

**Medical Assistants Qualitatively Evaluate  
Their Careers and Training**

**Prepared For:  
Oakland Community College**

**March 28, 2002**

**Prepared By:  
Donna Taglione  
Rosedale Research**

## **Background and Introduction**

In an effort to improve its Medical Assistant program and to better understand the decline in enrollment in its program, Oakland Community College initiated research to explore, in depth, the thoughts and feelings of Medical Assistants from a wide background of education and training. Two focus groups were conducted on Tuesday, March 19, 2002 at the Crimmins & Forman facility on Southfield Road. Recruiting was done by the OCC Office of Institutional Research and respondents were not told that OCC was the sponsor of the project. A total of thirteen respondents were recruited for each group with the goal of seating 8-10 participants in each focus group. (See Appendix for details) Ten medical assistants participated in the first group, three in the second.

## **Research Limitations**

Focus groups are utilized to give qualitative insight and understanding, and, as such, are not statistically representative of the population from which they are taken. The reader is cautioned to remember that this summary is based on the comments of thirteen individuals in one location. This may or may not have a bearing on the results.

## Conclusions

- The Medical Assistants we spoke with did not weigh the long-term benefits of choosing one program versus another. They made short-term life style choices without much in-depth investigation or program comparison.
- The majority of participants in these groups did not see the benefit of a two-year program. While most admitted the programs they completed required a commitment of time and dedication to learning, after nine months to a year they were completing externships and on their way to working and providing for their families.
- In addition, most doctors do not recruit on the basis of a one-year certificate vs. an associate degree. Doctors want proof of program completion. Starting pay in most offices is the same regardless of whether the medical assistant completed a one or two-year program. There is no incentive for these respondents to spend an extra year in the classroom when that extra year is not rewarded financially.
- Many do not see the benefits of CMA certification as there is no correlation with advanced pay, advanced benefits or advancement opportunities.
- The majority of participants were the primary wage earner in their households. Only three of the ten participants identified themselves as a secondary earner.
- Respondents would add an x-ray section to any medical assisting program since it is such an important part of their day-to-day activities.
- Among the few interested in advancing their education, only a two are staying within the medical field. Others are thinking about going back to NIT for training to work with computers. Several do not have the family circumstances or the available time that would allow them to go back to school for more training.



## Key Findings

- Among these thirteen participants, only one had a two-year degree from a community college (MCC). One additional respondent, after receiving a certificate from Carnegie Institute in 1973 went on to get her bachelor's degree and her PhD in Health Administration. Two have returned to school (OCC) to get their nursing degrees. All remaining participants earned one-year certificates from Ross (2), NIT (3), Carnegie (2), and Michigan Para-professional Medical Institute (1).
- Respondents chose their programs based on TV ads (and a "catchy" slogan), the location closest to their homes, a yellow pages ad, on the recommendation of a relative ("you'd be good at that"), and some had exposure to medical classes in high school.
- Due to life style choices, a few respondents found themselves in situations where they needed to be employable in a relatively short period of time (due to a divorce). Others had babies or very young children and were limited in what hours they could attend class. Still others were willing to go to school but opted for a program that "could get me in and out." Medical Assisting seemed to fit the bill.
- Once a participant learned about a specific program, few, if any, looked beyond that program. No one compared costs or curriculum. Several listened to acquaintances or went by "word of mouth" that a particular program was hard or cost more for basically the same thing.
- Program costs do vary but respondents said each institution did a very good job of helping them get loans and/or grants to defer financial expenses. Most agreed, however, that the training to be a medical assistant (regardless of school) is way too expensive for what you end up earning.
- Students acknowledged that not all programs contain the same classes but in the end they all had similar jobs at pretty much the same pay rate.
- The most important element in any medical assistant program is the hands on training. Of equal importance is the quality of the teacher.
- Six of the ten respondents are CMA certified. The majority of those took the test because it was offered at the place they took their classes ("They offered it, so I took it..."). Only two respondents actively sought out becoming certified. They did it for the sense of personal accomplishment. They wanted the satisfaction of knowing they were recognized as having a certain degree of knowledge.

- Overall, respondents see no benefit in being CMA certified. There is no additional recognition in the work environment, there is not a different pay scale for those who are certified and there is not a different career path.
- Those that opted not to be CMA certified did not see the value in taking "another test" that most employers don't care about. Since there were no tangible benefits that corresponded with state certification most did not see the merit in achieving this standard.
- None of the medical assistants in these two groups did transcribing and all stated that most offices have their own transcriptionists separate from the front office staff.
- Many of the Medical Assistants in these groups were hired directly off of their externships. Another two responded to newspaper ads.
- The majority of Medical Assistants in these two groups worked in the back office. In fact, there seems to be a caste system of sorts in some doctors' offices. In offices where nurses are employed, they top the hierarchy followed by back office medical assistants and then front office assistants. In several of these respondents' offices all employees are medical assistants. In some offices, front office assistants are not medical assistants. They are girls hired off the street who are trained to answer phones, pull charts, schedule appointments and handle basic clerical functions.
- Primary back office responsibilities include taking blood pressure, drawing blood, x-rays, EKGs, patient prep, prescription call ins, phone calls requiring medical assistance, and in some cases insurance compliance.
- The majority of employers do not care where the medical assistants they hire get their training as long as they can produce a certificate of course completion. Being CMA certified is a nice extra but is not something they actively seek out or are willing to pay more for. The more important criteria for an employer are motivation, attitude, a willingness to be on time and to be a fast learner.
- Students unanimously agreed that they felt prepared for all areas of their jobs except for x-rays. How to take and read x-rays should be included in all medical assistant programs because it is an important part of every job.
- Several mentioned that in a one-year program each student only spends approximately two weeks on each part of the course (i.e. 2 weeks on the circulatory system, 2 weeks on giving shots, 2 weeks on hooking up the EKG machine, etc.) and they were nervous the first few times they had to actually do the work in an office setting on "real" patients.



- New machinery is being added to doctor's offices and medical assistants are being expected to learn how to use them without any increase in pay or benefits. Many are frustrated.
- It was the rare case when medical assistants had to interact with the office nurse because so few offices have R.N.'s. In those offices where nurses are present, "the nurse acts like the big shot, telling everyone what do and not doing much of the work herself."
- None of the programs discussed during the focus groups had established reputations. Comments were made about some of the programs such as: "OCC's program is longer. It's two years and most of the others are one. That's why I didn't go to OCC. I wasn't going to spend 2 years to do a job I wasn't going to do for the rest of my life" and "I liked it (NIT) because it was a short course. You studied hard and never missed anything or you fell behind. I was glad it was short. I just did it."
- The two women in these groups who had "supervisory" positions in their offices wish students coming out of medical assisting programs could spell better and, if anything, would like to add an additional spelling/English course to medical assistant training programs.
- Most participants acknowledged that more doctors want experience than degrees and that most doctors aren't willing to pay for degrees. "Docs are looking to hire cheap," said one young woman, "and most of our training comes on the job, so why bother with the extensive degrees?"
- In the minds of these former students, the only benefit of a 2 year degree is if they want to go back to school at some point in the future and need to transfer classes since the courses required for a 2 year degree will transfer better than courses from a one year certificate program. Most do not think that far ahead. One student disagreed with this statement, however. She claimed the Western Michigan University nursing program accepted 47 hours from Carnegie while OCC's nursing program would accept none.
- At the end of each group respondents were asked if knowing what they know now would they still become medical assistants, several replied "no" and based that answer almost strictly on wages. "I made more in child care" or "I make more waitressing 3 nights a week than I make working 30 hours as a MA." Others expressed love for their job but disappointment over salary promises made in the programs as they were completing them. Several felt they were misled by being told they would earn \$30,000 annually when in reality starting pay is between \$8 and \$8.50 per hour.

A P P E N D I X

**Medical Assistant Focus Groups**

Hello, my name is \_\_\_\_\_ with the Oakland Center for Social Research located in Farmington Hills, Michigan. We are conducting a short survey today with people in the medical community. May I please speak with an available medical assistant in your office?

1. How long have you been a medical assistant?

- Less than 1 year
  - 1-2 years
  - 3-4 years
  - 5 or more years
- RECRUIT A GOOD MIX

2. Do you primarily work in the front office, that is, do you handle things like billing, scheduling and transcription OR do you work in the back room where you are responsible for direct patient contact and care defined as updating medical records, taking vital statistics, etc.?

- Front Office
  - Back Room
  - I do both
- RECRUIT 50% FROM EACH  
OR TAKE PEOPLE WHO  
SAY THEY DO BOTH.

3. Do you have a degree or certificate in Medical Assisting or are you currently enrolled in a degree or certificate program from a school or college?

- Yes (ASK Q. 4)
  - No (ASK Q. 8)
- RECRUIT AT LEAST 4 PER GROUP

4. What type of degree or certificate do you have: a 2, 3 or 4 year college degree, a 1 year certificate or are you currently enrolled in a degree or certificate program?

- Have a 2, 3, or 4 year college degree (ASK Q. 5)
- Have a 1 year certificate (ASK Q. 5)
- Currently in a degree or certificate program (ASK Q. 6)



5. Where did you obtain your degree or certificate from? (GO TO Q. 8)

- Oakland Community College
- Baker College
- Carnegie Institute
- Davenport College
- National Institute of Technology (NIT)
- Ross Medical Education Center
- Other (specify) \_\_\_\_\_

6. Where are you currently taking classes relating to medical assisting?

- Oakland Community College
- Baker College
- Carnegie Institute
- Davenport College
- National Institute of Technology (NIT)
- Ross Medical Education Center
- Other (Specify) \_\_\_\_\_

7. Are these classes part of a degree or certificate program?

- Yes
- No

8. Are you a Certified Medical Assistant (CMA) from the American Association of Medical Assistants?

- Yes RECRUIT AT LEAST 3 PER GROUP
- No

9. Do you or does anyone in your household work for: (READ LIST)

- A marketing research firm
- An advertising agency TERMINATE
- A college or university

**We would like to invite you to participate in a focus group discussion on Tuesday, March 19 at 6:00/8:00 p.m. to discuss issues relating to the medical assistant profession. You will be paid \$75 for your participation. The session will last approximately 2 hours.**

**These group sessions will be held at Crimmins & Forman Market Research. They are located at 26237 Southfield Road - 4 blocks south of I-696 on the west side of the street. We will mail you a map and a letter with all the details. May I please have your correct mailing address?**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_

## Medical Assistant Discussion Guide

### I. Introduction

- A. Moderator introduction
- B. Brief explanation of process; why are you here
- C. Review of group "rules"
- D. Respondent introductions

### II. Medical Assisting Background

- A. Just to get us started and so I understand what you do more clearly, I'd like each of you to tell me what your job involves on an everyday basis. Basically, what do you do everyday? Are there tasks you perform only occasionally?
- B. Tell me about your background relative to your medical assistant career. How many of you went to school for training in medical assisting? What school did you go to? Why did you choose that school? (PROBE FOR STRENGTHS/WEAKNESSES – USE EASEL) What schools did you consider? How did you make your decision, or, in other words why did you choose \_\_\_\_\_ over \_\_\_\_\_?
- C. What was your employer looking for when you were hired? Did your training adequately prepare you for your day-to-day responsibilities? What part of your training was very helpful and useful? Were there any parts of your training that you now consider to be not as helpful as others)?
- D. Thinking back to your education and taking into account your work experience, what's most important in a medical assisting program? (PROBE: length of time in the program, cost of the program, reputation of the program/school, class location, program accreditation, amount of hands on training, etc.)
- E. Do you feel an Associates Degree is valued by employers? Why/Why not?
- F. How important is AAMA (CMA) certification? How important is it in terms of initial employment (or getting hired)? How important is it in terms of pay and pay increases? How important is it in terms of opportunities for advancement/promotion?
- G. If you were looking for a school to attend for Medical Assisting training today what would you be looking for?
- H. Let's do an exercise. Let's create the optimal medical assistant program. What elements would it contain? What classes would be required? How long would it take to complete "our" program? (PROBE: "certification" as you go/i.e. on a class by class basis) What type of school would we be?



## Springer, Patricia

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**To:** Daum, Noelle M.  
**Subject:** RE: Student Services

Spoke with Shari on the phone this morning and she said Brian said to call on this project through Saturday. I again mentioned to her that this project really needs some evening calling. So ALL interviewers should be calling on this tonight and Saturday.

-----Original Message-----

**From:** Daum, Noelle M.  
**Sent:** Wednesday, April 10, 2002 3:42 PM  
**To:** Springer, Patricia  
**Subject:** RE: Student Services

That is fine. Shari stopped in after you left and said that all sheets will get a Saturday call. As for if the 2 call rule applies to day or night or what I have no idea. We will have to get further clarification on that.

-----Original Message-----

**From:** Springer, Patricia  
**Sent:** Wednesday, April 10, 2002 11:24 AM  
**To:** Daum, Noelle M.  
**Subject:** FW: Student Services

Lynn is not in today. Maybe tomorrow you & I can sit down with the 3 of them to try to resolve things. One thing which might help is when we get some firm direction from Shari & Brian about how to complete the Student Services sample. 2 calls period or 2 calls whenever or .....? Shari said she will talk today to Brian about what is our target number. 800, 1000, 1500, etc ???

-----Original Message-----

**From:** Nadeau, Christopher  
**Sent:** Tuesday, April 09, 2002 9:49 PM  
**To:** Springer, Patricia  
**Cc:** Wallace, Loretta  
**Subject:** Student Services

Pat~

Due to Lynn's consistent refusal to listen to either myself or Lorie concerning organizing the Students Services half-sheets, we have been dealing with an enormous mess on a nightly basis. She is confusing daytime and evening interviewers with her system which I must admit makes little sense to me either. IF you have told her to separate by how many calls a sample sheet has had according to evening or day or has had one call or two, per your new system, it has not been happening. Tonight in particular we found sheets with two attempts mixed in with sheets that only had one, evening and day callbacks mixed together, all sorts of callbacks mixed in with everything else and this is not the evening staff because she is staying an hour past her normal shift. We have tried to tell her that we will go through the sample after her shift ends but she insists on doing it herself and leaving us having to clean up the mess at night. Robert stayed past his quitting time to help us arrange the sample into some semblance of order. We had to stay until 9:30 to do this.

Jennifer brought to our attention that some of the actual surveys had been stapled out of order. I offered to show Lynn how to collate pages on the copier machine last Monday and she shrugged that off. She is still stapling them manually, which increases the margin for error and wastes a lot of time.

As you know, I have been silent on the whole "Lynn issue" but it is becoming more and more difficult to deal with her. Even when Lorie told her she needed to do withdrawal calls from that

desk on Monday, she stayed until fifteen minutes before Lorie's shift ended. We're bringing this to your attention because interviewers are bringing it to ours.

Everybody obviously needs to learn how to do things when they first start, and we want to help as much as possible just the way Chris Steffen taught me and I taught Cheryl and Lorie. This is supposed to be teamwork but interviewers keep coming to us after asking her questions because she is confusing them. We have gone as far as asking interviewers their opinions when we implement systems regarding distribution of sample sheets because ultimately performance is based on how easily things are organized and presented.

Believe it or not, we do like Lynn and talk to her daily but she really needs to learn that she is not the only senior interviewer in the office.

## Springer, Patricia

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**From:** Moss, Brian  
**Sent:** Friday, February 15, 2002 9:29 AM  
**To:** Springer, Patricia  
**Subject:** RE: IR Training

I think that sending 'new' employees to the orientation would be fine. I think that they only want them to attend a couple 'segments' of the training since much of the material is not applicable (benefits, etc). At this point, I would stick with those who are new. The college overview involves a video (I think) and the sexual harassment prevention used to be on CD but not anymore.

CS: Projects like the withdrawal sheets also involve a level of customer service. Probably the most applicable would be related to phone etiquette and maybe the more detailed customer service training might only be for the Data Technicians, since they do most of 'in-depth' calls.

-----Original Message-----

**From:** Springer, Patricia  
**Sent:** Thursday, February 14, 2002 3:06 PM  
**To:** Moss, Brian  
**Cc:** Daum, Noelle M.  
**Subject:** FW: IR Training

Before I talk further with Linda Sam, I'm wondering what we think about the New Employee Orientation. I don't see any reason why we shouldn't have new hires do this. How about our old hires? I want to obtain more detailed information about the two parts she specified.

Regarding the second paragraph, I'm planning on explaining more about the telemarketing project which does require customer service type skills, although very specific information. But I'm really not sure about what they could help us with. I think we are all floundering a bit here because customer service is such a broad concept. Any ideas?

-----Original Message-----

**From:** Sam, Linda  
**Sent:** Thursday, February 14, 2002 2:46 PM  
**To:** Springer, Patricia  
**Subject:** IR Training

Pat,

Linda Pososki and I reviewed the materials you sent, and as you mentioned in our recent telephone conversation, much of the training is very specific; we wouldn't be able to help with that. We can, however, include your new employees in two parts of our monthly New Employee Orientation: 1) college overview and 2) sexual harassment prevention. If you'd like to do this, we can work out the details, e.g. knowing ahead of time how many would attend, notification of days/times, etc.

Both you and Brian have mentioned the need for customer service training. We need more specifics about what you are looking for. With the telephone scripts being read verbatim, we're not understanding where customer service fits into the process. Please advise in more detail what aspect(s) of customer service you are looking for so that we can pursue this further.

Thanks and have a nice day. (Do you want me to return the materials you sent?)  
Linda



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- C. What was your employer looking for when you were hired? Did your training adequately prepare you for your day-to-day responsibilities? What part of your training was very helpful and useful? Were there any parts of your training that you now consider to be not as helpful as others)?
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**Name** Paint Creek Pediatrics and Adol

**Address** 6700 Rochester Road

**City** Rochester Hills

**State** MI

**ZipCode** 48306

**Phone**

*Industry* Health Care

*Contact*

*Position*

Vicki Adkins or Dr. Medical Assistant

Info. from  
Tammy Roy -  
requests for  
MAS to OCC  
since Aug '01  
(?)

**Name** Michigan Endocrine Consultant

**Address** 1695 W. 12 Mile Road

#220

**City** Berkley

**State** MI

**ZipCode** 48072

**Phone**

<i>Industry</i>	<i>Health Care</i>
<i>Contact</i>	<i>Position</i>
<b>Chrisine Milligan</b>	<b>Medical Assistant</b>



**Name** MedMatch

**Address** 441 Livernois

Suite 175

**City** Rochester Hills

**State** MI

**ZipCode** 48307

**Phone**

<i>Industry</i>	<i>Health Care</i>
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<i>Contact</i>	<i>Position</i>
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Diane Traub or Kay	Medical Assistant
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Diane Traub or Kay Surgical coder (for an oakland county p

**Sue**

**Nuclear Medical Technologist**



**Sue Katar**

**Physical Therapy Assistant**

**Wendy Twomey      Medical Assistant**

**Name** Mark Werner, MD

**Address** 6900 Orchard Lake R

**City** West Bloomfield

**State** MI

**ZipCode** 48322

**Phone**

*Industry* Health Care

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*Contact* *Position*

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**Ann Marie** **Medical Assistant**



**Name** Fidelina Baracerros, MD.

**Address** 43750 Woodward Ave.

Suite 104

**City** Bloomfield Hills

**State** MI

**ZipCode** 48302

**Phone**

*Industry* Health Care

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*Contact*

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*Position*

Debby Miller

Medical Assistant

**Name** Farmington Family Physician

**Address** 23800 Orchard Lake

**City** Farmington Hills

**State** MI

**ZipCode** 48336

**Phone**

<i>Industry</i>	<i>Health Care</i>
<i>Contact</i>	<i>Position</i>

**Michelle Swardersk Medical Assistant**

**Name** Dr. Annette C. Lacasse, DO. P.

**Address** 8906 Commerce Road  
Suite 5

**City** Commerce Township

**State** MI

**ZipCode** 48382

**Phone**

<i>Industry</i>	<i>Health Care</i>
<i>Contact</i>	<i>Position</i>
Kathy	Medical Assistant



*tblCompanyInfo*

**Name** Berkley Clinic(s)  
**Address** 2905 W 12 Mile Rd.  
Berkley  
**City**  
**State** MI  
**ZipCode** 48072  
**Phone**

<i>Industry</i>	<i>Health Care</i>
<i>Contact</i>	<i>Position</i>
Rita P. Shah, MD	Medical Assistant

**Name** Heartland Healthcare Universit

**Address** 28550 Five Mile Rd.

**City** Livonia

**State** MI

**ZipCode** 48154

**Phone**

<i>Industry</i>	<i>Health Care</i>
<i>Contact</i>	<i>Position</i>
Manager	RN's

**Manager**

**Admissions Assistant**



Pamela Meadows, CENA's, Housekeeping, Nursing, LPN

**Manager**

**LPN's**

Pam Meadows, HR Nursing RN's

**Name** Heather Cook

**Address** 765 Kirkton Court

**City** Rochester

**State** MI

**ZipCode** 48307

**Phone**

*Industry* Health Care

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*Contact* *Position*

Heather Cook R.N. Home Health Aide



**Name** Management Recruiters of Detr

**Address** 34405 W. 12 Mile Rd.

**City** Farmington Hills

**State** MI

**ZipCode** 48331

**Phone**

<i>Industry</i>	<i>Health Care</i>
<i>Contact</i>	<i>Position</i>
Debra Lawson	Care Representative

**Name** Megan's Care Inc.

**Address** 1371 Club Dr.

**City** Bloomfield Hills

**State** MI

**ZipCode** 48302

**Phone**

<i>Industry</i>	<i>Health Care</i>
<i>Contact</i>	<i>Position</i>
Terry Counihan	LPN's

Terry Counihan      Nurses' Aides (such as CAN's, CENA's,

Terry Counihan RN's

**Name** Michigan Visiting Nurses

**Address** 2850 S. Industrial, Sui

**City** Ann Arbor

**State** MI

**ZipCode** 48104

**Phone**

<i>Industry</i>	<i>Health Care</i>
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<i>Contact</i>	<i>Position</i>
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Sara Schmitz at 1-8	Registration Clerks
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**Name** Northwestern Michigan Colleg

**Address** 1701 East Front Street

**City** Traverse City

**State** MI

**ZipCode** 48686

**Phone**

<i>Industry</i>	<i>Health Care</i>
<i>Contact</i>	<i>Position</i>

**Student Health Services Nurse**

**Name** Oakland Family Services

**Address** 114 Orchard Lk. Rd.

**City** Pontiac

**State** MI

**ZipCode** 48341

**Phone**

<i>Industry</i>	<i>Health Care</i>
<i>Contact</i>	<i>Position</i>
N. Rebar	Program Aide

**Name** RESA  
**Address** 4179 South U.S. 27  
**City** St. Johns  
**State** MI  
**ZipCode** 48879-9110  
**Phone**

<i>Industry</i>	<i>Health Care</i>
<i>Contact</i>	<i>Position</i>
Timothy W. Morris	Physical Therapist

**Name** Robert R. Roman M.D., P.C.

**Address** 30335 13 Mile Road

**City** Farmington Hills

**State** MI

**ZipCode** 48334

**Phone**

<i>Industry</i>	<i>Health Care</i>
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<i>Contact</i>	<i>Position</i>
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Sandy Keil	RN or LPN
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**Name** Robert Stewart

**Address** Michigan Army Natio  
233 N. Johnson Street

**City** Pontiac

**State** MI

**ZipCode** 48341

**Phone**

<i>Industry</i>	<i>Health Care</i>
<i>Contact</i>	<i>Position</i>
<b>Robert Stewart</b>	<b>Medical Specialist/ Michigan Army Nati</b>



**Name** Ronald Uppleger, Jr, DDS  
**Address** 23077 Greenfield Roa  
Suite 350  
**City** Southfield  
**State** MI  
**ZipCode** 48075  
**Phone**

<i>Industry</i>	<i>Health Care</i>
<i>Contact</i>	<i>Position</i>
Karen Schultz	Dental Hygienist

**Name** St Vincent and Sarah Fisher Ce

**Address** 27400 West 12 Mile Ro

**City** Farmington Hills

**State** MI

**ZipCode** 48334-4200

**Phone**

<i>Industry</i>	<i>Health Care</i>
<i>Contact</i>	<i>Position</i>
<b>Manager.</b>	<b>Coordinator</b>

Human Resources Case Aide

**Manager.**

**Case Manager**

**Name** Star Manor of Northville

**Address** 520 W. Main

**City** Northville

**State** MI

**ZipCode** 48165

**Phone**

<i>Industry</i>	<i>Health Care</i>
<i>Contact</i>	<i>Position</i>
<b>Meredi Vassecc</b>	<b>Activity Assistant</b>



**Name** Thomas W Kolderman DDS PC

**Address** 41637 Ford Rd.

**City** Canton

**State** MI

**ZipCode** 48187

**Phone**

<i>Industry</i>	<i>Health Care</i>
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<i>Contact</i>	<i>Position</i>
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Diane	Dental Assistant
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**Name** Traveling Medical Services

**Address** 17515 W. Nine Mile, S

**City** Southfield

**State** MI

**ZipCode** 48175

**Phone**

<i>Industry</i>	<i>Health Care</i>
<i>Contact</i>	<i>Position</i>

**Janica K. Larys**      **Wound Care Technician**