



Administrative Office Technology

The Administrative Office Technology is a hybrid program that offers a wide selection of career training opportunities in the Administrative, Accounting, and Medical fields. Our graduates meet the constant demand for efficient administrative assistants, medical coders, computer applications operators, and bookkeepers.

Students will receive one trimester (four months) of training in general office assistant and one trimester in office software. In addition, students will choose an elective in administrative assistant, accounting assistant, or medical administrative assistant for their last trimester to complete their training. Both Administrative Assistant and Medical Administrative Assistant include practicum hours during the last trimester in which the student will be working in field to complete their training.

Day Program	12 Months	Tues—1 st trimester students 8:00 am—2:30 pm
		Wed— 2 nd and 3 rd trimester students 8:00 am—2:30 pm
		Thurs— All students will attend 8:00 am—2:30 pm
		Fri— All students ½ day students 8:00 am— 11:30 pm

Course Outline

1st Trimester

Orientation and Safety
Office Technology Foundations
Keyboarding and Data Entry
Office Procedures I
Computer Literacy

2nd Trimester

Word Processing Applications
Spreadsheet Applications
Office Procedures II
Employability Skills

3rd Trimester

Administrative Assistant (includes practicum)
Accounting Assistant
Medical Administrative Assistant (includes practicum)

Typical Job Opportunities

Medical Secretary	Accounts Receivable
Insurance Clerk	Administrative Assistant
Bookkeeper	Payable Clerk
Billing & Coding Clerk	

Diplomas & Required Clock Hours

Administrative Assistant Diploma—1,296
Accounting Assistant Diploma—1,296
Medical Administrative Assistant Diploma—1,296

Certificates & Required Clock Hours

General Office Assistant—432
Office Software Specialist—864

Total Completion Rate 2015: 90%

Total Placement Rate 2015: 89%

HOW TO APPLY

All Documents Must be Presented Together to Apply

- 1. FAFSA—Provide Proof of Completed FAFSA
School Code = 004025**
- 2. Immunizations—Provide Proof of Required
Immunizations (Form is Attached)**
- 3. Complete TCAT Application for Enrollment
(Form is Attached)**
- 4. Provide proof of official transcripts of education
from high school, high-school equivalency or
other colleges and universities.**



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Tuition, Book, Tool, and Supply List

1st Trimester				
Tuition		Cost		Total
Tuition*		\$1,139.00		
Technology Access Fee*		\$ 67.00		
Student Activity Fee*		\$ 10.00		
TOTAL				\$1,216.00
Supplies				
	Needed By	Cost	Required	
2 GB USB Flash Drive	First day of class	\$ 10.00	x	
Laptop Computer	First day of class	\$ 400.00	x	
Headphones	First day of class	\$ 10.00	x	
1" Notebook	First day of class	\$ 3.00	x	
TOTAL				\$423.00
2nd Trimester				
Tuition		Cost		Total
Tuition*		\$1,139.00		
Technology Access Fee*		\$ 67.00		
Student Activity Fee*		\$ 10.00		
TOTAL				\$1,216.00
3rd Trimester				
Tuition		Cost		Total
Tuition*		\$1,139.00		
Technology Access Fee*		\$ 67.00		
Student Activity Fee*		\$ 10.00		
TOTAL				\$1,216.00
Miscellaneous Costs		Cost	Required	
Graduation Supplies		\$ 40.00	x	
TOTAL				\$ 40.00
TOTAL PROGRAM COST				\$4,111.00

TCAT - Knoxville Certification of Immunization Measles, Mumps, and Rubella (MMR)

Student's name: _____ Program of Enrollment: _____

PART I (TO BE COMPLETED BY STUDENT)

Proof of MMR immunization is not required for the following reason:

- I graduated from a Tennessee public or private high school in 1999 or after. (transcript attached)
- I attended a Tennessee public or private high school in 2001 or after. (transcript attached)
- I was born prior to January 1, 1957. (copy of photo ID or birth certificate attached)
- I am active duty or former military personnel. (copy of DD214 or active military ID attached)

IF THE ABOVE IS CHECKED, PLEASE SIGN BELOW.

PART II (TO BE COMPLETED BY STUDENT)

Proof of MMR immunization is not required for the following reason:

- I refuse immunization because of religious doctrine. (Reason affirmed under the penalties of perjury. Please attach statement.)

IF THE ABOVE IS CHECKED, PLEASE SIGN BELOW.

PART III—MMR (TO BE COMPLETED BY PHYSICIAN)

Please circle the number that applies to this patient:

1. Patient has received two doses of measles vaccination since the age of 12 months:

Month/year _____ Month/year _____

2. Vaccination is medically contraindicated because of pregnancy, allergy to vaccine, etc. (Please list reasons.)

3. Patient had disease, as confirmed by medical record:

Month/year _____

4. Patient is immune to disease, as confirmed by laboratory.

Comment _____

ATTEST

(Must be signed by an M.D. or D.O.)

Name of physician (Please print) _____

Office telephone _____

Physician's signature _____ Date _____

Student's signature _____ Date _____

TCAT - Knoxville Certification of Immunization Varicella (Chicken Pox)

Student's name: _____ Program of Enrollment: _____

PART I (TO BE COMPLETED BY STUDENT)

Proof of varicella (chicken pox) immunization is not required for the following reason:

- I attended a Tennessee public high school between 1999 and May 2016. **(Must provide proof of second varicella vaccine dose from your physician office.)** (transcript attached)
- I was born prior to January 1, 1980. (copy of photo ID or birth certificate attached)
- I am active duty or former military personnel. (copy of DD214 attached)

IF THE ABOVE IS CHECKED, PLEASE SIGN BELOW.

PART II (TO BE COMPLETED BY STUDENT)

Proof of varicella (chicken pox) immunization is not required for the following reason:

- I refuse immunization because of religious doctrine. (Reason affirmed under the penalties of perjury. Please attach statement.)

IF THE ABOVE IS CHECKED, PLEASE SIGN BELOW.

PART III—VARICELLA (TO BE COMPLETED BY PHYSICIAN)

Please circle the number that applies to this patient:

1. Patient has received two doses of varicella (chicken pox) vaccination since the age of 12 months:
Month/year _____ Month/year _____
2. Vaccination is medically contraindicated because of pregnancy, allergy to vaccine, etc. (Please list reasons.)

3. Patient had disease, as confirmed by medical record:
Month/year _____
4. Patient is immune to disease, as confirmed by laboratory.
Comment _____

ATTEST

(Must be signed by an M.D. or D.O.)

Name of physician (Please print) _____

Office telephone _____

Physician's signature _____ Date _____

Student's signature _____ Date _____



Application for Enrollment

The information is for Office use only:

ADMISSIONS REQUIREMENTS

- FAFSA I will not be filing financial aid. I will be paying for my education. Students Initials: _____
- Immunizations Education Transcripts

SPECIAL ADMISSIONS REQUIREMENTS

Cosmetology:

- Photo Proof of Age Copy of SS Card RT/LT Handed Manicuring Only

Dental Assisting, Medical Assisting, and Surgical Technology

Compass required scores: Math 30 and Reading 70

- COMPASS or ACT – Scores: _____ Math _____ Reading (Date: _____)
- CPR Documentation (BLS for Healthcare Providers)

Practical Nursing:

Compass required scores: Math 50 and Reading 80

- Notarized Declaration of Citizenship Copy of ID Used to Declare Citizenship
- CPR Documentation (BLS for Healthcare Providers)
- COMPASS or ACT – Scores: _____ Math _____ Reading (Date: _____)

Truck Driving:

- MVR DOT Physical Valid Driver's License
- U.S. Citizenship / Residency

Staff Signature: _____

Date: _____