



**NEW PROGRAM PROPOSAL FORM**

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**Sponsoring Institution(s):** Bolivar Technical College

**Program Title:** Medical Assistant

**Degree/Certificate:** Associates Degree (Associate of Science)

**Options:** Click here to enter text.

**Delivery Site(s):** Bolivar campus, 2001 W. Broadway, Bolivar, MO 65613

**CIP Classification:** 51.0801

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [highered.mo.gov/ProgramInventory/search.jsp](http://highered.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** 02/03/2015

**Cooperative Partners:** Click here to enter text.

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Charlotte Gray, President

\_\_\_\_\_  
Name/Title of Institutional Officer

*Charlotte Gray* 2/3/15  
Signature Date

Charlotte Gray

\_\_\_\_\_  
Person to Contact for More Information

417-777-5062

\_\_\_\_\_  
Telephone



**STUDENT ENROLLMENT PROJECTIONS- Medical Assistant**

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Year	1	2	3	4	5
Full Time	20	25	25	25	25
Part Time					
Total	20	25	25	25	25

The program is a full-time program. Each semester has 12 credit hours or more in the 4 semester program.

Please provide a rationale regarding how student enrollment projections were calculated:

Each year we estimate 20 students to enroll in the program. We offer enrollment in the fall, spring, and summer semester. The first cohort of students have graduated, pass their certification to become a CMA/RMA, and are employed in their field of study.

Provide a rationale for proposing this program, including evidence of market demand and societal need supported by research:

The Medical Assistant program is in high demand for the healthcare profession. We have many applicants for our LPN and RN program who do not meet the entrance exam scores for the nursing program but do meet requirements for the Medical Assistant program. Healthcare employers fully support the Medical Assistant program by hiring our graduates, allowing the students to complete their externship at their facilities, and being involved in the curriculum design/revisions.



**PROGRAM STRUCTURE-Medical Assistant**

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A. Total credits required for graduation: 61.5

B. Residency requirements, if any: N/A

C. General education: Total credits: 15

Courses (specific courses OR distribution area and credits):

Course Number	Credits	Course Title
PSY 101	3	Introduction to Psychology
BIO 103	3	Biology Concepts
MTH 101	3	Fundamental Math Concepts
COM 211	3	The Art of Human Communications
ENG 150	3	Composition

D. Major requirements: Total credits: 46.5

Course Number	Credits	Course Title
MED 110	4	Medical Terminology
CIS 120	4	Computer Concepts
CIS 120L	1	Computer Concepts Lab
OFA 120	2	Office Administration I
MED 140	4	Anatomy & Physiology
MED 150	2	Phlebotomy
OFA 122	3	Office Administration II
MED 152	3	Laboratory & Surgical Procedures
MED 112	3	Pharmacology
MED 118	2	Introduction to Billing and Coding
MED 160	3	Clinical Fundamentals I
MED 260	5	Clinical Fundamentals II
MED 180	2	Electronic Medical Records
OFA 104	2.5	Electronic Transcription
MED 164	2	Electrocardiography
EXT 104	4	Clinical Externship

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E. Free elective credits:

NA

(Sum of C, D, and E should equal A.)

F. Requirements for thesis, internship or other capstone experience: Externship of 180 contact hours is scheduled in the last semester allowing the students to work unpaid at a healthcare facility to gain experience with their new skills & education.

G. Any unique features such as interdepartmental cooperation:

NA



**PROGRAM CHARACTERISTICS AND PERFORMANCE GOALS**

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Institution Name Bolivar Technical College  
Program Name Medical Assistant  
Date 02/03/2015

(Although all of the following guidelines may not be applicable to the proposed program, please carefully consider the elements in each area and respond as completely as possible in the format below. Quantification of performance goals should be included wherever possible.)

**1. Student Preparation**

- Any special admissions procedures or student qualifications required for this program which exceed regular university admissions, standards, e.g., ACT score, completion of core curriculum, portfolio, personal interview, etc. Please note if no special preparation will be required.  
none
- Characteristics of a specific population to be served, if applicable.  
none

**2. Faculty Characteristics**

- Any special requirements (degree status, training, etc.) for assignment of teaching for this degree/certificate.  
No specific requirements other than accreditation criteria of holding a bachelors/masters degree in the field of expertise and practical experience.
- Estimated percentage of credit hours that will be assigned to full time faculty. Please use the term "full time faculty" (and not FTE) in your descriptions here.  
Although the majority of the faculty in the Medical Assistant program are part-time, of those full-time faculty the estimated percentage of credit hours assigned are 6 credit hours.
- Expectations for professional activities, special student contact, teaching/learning innovation.  
Each faculty member is required to have an annual professional development plan. The plan will vary according to their professional goals as it relates to their position at the college. However, each faculty must have at the minimum of 3 professional development activities. One must be considered as an "In-Service" and one must be in "Professional Growth". The remaining activity can be in either category.

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### 3. Enrollment Projections

- Student FTE majoring in program by the end of five years.  
We estimate approximately 100 students majoring in the program by the end of five years
- Percent of full time and part time enrollment by the end of five years.  
same as above

### 4. Student and Program Outcomes

- Number of graduates per annum at three and five years after implementation.  
We already have graduates in the Medical Assistant program. The next graduates are expected in the Fall of 2015.
- Special skills specific to the program.  
Standard Medical Assistant skills.
- Proportion of students who will achieve licensing, certification, or registration.  
We anticipate that a minimum of 90% of the graduates will successfully pass their certification exams and become Certified Medical Assistant (or registered medical assistants) and receive their Billing & Coding Specialists certification.
- Performance on national and/or local assessments, e.g., percent of students scoring above the 50th percentile on normed tests; percent of students achieving minimal cut-scores on criterion-referenced tests. Include expected results on assessments of general education and on exit assessments in a particular discipline as well as the name of any nationally recognized assessments used.  
To date, the graduates of the Medical Assistant program have all passed (100%) their certification exams to become Certified Medical Assistants and Billing & Coding Specialists through the American Medical Technologist (AMT).
- Placement rates in related fields, in other fields, unemployed.  
To date, our Medical Assisatnt graduates are place in-field.
- Transfer rates, continuous study.  
None

### 5. Program Accreditation

- Institutional plans for accreditation, if applicable, including accrediting agency and timeline. If there are no plans to seek specialized accreditation, please provide a rationale.  
Our current college accrediting agency is the Accrediting Council for Independent Colleges and Schools (ACICS). The Medical Assistant program is approved by ACICS (approval letter attached). The program is approved for certification exams through the

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American Medical Technologists. No additional program accreditation is planned at this time.

#### **6. Alumni and Employer Survey**

- Expected satisfaction rates for alumni, *including timing and method of surveys*. We conduct alumni (we refer to them as graduate surveys) and employer surveys. The graduate surveys are conducted at graduation (exit counseling). The employer surveys are conducted between 3 months and 6 months after the graduate becomes employed.
- Expected satisfaction rates for employers, including timing and method of surveys. We have received a very positive satisfaction rate (estimated 95% plus) from our employer satisfaction surveys to date.

#### **7. Institutional Characteristics**

- Characteristics demonstrating why your institution is particularly well-equipped to support the program.  
We believe that we are well-equipped to support the program. We have the facilities, qualified & experienced faculty, optimal externship & clinical facilities, and supported by the local healthcare industry through program involvement (hiring our grads, serving in advisory capacity, etc.)



January 31, 2012

Mr. David Thompson  
Education Coordinator  
Bolivar Technical College  
2001 W. Broadway, P.O. Box 592  
Bolivar, MO 65613

Dear Mr. Thompson:

BOLIVAR TECHNICAL COLLEGE, BOLIVAR, MISSOURI

ID CODE: 00021958

Thank you for your applications received on April 12, 2011 notifying the Council that you intend to offer the following program through a residential at your institution:

**Academic Associate's Degree**

<u>Program Title</u>	<u>Contact Hours</u>	<u>Semester Credit Hours</u>	<u>Weeks</u>
Medical Assistant	1134-1260	66.5	79
Small Business Management	905-1005	67	80

A review of the material indicates that the program is in keeping with the mission of your institution. Therefore, you may consider the following program to be included within your institution's current grant of accreditation.

In order to maintain program approval, the institution must initiate this program within one year of the proposed start date, *February 1, 2012*, and graduate at least one class per calendar year or within a period not to exceed one and one-half times the standard program length. Unless your institution enrolls and/or matriculates students in this program according to these guidelines, this program will be removed from the institution's list of approved programs. It is the institution's responsibility to notify ACICS of changes to the program's start date.

*Please note that any required corrections to this approval (i.e. contact/credit hours or length in weeks) must be brought to the Council's attention no more than 30 days following approval. Any corrections to this letter requested after 30 days will require the submission of a non-substantive program modification.*

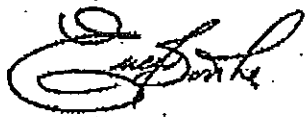
You are reminded that aside from any accreditation issues with regard to this program, the institution must comply with any applicable Federal student financial aid statutory and regulatory requirements.

Thank you for keeping the Council informed of the activities at your institution. Please contact me at (202) 336-6791 or by email at [eboothe@acics.org](mailto:eboothe@acics.org) if you have any questions regarding this matter.

Sincerely,



Mr. David Thompson  
January 31, 2012  
Page 2

A handwritten signature in cursive script, appearing to read "Erica V. Boothe". The signature is written in black ink and is positioned above the printed name.

Erica V. Boothe  
Program Coordinator, Campus Development



August 14, 2014

VIA EMAIL ONLY

Charlotte Gray  
 Bolivar Technical College  
 2001 W. Broadway, P.O. Box 592  
 Bolivar, MO 65613  
 cgray@texascountytech.edu

ACICS ID	Campus Name, City, State	App ID	Modification % within 12 mo.	Campus email
00021958	Bolivar Technical College, Bolivar, MO	58874	20%	acics@bolivarcollege.org

*\*Modification % within 12 months refers only to program listed below.*

NON-SUBSTANTIVE PROGRAM MODIFICATION ACKNOWLEDGEMENT

Date Submitted: 6/20/2014

Credential Level: AA

Unit of Credit: Semester

Dear Ms. Gray:

The Council has reviewed the non-substantive program modifications submitted by the institutions above and has recorded the changes in the institutional files. Based on the information submitted to the Council, the modifications appear to be within Council guidelines for non-substantive changes. The modified program measurements are stated below with the areas modified identified:

Modified	Modified <u>  x  </u>	Modified <u>  x  </u>	Modified <u>  x  </u>	Modified <u>  x  </u>
<i>Program Title</i>	<i>Contact Hours</i>	<i>Credit Hrs. Awarded</i>	<i>Length (weeks) Min-Max</i>	<i>% Modification This Approval</i>
Medical Assistant	1185	61.5	64	20%



NON-SUBSTANTIVE PROGRAM MODIFICATION ACKNOWLEDGEMENT

5/6/2014

Page 2 of 2

Thank you for keeping the Council informed of the activities at your institution. Please note that you will be required to submit the appropriate application if the revisions made to any program listed are equal to or greater than 25% over a period of 12 months pursuant to Section 2-2-504 of the *Accreditation Criteria*.

Sincerely,

*Lauren D. Carey*

Lauren D. Carey

*Program Analyst I*

Accreditation and Institutional Development (AID)

MC = Main Campus; AL = Additional Location (formerly Branch); CA = Campus Addition (formerly Learning Site)

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