

Allied Health Medical Assistant Practicum – AHS295 Student Admissions Application

Fall 2026

Application Open April 1st to July 24th, 2026



**Prescott Valley Center
3800 N. Glassford Hill Rd.
Prescott Valley, Arizona 86314
928-771-6126**

Application updated 3/27/2026 for FY26/27

ALLIED HEALTH DEPARTMENT MISSION STATEMENT

The Allied Health department shares the mission and values of Yavapai College. We are committed to providing quality education that will develop competent, caring, holistic and ethical practitioners who value lifelong learning and adapt to continuous changes in the health care system.

LOCATIONS

Locations Offered: Prescott Valley Center, 3800 N. Glassford Hill, Prescott Valley, 86314

ESTIMATED PROGRAM COSTS

Program Need	Estimated Cost
Course Tuition (\$209 per credit hour) + NCCT exam fee	\$746
Textbook – <i>Medical Assisting Exam Review</i>	\$95
Background Check, Drug Test, and Immunization Tracker (CastleBranch)	\$151
Scrubs and Shoes (Scrub color: black)	\$75
Transportation to off-site clinicals	\$200
Physical Exam and Immunizations	\$500
CPR – Basic Life Support for Healthcare Providers (American Heart Association, in-person EMS123 course)	\$70
Arizona DPS Level One Fingerprint Clearance Card	\$65

***This information is provided to give students, parents, and advisors an approximate cost of the program. The actual costs may be higher or lower. Tuition and other fees may change at the Governing Board’s discretion while this document is in effect. In addition, the Allied Health Department may have cause to increase fees. Please make sure that you take on the responsibility of knowing tuition and fee schedules as they pertain to you.**

INTERNSHIP ROTATION

Internship rotation is determined by the clinical site location availability and the order in which the student completes all requirements and registration. Some clinical sites will require an account in My Clinical Exchange. The membership fee is \$20 (6 months) and is like Castle Branch as it is a Medical Document Manager. You will be notified if you need to create an account at www.myclinicalexchange.com.

ADMISSIONS

AHS295 must be taken within 3 semesters of successful completion of AHS121. Semesters include Fall, Spring, and Summer. If a student is outside of the 3-semester (Fall, Spring, and Summer) recency rule of AHS 121 successful completion, they can take the AHS121 test out exam to enroll in AHS295. They must score at minimum 75% or AHS121 must be successfully repeated before entering internship. Only 1 test out attempt is allowed.

Fall 2026, AHS295 Mandatory Orientation is held at the Prescott Valley center. Complete this application first and use the secure upload link for Allied Health with a copy of your Government Issued photo REAL ID (Front and Back), the Health Care Provider Signature Form, a signed degree audit from your YC advisor, and the signed checklist. This application will place you on the provisional list and hold your seat while you complete the clinical requirements on Castle Branch. After Castle Branch is complete, an override will be placed for you to register for the class. Once you are registered you will need to add a photo to your YC portal so a physical YC ID can be ordered for you.

The secure upload link is <https://apps.yc.edu/secureupload/> For questions, please call Allied Health at 928-717-7145

PROGRAM REQUIREMENTS

1. AHS295 must be taken within 3 semesters of successful completion of AHS121. Semesters include Fall, Spring, and Summer. If a student is outside of the 3-semester (Fall, Spring, and Summer) recency rule of AHS 121 successful completion, they can take the AHS121 test out exam to enroll in AHS295. They must score at minimum 75% or AHS121 must be successfully repeated before entering internship. Only 1 test out attempt is allowed.
2. AHS121, AHS140, and AHS173 must be completed with a grade of “C” or better. Contact your advisor to obtain a signed Degree Audit and include it with your application for internship.
3. Internship rotation is determined by the location availability and the order in which the student completes all requirements and registration. Internship sites include Dignity Health, NAH, and other medical offices. Some sites will require an account in My Clinical Exchange. The membership fee is \$20 and is like Castle Branch as it is a Medical Document Manager and an onboarding tool for the clinical site. You will be notified if you need to create an account at www.myclinicalexchange.com.
4. Agree to timely complete internship site specific on-boarding requirements such as fingerprinting, background check, online training or other items required by the clinical site. Complete all requirements and onboarding by the requested date or will not be permitted to participate in the internship.

HEALTH REQUIREMENTS

1. Near and distant vision, corrected, if necessary, adequate to perform client activities and use equipment.
2. Hear face-to-face speech, including clients or staff using masks. Hear when using telephone or intercom.
3. Communication skills adequate to communicate verbal and written messages clearly, in English.
4. Lift 50 pounds.
5. Walk independently. Stand for several hours.
6. Carry supplies, pull and push equipment.
7. Manual dexterity involving hands and fingers to write and use small equipment.
8. Able to work with hands in water and wash hands frequently.
9. Able to care for clients with infectious diseases.
10. Free of infection, i.e. TB, active lesion, excluding short term conditions such as problems responding to antibiotics or a cold.
11. Mental and emotional stability.
12. Physical conditions such as diabetes, seizure disorders, cardiac disease, or emotional problems are controlled.

HEALTH DECLARATION

It is essential that Medical Assistant students be able to perform a variety of patient care activities

without restrictions in the clinical portion of the program. At a minimum, students will be required to lift and/or reposition patients, have sufficient physical capacity to complete assigned periods of clinical practice, and perform gross and fine motor skills essential to providing safe patient care. Students will be required to transport patients on gurneys and in wheelchairs, move heavy equipment throughout the clinical site, and must be physically capable of performing CPR in an emergency. Students will encounter situations requiring them to lift and manipulate weight greater than 50 pounds. It is advisable that students consult with their physicians prior to the start of this program and determine their ability to perform the necessary job requirements. Students who have medical impairments must be capable of implementing safe, direct patient care, while maintaining their current treatment plan or medication regimen.

Clinical experiences also place students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should consider the mental and physical demands of the program.

A healthcare provider must sign the **Health Care Provider Signature Form** attached at the back of this document stating that these conditions can be met. The completed form is submitted with the Medical Assistant Program application. Health care providers who qualify to sign the declaration include a licensed physician (M.D., D. O.), nurse practitioner, or a physician's assistant. Their medical license number must be ***included on the form along with date the physical examination was performed***. The physical examination date must not exceed **six months** from conditional acceptance to the Medical Assistant Program. Please also note that a doctor's release may be required to enter or continue in the program as illness or injuries occur.

HEALTH INSURANCE

Students must have health insurance. Contact Strong Foundations <https://www.yc.edu/v6/student-services/strong-foundations/index.html> for assistance.

FINGERPRINT CLEARANCE

The Level I Fingerprint Clearance Card is a requirement of the Medical Assistant Program application process and must remain valid for the duration of all nursing courses. Federal law and agency accreditation rules require a DPS Fingerprint Clearance Card for Medical Assistant students. Please visit <https://www.azdps.gov/services/public/fingerprint> to determine how to obtain or renew an Arizona DPS Level I Fingerprint Clearance Card.

Fingerprint processing services are available through a third-party vendor contracted with AZDPS. Students may access the online application through the website above and may need to contact the fingerprinting location by phone to process their fingerprint application for AZDPS.

Applicants should check for an available fingerprinting location site and verify hours of operation prior to registration. Online registration is required on the DPS website before scheduling and processing payment for the fingerprint location. Applicants must bring their registration number along with a government issued photo id, and a secondary form of identification (as needed) to


the location site. Processing may take 1-4 weeks from the date Arizona DPS receives the completed application packet. For those individuals who do have a criminal record, the process may take 6 -13 weeks.

A full copy of the card (front and back) is included in Castle Branch as a compliance document. The student is responsible for completing this Castle Branch requirement upon conditional acceptance to the program, and for submitting renewal documentation prior to the card expiration date as needed.

If there is a positive criminal history, the Level I Fingerprint Clearance may be denied which will result in removal from the Medical Assistant Program.

A student whose conduct results in the loss of fingerprint clearance will be dropped from the Medical Assistant Program and will not be allowed to progress until a Level I Fingerprint Card is obtained.

ADDITIONAL ADMISSION REQUIREMENTS AFTER CONDITIONAL ACCEPTANCE

1. Drug testing, Criminal Background Check, and Immunization Tracker (One all-inclusive package through Castle Branch): a fee of \$151.00 is payable to Castle Branch after a conditional acceptance letter is received. An additional fee may be required if you have had multiple addresses in past years. Payment for Castle Branch accounts must be completed in a timely manner to allow adequate time for background check processing and program compliance.
2. Yavapai College Picture ID – due the first day of classes – Allied Health Clinical Coordinator will request your YC ID from the One Card office after you have uploaded a photo on your YC portal.
3. Some clinical site affiliates no longer accept Drivers Licenses or state-issued ID cards that are not **REAL ID** compliant. Students must have 2 separate forms of IDs.
 - Primary ID: **REAL ID** (has the Star  Symbol), active Passport, or military/military dependent IDs only.
 - Secondary ID: SSN Card, birth certificate, certificate of naturalization, voter registration card or tribal card.

DRUG TESTING

Upon provisional acceptance, all students are required to process a urine drug screen. Instructions will be emailed to you with the *Alcohol/Drug Test Release and Consent form* to complete the same day you process your test. A positive result on the drug screen will remove you from the course. Random drug testing is a standard procedure throughout the Medical Assistant Program. The first drug test will be at the student's expense. Any subsequent drug testing will be done at the program's expense. When a student is informed that they are a subject of random drug testing, they will be provided with an appropriate form and a list of local laboratories that they can utilize.

BACKGROUND CHECK

All students are required to obtain a background check through castlebranch. Information regarding how to obtain the background check will be provided to the student upon provisional

acceptance to the program. The cost of this background check is at the student's expense. Due to clinical agency contracts, any negative results will be reviewed to determine admission or continuation in the program.

IMMUNIZATIONS

Immunizations are required by clinical agencies with which Yavapai College has an affiliation. Yavapai College has no control over a clinical agency's health standards and requirements for students participating in clinical learning experiences. Immunization requirements may change at the discretion of the clinical site. Clinical learning experiences in facilities/agencies is a requirement of the Medical Assistant program. All student clinical placements are final.

Students are responsible for remaining in compliance with all mandated immunizations and must adhere to all deadline requirements. Copies of immunization records and updated immunization documentation must be submitted to Castle Branch (www.castlebranch.com) after admission to the Medical Assistant Program for the student files as required by the Department to remain and continue in the program.

As part of our affiliation agreements with healthcare institutions, Yavapai College is required to provide healthcare facilities/agencies with pertinent healthcare documentation upon their request and would obtain the documentation from Castle Branch and/or My Clinical Exchange.

Students registering for courses or programs with clinical requirements may not be able to complete the course/program without proof immunizations and/or regular health screenings and testing as determined by the healthcare facility/agency.

All immunization records must include your name, date, and name and signature of healthcare provider giving the immunization.

- 1. MMR (Measles, Mumps, and Rubella):** Adults entering health care professions must have documented proof of immunity (**positive titer**) or **proof of two MMR's**. A positive titer needs to be positive for Measles, Mumps, and Rubella. Additional immunization is generally required when titer results are not positive for each- plan accordingly. People born prior to 1957 may be considered immune.
- 2. Varicella (Chicken Pox):** Documented proof of immunity or two varicella immunizations are required upon conditional acceptance of the student into the Medical Assistant Program. If the student has had chickenpox, a positive titer is necessary to document immunity.
- 3. Hepatitis B:** Documented evidence of completed three-dose series or positive titer. Complete documentation is submitted to Castle Branch upon conditional acceptance to the Program. *If beginning a series, allow for six months prior to application submission for completion.*
- 4. Tdap (Tetanus, Diphtheria and Pertussis):** A vaccination is required every ten (10) years. It is the responsibility of the student to maintain a record of a Tdap vaccination of less

than ten (10) years throughout the duration of the Medical Assistant Program.

5. **Influenza:** Flu Vaccine is not required for summer semester. Annual vaccination is required. It is the responsibility of the student to receive an annual vaccination and have proof submitted to Castle Branch by October 1st, or prior to clinical commencing for new incoming students beginning in a fall term. Students who begin the Medical Assistant program in spring should already have the current flu season immunization completed upon conditional acceptance to the program. If allowed for and provided for by the clinical agency, you may submit a waiver for medical reasons signed by a healthcare physician/provider or a religious exemption per the clinical agency policies and requirements.

6. **Tuberculosis: Incoming students** must provide one of the following: an initial 2 step TB Skin Test, (2 tests with 2 results taken 1 to 3 weeks apart) or a T-spot or QuantiFERON Gold Blood test. If results are positive, a chest x-ray with an annual statement signed by a health professional that student does not have active tuberculosis must be provided. A one step TB Skin Test will be acceptable for renewal documentation only.
TB Renewal: Negative skin test or blood test (annually) or chest x-ray (valid for two years) with an annual statement signed by a health professional that student does not have active tuberculosis. It is the responsibility of the student to maintain annual screenings. Documentation is to be renewed prior to semester start if the expiration date occurs while a semester is in progress.

CARDIOPULMONARY RESUSCITATION (CPR) CERTIFICATION REQUIREMENT

BLS (Basic Life Support) certification for Health Care Providers must be current for the entire Medical Assistant Program. CPR certification status is reported annually while students are enrolled in the program. The Medical Assistant Program will only accept BLS Provider certification (CPR & AED) through American Heart Association (AHA). An in-person course or a course with an in-person check-off is required. A student without current documented BLS Provider certification (CPR & AED) will be dismissed from their clinical rotation. It is the responsibility of the students to maintain current certification and submit renewal documentation to Castle Branch according to Medical Assistant Program guidelines.

For program compliance, students are responsible for keeping their fingerprint clearance, CPR, and health care requirement documentation current through the entire duration of the Medical Assistant Program enrollment and/or graduation.

NOTIFICATION OF ACCEPTANCE

Letters of Acceptance will be sent to the YC scholar email account within two weeks of the application deadline. *If an applicant does **not** have a scholar email account, the letter will be sent by postal mail to the mailing address provided by the applicant on the Application for Admission.* It is your responsibility to make sure that your scholar email account and mailing address are current, and up to date with the department always. You can do this by emailing kelsey.mccasland@yc.edu with your new address or phone number AND changing contact information in your myYC portal account so that it may be verified.

If you are not accepted to the program, you will receive an email stating so. Alternates are also identified at this time and notified. Notification is made to the YC scholar email account. If a letter has not been received after 30 days of the application deadline, please contact the Allied Health Department at Kelsey.mccasland@yc.edu.

Important!

Your application must contain all the required documents and be legible to be considered for admission to the program.

Please use the Application Checklist Coversheet to ensure that you are submitting everything that is required. Submit your application packet in its entirety via the Yavapai College Allied Health website at

www.yc.edu/alliedhealth

Retain a copy of your complete application for your records.

Application Checklist Coversheet for YC Medical Assistant Program

Include this page with your application packet submission
***Applications submitted with missing items will be considered incomplete
and will NOT be considered for review***

Initial each requirement when complete:

- Application Checklist for the Medical Assistant Program, signed by the student.
- Copy of your Government Issued Photo ID both front and back (Driver's license with REAL ID or Passport).
- Completed Health Care Provider Signature form.
- I have read and understood this Applicant Information Guide and have included all the required documents.
- Completed Medical Assistant Program Application with signature and date.
- Signed degree audit from your Yavapai College Advisor.

*Please only submit documents required. Rotation choice is **not guaranteed** and is dependent on clinical site approval.*

CRN:				
Mandatory Orientation	October 19, 2026	Monday	9:00am-12:00pm	PV40-185
Clinical	October 20 for 15 days (120 hours)	Mon, Tue, Wed, Thu, Fri	TBA	Clinical Sites

Practicum rotation is determined by the location availability and the order in which the student completes all Clinical Site requirements and registration. The clinical site approves or rejects the rotation. Industry types include Family Practice, Pediatrics, Dermatology, Cardiology, Surgery and Internal Medicine. Although we cannot guarantee placement at a particular site, please indicate the industry type you are interested in and the location that may suit you best.	
Industry Type	Location: (Prescott, PV, Verde Valley etc.)

Print Name: _____ Signature: _____ Date: _____



For Office Use Only: Application # _____

YAVAPAI COLLEGE MEDICAL ASSISTANT PROGRAM APPLICATION SUMMER 2026

Please Print or Type (*Important - Please provide your Middle Name*)

Name: (Last) (First) (Middle)

Address: (Street) (City, State) (Zip Code)

Mailing Address: (if different from above) Y #:

Telephone Numbers: (Home) (Cell)

Emergency Contact Name: Emergency Contact Phone:

YC email: Alt. email:

Yavapai College will issue a physical YC Student ID Card for students who need it for clinical purposes. Do you have a physical YC Student ID? Yes NO

PLEASE READ CAREFULLY AND SIGN BELOW

I certify that I have read and understand the information on this application, and it is **complete** and accurate to the best of my knowledge. I understand that omitting, withholding, or giving false information may make me ineligible for admission and enrollment. I understand that my application will not be reviewed if it is not complete. I release from all liability or damages those persons, agencies, or organizations who may furnish information in connection with my application for admission. If accepted, I agree to read and abide by all school and Department policies and procedures.

Signature: _____ Date: _____

APPENDIX A
HEALTH CARE PROVIDER SIGNATURE FORM

Instructions for Completion of Health Care Provider Signature Form:

A health care provider **must** sign the Health Care Provider Signature Form and indicate whether the applicant will be able to function as a Medical Assistant Program student. Health care providers who qualify to sign this declaration include a licensed physician (M.D., D.O., N.D.), nurse practitioner, or a physician's assistant.

(Please Print)

Applicant Name: _____ Student YC ID #: Y_____

It is essential that Medical Assistant students be able to perform many physical activities in the clinical portion of the program. At a minimum, students will be required to lift and/or reposition patients, have sufficient physical capacity to complete assigned periods of clinical practice, and perform gross and fine motor skills essential to providing safe patient care. Students will be required to transport patients on gurneys and in wheelchairs, move heavy equipment throughout the clinical site, and must be physically capable of performing CPR in an emergency. Students will encounter situations requiring them to lift and manipulate weight greater than 50 pounds. It is advisable that students consult with their physicians prior to the start of this program and determine their ability to perform the necessary job requirements. Students who have medical impairments must be capable of implementing safe, direct patient care, while maintaining their current treatment plan or medication regimen.

Clinical experiences also place students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should consider the mental and physical demands of the program.

I believe the applicant _____ WILL or _____ WILL NOT be able to function as a Medical Assistant student as described above.

If not, please explain:

Licensed Healthcare Examiner (M.D., D.O., N.D., N.P., P.A.)	
Print Name:	Medical License #:
Signature:	Date:
Address:	City:
State / Zip:	Phone: