

MyCAA Education & Training Plan (ETP)

Delaware State University
Testing Services and Programs
1200 N. DuPont Highway
Dover, DE 19901
<https://www.desu.edu/academics/mycaa>

Student Information:

Student Name:	
School Issued Student ID:	N/A
Program Name:	Medical Administrative Assistant Certificate Program with Clinical Externship C.2.6
Program Type:	Certificate
Program Duration:	4 Months
Scheduled Start Date:	
Estimated Completion Date:	
Course Delivery Format	Online

Program Overview:

Medical Administrative Assistant program covers information on the medical assisting profession, interpersonal skills, medical ethics and law, medical terminology, basics of insurance billing and coding, telephone techniques, scheduling appointments, medical records management and management of practice finances. A great course for physicians medical office professionals! This program prepares students to function effectively in many of the administrative and clerical positions in the healthcare industry. It provides students a well-rounded introduction to medical administration that delivers the skills students require to obtain an administrative medical assistant position or advance within their current healthcare career.

Certification/Licensure Eligibility upon Program Completion:

Students should have or be pursuing a high school diploma or GED.

There are no state approval and/or state requirements associated with this program.

Students who complete this program have the opportunity to pursue national certification:

- National Healthcareer Association (NHA) Certified Medical Administrative Assistant (CMAA) (This exam can be proctored at a local testing facility and is available to all students who complete this program.)

Tuition Cost:

\$3,000

Course Breakdown:

Course/Program Code	Course/Program Title	Course Credits (if applicable)
DESU-MA 08	Medical Administrative Assistant Certificate Program with Clinical Externship	375 Contact Hours/ 37.5 CEU's

School Official Certification:

By my signature below, I certify the above information is true, accurate, complete, and being submitted on behalf of the institution named in this document.

Signature/Title of Authorized School Official

Date

School Official Printed First and Last Name

School Official E-mail and Phone Number