



CURRICULUM AND DEMOGRAPHIC INFORMATION—MEDICAL ASSISTING

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****

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

GENERAL	✓	CLINICAL	✓	ADMINISTRATIVE	✓
Anatomy and Physiology	<input type="checkbox"/>	Asepsis/sterilization/infection control	<input type="checkbox"/>	Basic clerical functions to include: reception, ordering, office safety, etc.	<input type="checkbox"/>
Medical Terminology	<input type="checkbox"/>	First Aid and CPR	<input type="checkbox"/>	Manual and computerized records management	<input type="checkbox"/>
Medical Law and Ethics	<input type="checkbox"/>	Patient examination and preparation (vital signs, physical exam, patient history, etc.)	<input type="checkbox"/>	Financial management and bookkeeping	<input type="checkbox"/>
Psychology/Human relations (or equivalent)	<input type="checkbox"/>	Specimen collection and phlebotomy	<input type="checkbox"/>	Insurance (including procedural and diagnostic coding)	<input type="checkbox"/>
		Pharmacology	<input type="checkbox"/>		
		Injections	<input type="checkbox"/>		
		Basic laboratory procedures	<input type="checkbox"/>		

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.