



ACADEMY
of MEDICAL PROFESSIONS

MEDICAL TRANSCRIPTION

What is Medical Transcription?

Medical Transcription is the process of turning dictated (audio) medical information into typed records through use of wav audio files, foot pedals, and various file transfer software programs like Dropbox and Bytesscribe. Transcriptionists are responsible for receiving verbal information and typing that information into a word processing program, such as Microsoft Word or Word Perfect using the equipment provided by our program. This information must be transcribed accurately using the format specified by the provider (clinic notes, discharge summaries, and other report forms). Now that all hospitals and medical facilities are using electronic medical records, most transcriptionists now work remotely for companies all over the country.

Proficiency in computer and typing skills and the use of word processing programs is required before enrolling in this program. Most doctors or transcription companies ask for a minimum of 60 WPM, although typing at a faster rate is essential for earning a decent wage.

Medical Transcription is a profession that can also lead to transcription editing of reports generated by speech recognition software. Most jobs provide good pay and benefits with the opportunity to have an extremely flexible schedule and work environment. You can choose to work at home or in an office, providing services to professionals, such as medical providers, hospitals, insurance agencies, law offices, and physical therapy practices.

CERTIFICATE PROGRAM

•
WORK IN THE MEDICAL
FIELD WITHOUT
PERFORMING DIRECT
PATIENT CARE

All Inclusive - Tuition Includes:

- Textbook: Medical Terminology and Anatomy for ICD 10
- Textbook: Diehl's Medical Transcription Techniques and Procedures
- Foot pedal, software, earphones, and student course guide

Class Calendar

Online, start anytime.

ATTENDANCE POLICY

The attendance policy set forth by the Academy of Medical Professions is strictly enforced. Self-Paced students are expected to watch recorded lectures and communicate weekly with the Academy or their assigned instructor. Students whose attendance drops below 70% (not withstanding mitigating circumstances), may be dis-enrolled from the program.

Due to the intensity of this course, students are required to stay in weekly email contact with the instructor throughout the program.

MOST STUDENTS require 8 to 10 months to complete. There are no financial penalties for going longer, and this is encouraged. OUR GOAL: NO STUDENT LEFT BEHIND.

Brunswick Business Center
207-721-0714

18 Pleasant Street, Suite 210
1-866-516-8274 (toll free)

Brunswick, ME 04011
207-449-1242 (fax)

www.academyofmedicalprofessions.com info@academyofmedicalprofessions.com



ACADEMY
of MEDICAL PROFESSIONS



ACADEMY
of MEDICAL PROFESSIONS

MEDICAL TRANSCRIPTION

This method of training has been successful now for over 28 years with some students starting their own businesses from the program.

MEDICAL TRANSCRIPTION-WHAT YOU WILL LEARN:

- Our program will teach you how to accurately transcribe reports and to use the included software and foot pedal. Your instructor is an at-home medical transcriptionist that will be sure to show you all the tricks of the trade that they personally use. Upon completion of the program, you will be updating your resume for review from a professional on our team and you will have access to a lecture teaching you about interviewing and finding employment.

TRANSCRIPTION COURSE DESCRIPTION

The Program includes two courses taken together:

- **Medical Terminology/Anatomy for ICD 10-** All lectures, homework, exercises, activities and chapter tests are taken online.
- **Medical Transcription-** The medical transcription portion of this class is strictly online working one-on-one with the instructor. The objective is to train you in the environment in which you will be working when you graduate. You will have an instructor in constant contact as you proceed through the program, and who will guide you as you watch your lectures and start your work. It is very important that you stick to the weekly syllabus to assure a prompt graduation from the program and to provide you with a better learning experience.

ENTRANCE REQUIREMENTS

All applicants must be 18 years of age. A high school diploma or GED equivalent is also required. Proficiency in Microsoft Word and typing speed of 60 WPM are required for admittance into the Medical Transcription program.

CERTIFICATE PROGRAM

•
WORK IN THE MEDICAL
FIELD WITHOUT
PERFORMING DIRECT
PATIENT CARE

STANDARDS OF PROGRESS

Students whose academic average drops below 70% will be placed on academic probation. We will work with the student to develop an action plan for success, to include specific goals and target dates. If the student is unsuccessful in meeting the goals and target dates of the action plan or success, the student will be subject to academic dismissal with no refund.

REFUND POLICY

1. You may terminate the Enrollment Agreement or training at any time. If you do so, you must inform the school, not the instructor, in writing. Termination will become effective upon receipt of the written notice. The refund will be based on notification week corresponding with your course assignments or week associated with start date of the program.
2. If you terminate before you commence training, you will receive a refund of the money paid to the school, minus \$500 for the course books and \$115 for the foot pedal, unless they are returned unused, unopened. The \$300.00 application fee is nonrefundable. If no unused books are returned, the total subtracted from the refund will be \$915.00.
3. If you terminate within the first 3 weeks, you will receive a prorated refund equal to the unused portion of monies received from your last day of attendance, or week corresponding with your course assignments, less the application fee of \$300.00 and the book fee of \$500.00 and foot pedal fee of \$115. If you terminate any time after week 3, there will be no refund. If you are on a payment plan, the balance will be effective as of drop date, 30 days to pay in full or sent to collections.



ACADEMY

of MEDICAL PROFESSIONS

Brunswick Business Center

207-721-0714

www.academyofmedicalprofessions.com

18 Pleasant Street, Suite 210

1-866-516-8274 (toll free)

Brunswick, ME 04011

207-449-1242 (fax)

info@academyofmedicalprofessions.com

MEDICAL TRANSCRIPTION COURSE ENROLLMENT AGREEMENT

(PLEASE PRINT, MAIL, EMAIL OR FAX REGISTRATION FORM TO ABOVE ADDRESS)

NAME: _____ SS# _____

ADDRESS: _____ DATE OF BIRTH: _____

CITY: _____ STATE: _____ ZIP: _____ Gender
(choose from dropdown below)

PHONE NUMBER: _____ (H) _____ (C)

E-MAIL: _____

I have earned a High School Diploma or Equivalent (GED, HiSET, etc.) (Initial here) _____

ONLINE (watching prerecorded classes) START DATE: _____

SINGLE PAYMENT METHOD

******Please make checks payable to the Academy of Medical Professions******

- \$500 Deposit is required for Payment Plan Options
- \$300.00 Non-refundable enrollment fee is already included in the price
- Voucher Payments: (I.E. Goodwill, Dept Of Labor, Mycaa, Etc.)

ONE TIME FULL PAYMENT

Self-Pay

Voucher

\$3,200 Medical Transcription All-Inclusive program

Voucher Payments:

Name Of Organization Paying: _____

Point of Contact: _____

Where Did You Hear About Our Courses? _____

If From An Adult Education Or College Brochure Please List Which One:

***All applicants must sign the contract agreement on the next page regardless of payment method.**

PAYMENTS MADE BY CREDIT CARDS

CREDIT CARD # _____

EXPIRATION DATE: _____ SECURITY CODE: _____

NAME AS IT APPEARS ON CARD: _____

BILLING ADDRESS IF DIFFERENT FROM REGISTRATION FORM:

FULL PAYMENT \$ _____ Date you wish to have payment taken: _____

PAYMENT PLAN DOWN PAYMENT Amount \$500.00 Date to take out deposit from credit card: _____

PAYMENT PLANS

All payment plans do require a \$500 down payment which is deducted from the cost of tuition

\$3,425 total _____ \$500 Down Payment/ \$325/month for 9 months.

Date you wish to have monthly payments taken: _____ of each month.

_____ (initial) I agree to the payment plan chosen above

_____ (initial) I agree that if I have a payment plan, that I will keep it in good standing, and that if my account is sent to collections, I am responsible for the legal fees, late fees, and payment plan I have agreed to

CONTRACT AGREEMENT

I, _____ hereby agree to the above mentioned terms of the program, including the ATTENDANCE and STANDARDS OF PROGRESS policies. I agree to the payment plan chosen above and I have read and understand the REFUND POLICY for this course and agree to its terms. I agree that if I have a payment plan, that I will keep it in good standing, and that if my account is sent to collections, I am responsible for the legal fees, late fees, and payment plan I have agreed to:

SIGNATURE: _____ DATE: _____