

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:	Physicians' Office Assistant with Electronic Health Records Management (EHRM) Certificate Program with Clinical Externship C.2.9
Program Type:	Certificate
Program Duration:	6 Months
Scheduled Start Date:	_____
Estimated Completion Date:	_____
Course Delivery Format	Online

Program Overview:

This 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. Additionally, this program prepares students to understand and use electronic records in a medical practice. The course reviews the implementation and management of electronic health information using common electronic data interchange systems and maintaining the medical, legal, accreditation, and regulatory requirements of the electronic health record.

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.

There are several National Certification exams that are available to students who successfully complete this program:

- National Healthcareer Association (NHA) Certified Medical Administrative Assistant (CMAA) Exam
- National Healthcareer Association (NHA) Certified Electronic Health Record Specialist (CEHRS) Exam

Tuition Cost:

\$3,950

Course Breakdown:

Course/Program Code	Course/Program Title	Course Credits (if applicable)
DESU-PO 10	Physicians' Office Assistant with Electronic Health Records Management (EHRM) Certificate Program with Clinical Externship	780 Contact Hours/ 78 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