



National Center for Competency Testing

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Office Hours: M-F 7:30am - 7:00pm CST
Saturday 9:00am - 3:00pm CST

TE-0224

Program Eligibility Application

Date App. Received _____ Date Accepted _____

Directions: This form should be completed by organizations/programs seeking eligibility for their students and graduates to qualify for NCCT certification testing. Organizations with multiple campuses may complete one form and attach a list of campuses with contact information.

1 Organization/Institution Information

Name of Organization/Institution _____

CEO or Highest Ranking Officer _____

Street Address _____

City _____ State _____ Zip _____

Official Contact _____ Title _____

Telephone _____ Fax _____

Email _____ Web address _____

2 Educational Programs *Please select and complete*

Healthcare Discipline	Official Program Name	Program Type
<input type="checkbox"/> Medical Assisting		<input type="checkbox"/> Certificate <input type="checkbox"/> Degree
<input type="checkbox"/> Seeking additional MA eligibility for:	<input type="checkbox"/> PT <input type="checkbox"/> ECG <input type="checkbox"/> MOA	
<input type="checkbox"/> Phlebotomist (PT)		<input type="checkbox"/> Certificate <input type="checkbox"/> Degree
<input type="checkbox"/> Insurance and Coding		<input type="checkbox"/> Certificate <input type="checkbox"/> Degree
<input type="checkbox"/> Patient Care Technician		<input type="checkbox"/> Certificate <input type="checkbox"/> Degree
<input type="checkbox"/> Seeking additional PCT eligibility for:	<input type="checkbox"/> PT <input type="checkbox"/> ECG	
<input type="checkbox"/> ECG Technician (ECG)		<input type="checkbox"/> Certificate <input type="checkbox"/> Degree
<input type="checkbox"/> Medical Office Assistant		<input type="checkbox"/> Certificate <input type="checkbox"/> Degree
<input type="checkbox"/> Seeking additional MOA eligibility for:	<input type="checkbox"/> Insurance and Coding	
<input type="checkbox"/> Surgical Technologist		<input type="checkbox"/> Certificate <input type="checkbox"/> Degree

* If you are a High School: You may not have an official program name, simply list the classes or clusters of classes here. You can attach a list if needed.

3 State Approval or Accreditation

Please select any state education or training approval(s) currently held.

<input type="checkbox"/>	State Department of Education (specify):
<input type="checkbox"/>	State Workforce Development (specify):
<input type="checkbox"/>	Other:

Please list **institutional or programmatic** accreditation, if any.

4 Critical Skill Attestation (n/a for Medical Office or Insurance/Coding)

For each program checked in Section 2, please review the related critical skill list and answer YES or NO.

Medical Assistant

In your Medical Assistant program, are the students required to complete the following skills with live patient experience in all of the areas below?

- Venipuncture
- Capillary Puncture
- Medication Administration (to include injection, SQ, ID, IM)
- ECG Performance
- Sterile Technique (to include all aspects of sterile technique such as hand hygiene, gloving, asepsis, sterile procedure set up and assist)
- Vital Signs/Measurements (to include daily accurate performance of critical health measurements B/P, R, P, T, Ht, Wt, BMI, Pulse Ox)

Yes No

Important: This certification exam includes general medical office component. Program sponsors of "clinical" medical assistant programs are responsible for reviewing the full job task list on the NCMA Detailed Test Plan to ensure their educational programs will adequately prepare students for this certification examination.

Phlebotomy Technician

Are your Phlebotomy, Patient Care Technician, or Medical Assistant program students required to perform the following skills?

- Venipuncture (minimum of 25 venipuncture procedures)
- Capillary Puncture (minimum of 5 capillary puncture procedures)

Yes No

CA or LA programs: Please provide exact # ___ Venipunctures ___ Capillary

Surgical Technologist

Are students in your ST program required to complete the following skills with live patient experiences?

Note: Eligible students/ graduates may test before completion of practical skills, but must complete a minimum of 125 scrubs as distributed below for certification.

- Minimum of 50 scrubs in general surgeries
- Minimum of 20 scrubs in orthopedic surgeries
- Minimum of at least 55 scrubs in a least two (2) of the following areas:
 - o Gynecology
 - o Genitourinary
 - o Cardiovascular
 - o Neurosurgery
 - o Obstetrics
 - o Thoracic
 - o Peripheral Vascular
 - o Ophthalmology
 - o Otorhinolaryngology
 - o Plastic/Reconstructive
 - o Other (please specify)

Yes No

Patient Care Technician

Are students in your Patient Care Technician program required to complete live patient experiences in all the skills listed below?

- Venipuncture
- Capillary Puncture
- Nursing Assistant Skills
- ECG Performance
- Sterile Technique (to include all aspects of sterile technique such as hand hygiene, gloving, asepsis, sterile procedure set up and assist)
- Vital Signs/Measurements (to include daily accurate performance of critical health measurements B/P, R, P, T, Ht, Wt, BMI, Pulse Ox)

Yes No

ECG Technician

Are your ECG, Patient Care Technician, or Medical Assistant students required to perform the following skills with live patient experiences?

- ECG Placement Techniques (to include stress, Holter, telemetry)
- ECG Recording and Interpretation
- ECG Troubleshooting and Maintenance

Yes No

5 Statement of Understanding Please read and check **EACH BOX** before signing.

Attestation	
<input type="checkbox"/>	I attest that all information I have provided on this Application is accurate and true. I understand that fraudulent representation of Program Eligibility information may result in denial or withdrawal of NCCT approval and revocation of any certifications earned by students, graduates, or employees.
<input type="checkbox"/>	I attest that all educational programs I have submitted for NCCT eligibility meet all applicable state regulations as of the date of this application.
<input type="checkbox"/>	I understand that NCCT has the right to determine eligibility of programs and may suspend or revoke such eligibility at its discretion for issues including, but not limited to, exam security or policy adherence.
<input type="checkbox"/>	I understand that NCCT may report false, misleading, or fraudulent representations of Program Eligibility information or any negligence, malpractice, or misconduct to relevant institutional accreditation organizations and state education agencies.
<input type="checkbox"/>	I understand that NCCT will cooperate with law enforcement and regulatory agencies in the event of any improper conduct by the applicant organization.
Signature of Director of Education or Dean _____	
Printed Name _____	
Title _____ Date _____	

6 Required Documentation

Please return the following items with this application to NCCT by fax, or email.	
<input type="checkbox"/>	Completed application form
<input type="checkbox"/>	Copy of accreditation(s) and/or state approval documentation.
<input type="checkbox"/>	Copy of official diploma, certificate of completion, or transcript for each program submitted.
<p>Fax to: 913-498-1243</p> <p>Email to: program.eligibility@ncctinc.com</p>	