



**CURRICULUM AND DEMOGRAPHIC INFORMATION
 MEDICAL ADMINISTRATIVE SPECIALIST**

Institution: _____

Address: _____

Address: _____

Contact Name: _____

Title: _____

Contact E-Mail: _____

Office Phone: _____

(Check all that Apply)

Accreditor: ABHES CAAHEP ACICS ACCET ACCSC Other (Please Name) _____

Current Certification Agency Used: AMT AAMA NCCT NHA Other (Please Name) _____

Number of Classroom Clock Hours as indicated in Catalog: _____

Number of Externship Clock Hours: _____

****Please do not indicate Credit Hours; convert Credit Hours to Clock Hours****

By checking this box, and typing my name below, I am electronically signing this document.

Date

Return this form to AMT by e-mail to srp@americanmedtech.org or fax at 847-789-9462.

CONTINUED ON PAGE 2—Minimum Program Requirements



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Org Name: _____

Minimum Program Requirements — check all areas below, under **highlighted** titles, which apply to your curriculum:

MEDICAL ASSISTING	✓	CLERICAL ASSISTING	✓	FINANCIAL MANAGEMENT	✓
Medical terminology	<input type="checkbox"/>	Appointment management and scheduling	<input type="checkbox"/>	Fundamental financial mgmt.	<input type="checkbox"/>
Anatomy and Physiology	<input type="checkbox"/>	Reception	<input type="checkbox"/>	Patient accounts	<input type="checkbox"/>
Legal and Ethical Considerations	<input type="checkbox"/>	Communication	<input type="checkbox"/>	Banking	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	Patient information and community resources	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
BASIC CLINICAL	✓	RECORDS MANAGEMENT	✓	OFFICE MANAGEMENT	✓
Basic health history interview	<input type="checkbox"/>	Systems	<input type="checkbox"/>	Office communications	<input type="checkbox"/>
Basic charting	<input type="checkbox"/>	Procedures	<input type="checkbox"/>	Safety	<input type="checkbox"/>
Vital signs and measurements	<input type="checkbox"/>	Confidentiality	<input type="checkbox"/>	Risk management	<input type="checkbox"/>
Asepsis in the office	<input type="checkbox"/>	HEALTH CARE INSURANCE	✓	Business organization mgmt.	<input type="checkbox"/>
Examination preparation	<input type="checkbox"/>	Processing	<input type="checkbox"/>	Supplies and equipment	<input type="checkbox"/>
Office emergencies	<input type="checkbox"/>	Coding	<input type="checkbox"/>	Quality assurance	<input type="checkbox"/>
Pharmacology	<input type="checkbox"/>	Billing and finances	<input type="checkbox"/>	Human resources	<input type="checkbox"/>
	<input type="checkbox"/>	INFORMATION PROCESSING	✓	Physical office plant	<input type="checkbox"/>
	<input type="checkbox"/>	Fundamentals of computing	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	Computer applications	<input type="checkbox"/>		<input type="checkbox"/>