

**MORAINE PARK TECHNICAL COLLEGE  
PORTFOLIO WORKSHEET/VERIFICATION CHECKLIST  
2006-2007**

**Program Name:** Medical Assistant  
**Program Number:** 31-509-1  
**Required DML:** Internships

**Student Name:**  
**MPTC Six-Digit Student ID #:**  
**Semester of Program Acceptance:**

\* \* \* At least one artifact is required for each learning outcome \* \* \*

**Directions:** In columns A and B, student enters dates when items are completed or checks  
**Column C if transcript is used for advanced standing credits. Verifier initials column D when portfolio is  
verified for graduation requirement. Submit a signed copy (see last page) of this form with a copy of your  
portfolio for verification. Note: Keep original portfolio; submit a copy.**

Your Student Portfolio will be evaluated by educators and advisory committee members and becomes the property of Moraine Park Technical College.

Contact Course Instructor If No Artifact Is Listed In This Column	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>Suggested Work Sample from Performance Asmt</b>	<b>Reflection Statement</b>	<b>Work Sample Linked to Outcome</b>	<b>Transcript Used</b>	<b>Verified</b>

<b>Program Learning Outcomes</b>				
Assist with medication administration. <i>509-106 Clinical Procedures II</i>	Administration of IM, Sub Q, or ID Injection			
Assist in patient education. <i>509-106 Clinical Procedures II</i>	Instruct in Health maintenance and Disease Prevention Assignment			
Assist with patient history and physical examinations. <i>509-104 Clinical Procedures I</i>	Medical History Interview			
	Physical Exam Checklist			
Assist with procedures, treatments and minor office surgery. <i>509-104 Clinical Procedures I</i>	Set up and Assist with minor surgery			
Collect laboratory specimens. <i>509-105 Lab Procedures II</i>	Venipuncture photo			
Perform diagnostic tests. <i>509-103 Lab Procedures I</i>	Urine Chemical Dipstick assignment			
Perform medical office operational functions <i>509-101 Medical Assistant Administration Procedures</i>	Paper/Electronic Calender			
Process insurance claims <i>509-107 Medical Office Insurance &amp; Finance</i>	HCFA 1500 Claim Form/EOB			

**Continued**

		ARTIFACT			
Contact Course Instructor If No Artifact Is Listed In This Column		A	B	C	D
Suggested Work Sample from Performance Asmt		Work Sample Linked to Outcome	Reflection Statement	Transcript Used	Verified
<b>Core Abilities</b>					
890-125 Student Success <b>AND</b> 890-130 Career Development		Core Ability Inventory			
		Core Ability Inventory and Self-assessment Reflection			
		<b>AND</b> Reflection essay "How I've Changed: Then and Now"			

**LEARNER:**

I understand that this portfolio will be evaluated by educators and advisory committees and becomes the property of Moraine Park Technical College.

The contents of this portfolio  
 \_\_\_\_\_ **MAY**            **MAY NOT** \_\_\_\_\_  
 be displayed to other students and the general public.

\_\_\_\_\_  
 Signature of Learner

\_\_\_\_\_  
 Date

**VERIFIER:**

After verification is complete, forward portfolio to the  
**Outcome Assessment Office.**

\_\_\_\_\_  
 Signature of Verifier

\_\_\_\_\_  
 Date