshowered, or unshaven. Student in sweats or pajamas. Dirty, unprofessional clothing worn.	
Job Application (on site) At the discretion of interviewer	Complete (100%) Neat; legible	Nearly Complete (75%)	Partially Complete (50%)	Minimally Complete (25%)	No application submitted or Unacceptable (0%)	

Attendance	Student has missed no days this semester	Student missed 1-2 days this semester.	Student missed 3-4 days this semester.	Student missed 5-6 days this semester.	Student has missed 7 or more days this semester.	
Professional Behaviors (to be determined by key instructors in the program)	Never displays disruptive behaviors in any classes, is always respectful of other with words and actions, and cooperates in classroom and/or lab environments.	Never disruptive in any classes, participates regularly in class and/or lab, with few reminders from instructor.	Rarely disruptive in class, limited participation in class and/or labs. Needs some reminders from instructor to stay involved.	Occasionally disruptive in class, rarely participates in class discussions or lab environments. Student needs consistent reminders from instructor to stay involved in the class or lab.	Frequently disruptive, or rude in class. Disrespectful of others with words or actions. Seldom participates in class discussion or lab environment.	
Skills Assessment Resume-EBI transcript	Student is able to perform all requested skills with no errors and/or Resume and references are complete and have	Student is able to perform all requested skills with 3 or fewer errors and/or Resume sent 1 day late or missing information	Student is able to perform all requested skills with 4-6 errors; and/or Resume one week late, or contains multiple errors	Student performs requested skills with 7-10 errors; and/or resume sent over 1 week late.	Student is unable to perform requested skills; or No resume	

Workforce Readiness (Skills):

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Comments:

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\_\_\_\_\_  
Externship Coordinator Name (Print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Academic Dean Name (Print)

\_\_\_\_\_  
Academic Dean Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name (Print)

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

\_\_\_\_\_  
Date

*Revised 5-26-17*

**Appendix M**  
**Requirements for Externship Participation**

## APPENDIX M

### **REQUIREMENTS FOR EXTERNSHIP PARTICIPATION**

In order for students to participate in their externships, they must:

1. Complete and pass **ALL medical assisting competency courses** with a minimum grade of C (73).
2. Refrain from the use of alcohol and recreational drugs while on school premises or at externship sites.
3. Refrain from inappropriate behavior, including cheating, lying, stealing, profanity, or any other behavior that would warrant dismissal from Elmira Business Institute.
4. Submit a *completed physical examination form* prior to beginning externship. The physical exam and all components must be performed no longer than one year prior to date of externship. This form may be completed by a physician, physician's assistant, or nurse practitioner. **The physical exam form must be in the student's file before the start of externship.**
5. Provide proof of *TB test*, and if positive, a chest x-ray. **This verification must be in the student's file before the start of externship.**
6. Provide proof of receiving the *Hepatitis B vaccination series* (3 injections). **This verification must be in the student's file before the start of externship.**
7. I must provide proof of an **influenza vaccine within 1 year** of being placed in an externship site.
8. Provide proof of having a current Tetanus immunization. **This verification must be in the student's file before the start of externship.**
9. Behave in a professional, responsible manner at all times while in school.
10. Commit oneself to complete participation in the externship portion of the medical assisting curriculum.
11. Sign externship and confidentiality agreements prior to beginning externship.

Student Name (Print) \_\_\_\_\_

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

Externship Coordinator Name (Print) \_\_\_\_\_

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

Date \_\_\_\_\_

*Revised 5-18-17*

**Appendix N**  
**Media Release**

**Appendix N**  
**ELMIRA BUSINESS INSTITUTE**

We would like to **CONGRATULATE** you on your acceptance to the Elmira Business Institute family!

In continuing our dedication to always put our **STUDENTS FIRST**, we look to continue to build our family. Our social media presence continues to increase, and we want to celebrate your start of a successful journey.

As part of our **STUDENTS FIRST** campaign, we regularly like to post accomplishments and awards using our social media accounts.

To be **FERPA** compliant, as stated in the College Catalog, we ask you to review and confirm the additional information below:

\_\_\_\_\_ I understand that to comply with FERPA rules and regulations, I grant access for my directory information to be released in accordance to name, honors, and awards, including graduation dates.

\_\_\_\_\_ I understand that my statements, pictures, testimonials, and directory information may be posted on social media, EBI's website, within the Institution's advertising, as well as placed around campus for honors and awards.

\_\_\_\_\_ I understand that the above information has been explained to me, and I can obtain more information regarding these regulations by referencing the official College Catalog or visiting the Department of Education website: [http:// www.ebi.edu](http://www.ebi.edu) or <http://www.ed.gov>.

\_\_\_\_\_ I understand that I have rights and responsibilities under Section 129A and 129B of the Education Law to report any sexual and/or domestic abuse/violence to my Title IX Coordinator. I understand that information related to Title IX can be found on the EBI website, [www.ebi.edu](http://www.ebi.edu)

\_\_\_\_\_ I understand that the College website also contains the official student handbook, as well as policies and procedures pertaining to EBI students.

\_\_\_\_\_ I agree to comply with these rules and regulations which govern academics, attendance, appearance, dress code, professionalism and conduct, as well as Financial Aid.

I, the undersigned, have read and understand ELMIRA BUSINESS INSTITUTE'S Handbook and Catalog as detailed in this form containing the rules and regulations for the College.

Student Name (Print): \_\_\_\_\_

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

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

*Revised August 2017*

**Appendix O**  
**Student Identification Policy**

## **Elmira Business Institute**

### **Student Identification Policy**

- All students must wear a valid ID badge while on campus and your extern site.
- Students must report a lost, stolen, or misplaced ID badge to security immediately.
- Badges must be displayed in a visible manner, with picture facing out, on the outside of clothing between the collar and above the waist at all times while on campus.
- If a badge is worn outside stated guidelines, students will be asked to display it properly. If students are asked to show their badges they should do so willingly
- Students that misplace or forget to bring their badges to school must sign out a temporary visitor badge at the reception desk. Loaner badges are to be returned to security before the student leaves for the day.
- Students can only check out one (1) badge each academic semester. If a student requests a second temporary badge within this time period, security will notify the Campus Director. The student will be charged \$10 to replace the ID badge.
- Access: Students may not use their badges to provide unauthorized access to another student, employee, visitor, guests, member, relative, etc. who does not have his/her badge. All guests/visitors must be directed to the reception area. Students who are caught doing this may be subject to disciplinary action through the Campus Director's office, by verbal and written warning, suspension or dismissal.
- Students refusing to display badges as described above will be reported to the Campus Director as well as security.

I have read and understand these guidelines regarding my student identification.

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Student Name (Print)

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Student Signature

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Date

*Revised August 2017*

**Appendix P**  
**Release of Liability**





Experience. Believe. Inspire.

## Release of Liability

This Liability Release, Waiver, Discharge and Covenant not to Sue, (hereinafter referred to as “Release”), executed by \_\_\_\_\_, whose address is \_\_\_\_\_, to Elmira Business Institute, (hereinafter referred to as “EBI”).

**1.0** As a student member of EBI, I desire to participate in the field trip to \_\_\_\_\_, NY on \_\_\_\_\_ as described in the itinerary (hereinafter referred to as “Activity”), and I fully understand the dangers, hazards, and risks inherent in the Activity, in the transportation to and from the Activity, and in any independent activities I undertake as an adjunct to the Activity, which dangers include, but are not limited to, automobile accidents, theft of personal property, and which also could include serious even mortal injuries. I further understand and expressly acknowledge that my participation in the Activity is not required by EBI and that it is voluntary and my own decision. I further understand and acknowledge that I choose to drive my own vehicle to and from the Activity, or ride as a passenger in a vehicle owned or rented by another participant, that EBI will not insure such private or commercial vehicles, and that the owner and/or rental driver shall be responsible for providing automobile insurance which adequately, and in conformance with the law, covers the occupants, including passengers.

**2.0** I agree to conduct myself responsibly throughout the Activity and will conform my conduct to the laws of the State of New York and in accordance with any code of conduct applicable to EBI students in general, as well as any specific professional or organizational code of conduct, including but not limited to any such laws or codes pertaining to alcohol consumption and/or drug use, etc.

**3.0** Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in the Activity, on behalf of myself, my family, heirs, and personal representatives, I, the undersigned, are to assume all risks inherent in the Activity, the transportation, and in any independent activities undertaken as an adjunct thereto, and in advance release, waive, and forever discharge, and covenant not sue EBI, its governing board, officers, agents, employees (hereinafter collectively referred to as “Releases”), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to, suffering and death, that may be sustained by me or by any property belonging to me, whether caused upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

**4.0** I understand and agree that Releases do not have medical personnel available at the location of the Activity. I agree and hereby grant Releases permission to authorize emergency medical treatment, if necessary, and that such action by Releases shall be subject to the terms of this document. I understand and agree that Releases assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

**THIS IS A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND BEFORE SIGNING.  
STUDENT:**

\_\_\_\_\_  
**Student Name (Print)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

*Revised August 2017*

## **Appendix Q**

### **CPR/First Aid/ BBP Registration**

## **CPR/FIRST AID/BBP REGISTRATION FORM**

**Student Name** \_\_\_\_\_

### **CPR:**

Scheduled on \_\_\_\_\_

Already taken – Expires on \_\_\_\_\_

### **FIRST AID:**

Scheduled on \_\_\_\_\_

Already taken – Expires on \_\_\_\_\_

### **BLOOD BORNE PATHOGENS:**

Scheduled on \_\_\_\_\_

Already taken – Expires on \_\_\_\_\_

\_\_\_\_\_  
Student Name (Print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director Name (Print)

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date

*Revised August 2017*