

NAME \_\_\_\_\_ SEMESTER/YEAR \_\_\_\_\_

## MA Prog: Cooperative Work Experience Education (CWEE) Checklist

(Check one)

\_\_\_ Med. Assist.    \_\_\_ Med. Admin. Assist.    \_\_\_ Med. Ins. Spec.    \_\_\_ Med. Recept.    \_\_\_ EKG Tech.

**Please submit all items in the order as listed. Incomplete packets will be returned. If you have questions, please contact the Medical Assistant Department Program Specialist at 479-6248.**

- 1. Attend a CWEE Orientation (199C) during the semester of your placement; see Schedule of Classes for dates (fall & spring there may be a MA specific orientation-dates TBA.) You will receive and Add Slip.
- 2. Wait until you are placed then use your Add Slip to Register for CWEE MA199C
- 3. CWEE students must **ALSO complete an online contact form**; use the following link:  
<http://www.cabrillo.edu/academics/cwee/coopinfoform.html>
- 4. **Extern Information Form**, completed
- 5. **Email address**: students must email weekly updates to Instructor Coordinator. Email addresses are available free at yahoo.com or hotmail.com. Students may use library computers at no cost.
- 6. Using the attached “**Health Requirements for Allied Health Students**” document, all verification must be submitted to **OR** performed by Student Health Services (SHS). You will be required to submit an “**Allied Health Program Requirements Form**” (obtained from SHS) to our office as proof of:
  - TB clearance: ‘Negative’ verification
  - Hepatitis A vaccine: # 1 in series of 2 AND Hepatitis B vaccine: # 2 in series of 3;**  
**OR TwinRix (A & B combo) vaccine: # 2 in series of 3**
  - Measels (Rubeola), Mumps, Rubella (MMR) vaccine: # 1 in series of 2**
  - DTAP vaccine**: Diphtheria, Tetanus & Acellular Pertussis
  - Varicella (Chickenpox) vaccine**
  - Physical Exam**: within 90 days of externship
  - Drug Testing**: see attached Drug Screening document
- 7. **Background checks** may be required depending on externship facility
- 8. **Liability Insurance** – Not required but **Strongly Recommended**
- 9. **Liability Contract**, signed
- 10. **Student Externship Agreement**, signed
- 11. **Unofficial transcripts or WebAdvisor print out** indicating a GPA of 2.0 or above
- 12. **Resume** (contact the Program Specialist for assistance if needed)  
**MEDICAL ASSISTANT - all of the above PLUS:**
- 13. **CPR** – Copy of current CPR card showing American Red Cross, American Heart Association, American Safety and Health Institute or The National Safety Council professional rescuer, CPR PRO, or health care provider levels.
- 14. **First Aid** – American Heart Association or Red Cross training ONLY

**OFFICE USE:** Confirmed by \_\_\_\_\_ Date \_\_\_\_\_