

MEDICAL ASSISTING PRIOR LEARNING ASSESSMENT FORM

Eligibility: Student must be admitted to the program to which the credit/clock hours will apply and have earned at least 25% of the program credit/clock hours

Section 1 – To be completed by Student

Date: _____

Student ID#: _____ Student Name: _____

Program Objective: _____

In some cases, the catalog year listed on this form may need to be changed to make the prior learning credit fit the best for degree audit purposes.

Students who have earned their AAMA (American Association of Medical Assistants) or equivalent credential and are graduates of a CAAHEP (Commission on Accreditation of Allied Health Education Programs) accredited medical assisting program will be granted 33 hours of coursework per the table below.

- Students awarded prior learning credit must complete the following general education courses (same as native Palm Beach State College students): BSC2085/with lab, BSC2086/with lab, ENC1101, Any selection from Area III (Math), HSC2531, PSY2012, Any selection from Area II (Humanities), SPC1017, CGS1100 and MEA2090

The Medical Assisting AS program:

AAMA credentials: 33 Credits

General Education Courses 32 Credits

Total: 65 credits

Courses to be Awarded for CMA (Certified Medical Assistant) Credential:

Course Prefix & Number	Course Title	Cr.
MEA1007	Introduction to Medical Assisting	3
MEA1021C	Diseases, Disorders and Treatments I	3
MEA1304	Introduction to Medical Office Procedures	3
MEA2248C	Basic Lab and Phlebotomy	3
MEA1250C	Diseases, Disorders and Treatments 2	3
MEA1355C	Physician Reimbursement and Revenue	3

Course Prefix & Number	Course Title	Cr.
MEA2246C	Pharmacology for Medical Assistants	3
MEA2252C	Diagnostic Procedures	3
MEA2305	Advanced Medical Office Procedures	3
MEA2803C	Externship for Medical Assisting	3
MEA2939	Seminar in Medical Assisting	3

Section 2 – Cashier's Office

Students requesting Prior Learning credit for course work earned prior to or outside of enrollment at Palm Beach State College must pay a \$50 processing fee.

Student has paid \$ _____ per established fee schedule. Date: _____
(Student - Attach copy of fee receipt)

Cashier-Misc. Receipt Code EL - Experiential Learning Fee

Section 3 – Signature Approval

Program Chair

Date

Associate Dean

Date

Dean

Date

Section 4 – Registrar Posting to Transcript

Posted by: _____

Date Posted: _____

Term Posted: _____