

Medical Assistant Diploma Program

Prior Learning Assessment Application

General Information

As a requirement of the Medical Assistant Diploma program, all students must complete an externship. The externship is a clinical and experiential learning that allows students to demonstrate the knowledge and skills they learned in the program and apply them in a supervised, real-world setting. The externship requires students to complete 160 hours at an approved clinical site.

The following contains information about applying for the Prior Learning Assessment pathway, which allows qualified students to receive credit for work experience in lieu of completing the externship. This includes documented training obtained through employment or work experience.

Prior Learning Assessment

Students may be exempt from completing the total hourly requirement of the externship through the Prior Learning Assessment (PLA) pathway. Credit through the PLA pathway may be given if a student has current or prior training or work experience in the field of medical assisting or related clinical profession. The training or work experience must match the objectives of the program.

Eligibility

Students must meet one of the criteria below to be qualified:

- Certified for at least one year as an active certified or registered medical assistant and currently working as a medical assistant for two years
- Currently working as a medical assistant for at least three years
- Currently working as a licensed medical professional for at least one year
- Formal military experiences as indicated in the Guide to the Evaluation of Educational Experiences in the Armed Forces and currently working as a medical assistant

Any advanced credits granted will not be calculated into the student's Quality Point Average (QPA). No monetary adjustment will be made for credits earned from the PLA or prior college transcripts or learning credits.

Application Process

To apply for the PLA Pathway, the student will need to:

1. Complete the PLA application, including the Employment Verification and Skills Competency Checklist forms signed by the current or former employer.
2. Submit the completed application via email to MAGuild@pennfoster.edu or fax to 570.961.4038.

Please include "MA PLA Application" in the Subject line or in your fax.

The PLA application may be submitted at any point in the program prior to the externship. It is recommended to submit as early as possible to provide sufficient time for evaluation. Please make sure all forms and documents are completed and submitted to ensure a timely review.

Students may be asked for supplemental materials to clarify or support current or past learning or work experiences.

The Externship Coordinator will communicate the outcome of the student's PLA application within two weeks of receipt.

Checklist

Please make sure the following documents are submitted:

- Completed Prior Learning Assessment Form
- Skills Competency Checklist
- A copy of your active medical assistant certification or registration or license as a medical professional, if applicable

If you have any questions, please contact the Externship Coordinator at Penn Foster at:

MA Program Externship Coordinator

Email: MAGuild@pennfoster.edu

Phone: 800-840-0457

**Prior Learning Assessment Application
Medical Assistant Diploma Program**

Student Name

Student Number

Address

City

State/Prov

Zip

Email Address

I am applying under the following criteria (check one box):

☐ Certified for at least one year as an active certified or registered medical assistant and currently working as a medical assistant for two years

☐ Currently working as a medical assistant for at least three years

☐ Currently working as a licensed medical professional for at least one year

☐ Formal military experiences as indicated in the Guide to the Evaluation of Educational Experiences in the Armed Forces and currently working as a medical assistant

Employment Verification

This section to be completed by the student's current or previous employer.

Student's Position or Title

Start and End Date of Employment
(Month/Year)

Clinic Name and Address

Supervisor's Name

Position

Email Address

Phone

Skills Competency Checklist

This section to be completed by the student's current or previous employer.

Please place a check next to each skill or competency the current or past employee performed while under your supervision.

WORKPLACE REGULATIONS			
Biohazardous Material	_____	HIPAA	_____
Workplace Safety	_____	Confidentiality	_____
ADMINISTRATIVE SKILLS			
Process Patient Documentation	_____	Professional Communication	_____
Data Entry	_____	Telephone Techniques	_____
Billing/Coding Procedures	_____		
CLINICAL SKILLS			
Vital Signs	_____	Patient Education	_____
Drug Administration	_____	Obtain Chief Complaint	_____
Assist with general exams	_____		
SPECIALTY SKILLS			
Venipuncture	_____	Specialty Exams	_____
Finger Stick	_____	EKG Preparation	_____
Specimen Collection	_____		

Comments: _____

I verify that the student performed the above duties in the scope of practice of a medical assistant and meets these work experience qualifications.

Name of Supervisor (Please Print)

Signature of Supervisor

Date