

# Medical Assistant Certification Review Course

*A collaboration of the Butte College Health Workforce Initiative  
and the Butte County Regional Occupational Program*

## 40-Hour Course

**March 8, 2017 – April 5, 2017**

**Course Fee:** \$100

Class size limited to 15 students

**Classroom Location:**

2491 Carmichael Dr. Suite 200 RM 201  
Chico, CA 95928

**Course Schedule:**

- Mondays: March 13, 20, 27 & April 3 from 5:30-8:30 pm
- Wednesdays: March 8 from 5:30-9:30pm  
March 15, 22, 29 from 5:30-8:30  
& April 5 from 5:30-8:30
- Saturdays: March 18, 25 and April 1 from 10:00-2:00pm

Students will not be permitted more than 2 absences during the entire course.

In this era of the Affordable Care Act, the emerging and enhanced role of the Medical Assistant (MA) as part of the Health Care Team is receiving much attention. Many employers will require both new and incumbent Medical Assistants to become certified.

This program will prepare an MA to pass a certification exam offered by one of the three Certifying Agencies approved by the California Medical Board. These agencies include:

- American Association of Medical Assistants
- American Medical Technologists
- California Certifying Board of Medical Assistants

**Review Course Instructor:**

Kelli Owens, LVN, ROP Instructor  
Medical Assistant Program

To be considered for enrollment, student must be 18 years or older and:

- a) Attach a copy of certificate of completion (front and back) from a Medical Assistant Program;
- Or,**
- b) Provide a Doctor's signature confirming employment in a Medical Assistant role.  
(Either currently OR two of the previous five years.)



# MA Certification Review Course Registration

Registration confirmation/receipt will be emailed.

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

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

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

Email (Required): \_\_\_\_\_

Phone: \_\_\_\_\_ (cell/home/work) Alt. Phone: \_\_\_\_\_ (cell/home/work)

Tell us about yourself:

Why do you want to take this class?

Where do you see yourself in five years?

Employer (if applicable): \_\_\_\_\_

Job Title: \_\_\_\_\_

Company: \_\_\_\_\_

I \_\_\_\_\_, (name, title), certify that the aforementioned employee

☐ is a current employee **OR** ☐ has been employed two of the previous five years in the capacity of a MA.

X

Signature

Printed name/date

## Course Fee: \$100

Contact Julie Aguiar at [aguiarju@butte.edu](mailto:aguiarju@butte.edu) or 530-892-3060 if you have questions.

Submit registration form and check (payable to Butte College HWI) to:

Butte College HWI ATTN: Julie Aguiar  
2480 Notre Dame Blvd., Chico CA 95928

To pay via credit card please contact Julie Aguiar at 530-892-3060