Allied Health & Safety Education
(509) 527-4589 (509) 527-4226 fax

Walla Walla Community College
500 Tausick Way
Walla Walla, WA 99362-9267
(509) 522-2500

Medical Assisting Program Application

Program Description:

The Medical Assisting program prepares students for a career as a Medical Assistant. The program combines instruction in core courses directed toward all healthcare providers with courses specific to Medial Assisting. Completion of the Medical Assisting program will ensure the student has the necessary knowledge base and skills to succeed in an entry level position in Medical Assisting. Medical Assisting courses will combine cognitive learning and practice of psychomotor skills in classroom and laboratory settings. Clinical training through externships in local outpatient clinics and physician offices will allow students to observe and practice skills gained in the classroom and laboratory in actual healthcare settings.

Medical Assistants are skilled professionals who have specific training to work in a physician's office or a clinic. Medical Assistants perform administrative functions and basic clerical skills, including writing business letters, compilation and filing of patient records, medical insurance coding and processing third party reimbursement, transcription, reception, and preparing requisitions. Additionally, Medical Assistants perform are trained in many clinical skills, including obtaining vital signs, sterile technique, assisting physicians with diagnostic testing, minor surgical procedures and physical examinations, administering medications orally and via injection, laboratory procedures, phlebotomy, and processing/sterilization of medical equipment by autoclaving or other methods of disinfection.

The Medical Assisting Program may be completed in 4 quarters of full time study, consisting of 61.5 credits of programmatic and related instruction. Depending upon placement testing, students may need to complete additional prerequisite coursework in computer and keyboarding skills.

Working Environment
Medical Assistants work in well-lighted, clean environments. There is a constant interaction with people, either in person or by telephone. Medical Assistants most often work a regular 40-hour week, although part-time, evening, or weekend work may be available.

Personal Characteristics
The profession of Medical Assisting requires the ability to multi-task and use critical thinking skills. Prospective students should possess personal integrity, have the ability to pay close attention to detail, be conscientious, and orderly. Physical requirements include the ability to either sit or stand for long periods of time and the strength to lift supplies, lift and move patients, and maneuver heavy equipment. The nature of the career requires adequate vision, hearing and manual dexterity. Additionally, students must be willing to continue their education throughout their career to keep abreast of new developments in the field.

Employment Opportunities
According to the U.S. Bureau of Labor statistics, "Employment of Medical Assistants is expected to grow much faster than average for all occupations through the year 2010 as the health services industry expands because of technological advances in medicine, and a growing and aging population. It is one of the fastest growing occupations" Medical Assistants may be eligible for employment in physician's offices, clinics, and hospitals.

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Recommended Course Sequence for the Medical Assisting Program

Prerequisites: CS 100 Introduction to Microcomputers (5 Credits)*
OT 025 Keyboard Speed building (2-5 Credits)*

Quarter One

Course Number	Course Title	Credits
MEDA 110	Human Body Structure and Function in Health & Disease I	5
MEDA 105	Health Occupations Mathematics (M)	5
OT 280	Medical Terminology	5
WRITE 100	Applied Writing (W)**	3
	TOTAL	**18**

Quarter Two

Course Number	Course Title	Credits
MEDA 114	Therapeutic Relationships (R)**	2
MEDA 120	Human Body Structure & Function in Health & Disease II	5
MEDA 140	Medical Law and Ethics	2
CPR 051	Basic Life Support (BLS)for Healthcare Providers	0.4
HO 110	HIV/AIDS EDUCATION	0.7
HO 172	Pharmacology	2
HO 174	Transcultural Competency for Healthcare Professionals	2
IFA 022	Medic First Aid	0.4
	TOTAL	**14.5**

Quarter Three

Course Number	Course Title	Credits
MEDA 125	Clinical Procedures	10
MEDA 144	Medical Office Administrative Procedures	5
MEDA 145	Office Emergencies for Medical Assistants (YVCC AHMA 145)	1
MEDA 149	Medical Insurance Procedures for Medical Assisting	5
	TOTAL	**21**

Quarter Four

Course Number	Course Title	Credits
MEDA 191	Cooperative Work Experience	7
MEDA 192	Medical Assisting Seminar	2
	TOTAL	**8**
	TOTAL Credits for Certificate	**62.5**

*Placement testing required for waiver of prerequisites
**Related Instruction
(W) – BUS 137, WRITE 100, ENGL&101
(M) - MEDA 105
(R) - MEDA 114

Medical Assistant Program Admission Policy

Admission Criteria:

The Walla Walla Community College Medical Assisting Program's purpose is to provide the medical community with talented and qualified Medical Assistants. With this comes the responsibility to assure the medical community that graduates of the WWCC Medical Assisting Program have the intelligence, ethical values, maturity, compassion and physical and emotional capabilities necessary to practice medical assisting. In keeping with the Medical Assisting Program goal, "*to prepare WWCC Medical Assisting Program graduates as competent entry level medical assistants having the knowledge base necessary for success in credentialing examinations and professional practice"*, the Walla Walla Community College MA Program strives to select applicants who demonstrate both the appropriate personal characteristics and academic ability to become competent Medical Assistants.

The WWCC Medical Assisting Program is committed to the principles of equal opportunity. The program does not discriminate on the basis of race, color, creed, religion, national origin, gender, sexual orientation, age marital status, disability, and disabled veteran or Vietnam era veteran status.

The following process is used to apply to the Medical Assisting Program:

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MEDICAL ASSISTING PROGRAM
APPLICATION PROCESS

Step 1: If you have never attended Walla Walla Community College, you must first apply to the college. You can apply on our website at www.wwcc.edu or apply in person at the Office of Admissions and Records. You must complete this step at least 24 hours before proceeding to Step 2.

Step 2: Contact the Student Development Center for Placement Testing at (509) 527-4262 and submit copies of transcripts from other educational institutions you have attended.

Step 3: Begin to fill out the Medical Assisting Program application packet and obtain course schedule and cost information from the Allied Health & Safety Education office at Walla Walla Community College.

Step 4: Research financial aid and scholarship resources and secure funding.
-Worker Retraining (509) 524-4790 -Workfirst (509) 527-1865
-Worksource (509) 527-1813, (509) 527-3669 -Financial Aid (509) 527-4301

Step 5: Submit to an Americhek background investigation by paying a ***NON-refundable fee of $35*** to the WWCC cashiers. Bring your receipt to the Allied Health & Safety Education office and fill out the form. Our office will receive your background check results within 48 hours after its submission and will inform you whether or not you qualify to continue to the next step.

Step 6: Provide documentation of the following or proof of immunity (must use form attached). **Please review attached form for detailed information**:

- Two Tuberculosis screenings taken 1 to 3 weeks apart.
  (If it has been more than one year from the date of your last TB screening, you must submit to new screenings).
- Varicella Vaccine (Chicken Pox)
- Measles, Mumps, Rubella (MMR).
- One time dose of Tdap.
- Hepatitis B vaccine (HBV) series initiated.
- Influenza vaccine administered within 9 months of START of program.

Step7: ***Submit application*** materials to the Allied Health & Safety Education office on or before the application deadline. Applications are considered on a first come first-serve basis. Application should include:

- Placement test results and copies of transcripts from other educational institutions you have attended.
- Documentation of required immunizations and tuberculosis screenings. (Completion of immunizations is not required at the time you submit your application).

Step 8: You will be notified in writing, whether you are accepted into the Medical Assisting Program or not accepted.

(continued on back…)

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Allied Health & Safety Education
(509) 527-4589 (509) 527-4325 fax

THINGS TO CONSIDER …..

- Setup an appointment with an advisor for guidance of your educational plan, financial resources and furthering your education.
- Classes fill quickly and we recommend you **do not delay** in beginning the application process. Only applicants who have successfully completed steps 1-7 will be considered for this program. **Please check with the Allied Health office for application deadlines** at (509) 527-4589.
- Upon receipt of acceptance confirmation, register for the course through Admissions/Registration following instructions included with your acceptance letter.
- Payment must be made prior to the course or you will be automatically dropped. Check with the Office of Admissions and Registration for quarter due dates (509) 527-4283.
- You will be placed on a Wait list for the next available course if you meet eligibility but are not accepted into the course due to full capacity.
- If you have children begin early planning for childcare with a **back-up plan** for care when your child is ill.
- Have dependable transportation as you will need to travel to clinical sites.
- Be aware that absence / tardy policies are **very** strict in the Medical Assisting program.
- Contact the Allied Health and Safety Education office about testing procedures to waive pre-requisite courses

If you have questions or concerns or need additional information, please contact us at (509)527-4589.

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For official use only

Date Received _____

Date Acceptance Notification _____

Other _____

_____

MEDICAL ASSISTING PROGRAM APPLICATION

PLEASE PRINT NEATLY

Last Name _____ First Name _____ MI_____

Mailing Address _____ST____City_____ZIP_____

Home Phone _____ Cell Phone _____ Mess Phone _____

WWCC Student ID # (if known) _____ Social Security # _____

Date of Birth _____

DO NOT WRITE IN BOX BELOW

For Allied Health Official Use Only

Prerequisites:

- ❑ Documentation of Placement testing
- ❑ High School Diploma or GED Certificate
- ❑ CS 100 Transcript/Test
- ❑ OT 025Transcript/Test

Documentation of the following or proof of immunity:

- ❑ Two-step Tuberculosis screening
- ❑ Varicella Vaccine (Chicken Pox)
- ❑ Measles, Mumps, Rubella (MMR)
- ❑ One time dose of Tdap
- ❑ Hepatitis B vaccine (HBV) series initiated _____ Completed _____
- ❑ Influenza
- ❑ Americhek form submitted _____ Americhek form received _____

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Background Authorization & Disclaimer

Our department policy is to first screen with Americhek Inc. A second background check is conducted through the Department of Social and Health Services Background Check Central Unit. This is a State law requirement of every employee and every student intern in a long term care facility. It takes a minimum of three weeks for our office to receive results from the Department of Social and Health Services Background Check Central Unit.

The Background Check Central Unit criminal history screen results will go directly to the clinical facility. This screening will include:

- Due process findings of abuse, neglect, abandonment, and exploitation
- More specific Department of Corrections information
- Some out-of-state information may be available through self-disclosure and/or past background checks.

In the event your criminal history report results with findings that prevent you from working with vulnerable adults, you will be notified by phone and by letter. Consequently, this would prevent you from completing the class.

With my signature below I authorize Walla Walla Community College to:

- Release all criminal background information to the clinical facility in order to facilitate the process of my enrollment in the Nursing Assistant class.
- Share information between the Background Check Central Unit, Americhek Inc., the clinical facility, Walla Walla Community College Instructors and Advisors that are directly involved in my educational plan.

I understand that my ability to attend the clinical portion of this course is contingent of the results of the Americhek Inc. and Background Check Central Unit investigations. Furthermore, I understand that the Americheck Inc. and Background Check Central Unit investigations are only valid for six (6) months from the date the forms are submitted.

_____
Printed Name of Applicant

_____ _____
Signature of Applicant **Date Signed**

DSHS SECRETARY'S LIST OF CRIMES AND NEGATIVE ACTIONS
FOR USE BY ADSA Home & Community Services for Individual Providers and Home Care Agencies
FOR USE BY ADSA Residential Care Services for Nursing Homes, Boarding Homes & Adult Family Homes

Crimes:
A person who has a crime listed below is denied unsupervised access to vulnerable adults, juveniles, and children.

If "(5 or more years)" or "(3 or more years)" appears after a crime, the person cannot be in a position to be left alone with a vulnerable adult unless 5 or more years or unless 3 or more years has passed since the date of the conviction.

After 5 or 3 years has passed, an overall assessment of the person's character, competence, and suitability to have unsupervised access will determine denial.

Abandonment of a child
Abandonment of a dependent person
Abuse or neglect of a child
Arson 1
Assault 1
Assault 2
Assault 3
Assault 4/simple assault (3 or more years)
Assault of a child
Burglary 1
Child buying or selling
Child molestation
Commercial Sexual Abuse of a Minor/Patronizing a juvenile prostitute
Communication with a minor for immoral purposes
Criminal mistreatment
Custodial assault
Custodial interference
Custodial sexual misconduct
Dealing in depictions of minor engaged in sexual explicit conduct
Extortion
Forgery (5 or more years)
Incest
Indecent exposure/Public indecency (Felony)
Indecent liberties
Kidnapping
Malicious harassment
Manslaughter
Murder/Aggravated murder
Promoting pornography
Promoting prostitution 1
Prostitution (3 or more years)
Rape
Rape of child
Registered sex offender
Robbery
Selling or distributing erotic material to a minor
Sending or bringing into the state depictions of a minor
Sexual exploitation of minors
Sexual misconduct with a minor
Theft 1
Theft 2 (5 or more years)
Theft 3 (3 or more years)
Unlawful imprisonment
Vehicular homicide (negligent homicide)
Violation of child abuse restraining order
Violation of the Imitation Controlled Substance Act (manufacture/deliver/intent)
Violation of Uniform Controlled Substance Act (manufacture/deliver/intent)
Violation of the Uniform Legend Drug Act (manufacture/deliver/intent)
Violation of the Uniform Precursor Drug Act (manufacture/deliver/intent
Voyeurism

Negative Actions are considered under individual program law and rule and may lead to denial of unsupervised access to vulnerable adults.
A **negative action** is an administrative or civil action taken against an individual and may include:

- A finding that an individual abused, neglected, exploited, or abandoned a vulnerable adult, juvenile or child issued by an agency, an Administrative Law Judge, or a court of law. A finding by an agency is not a negative action if the individual was not given the opportunity to request an administrative hearing to contest the finding
- Termination, revocation, suspension, or denial of a license, certification, and/or State or Federal contract
- Relinquishment of a license, certification, or contract in lieu of an agency negative action
- Revocation, suspension, denial or restriction placed on a professional license
- Department of Health disciplining authority finding
- A protection order issued under chapter 74.34 RCW. (A conviction for violation of a protection order issued under chapter 74.34 RCW is evidence that a protection order was issued).

By my signature below, I attest that all information shared in this document is true and correct:

_____
Print Name

_____ _____
Signature **Date**

Background Release Form
Disclosure and Consent

In connection with my participation at clinical traning site(s) as a student of **WALLA WALLA COMMUNITY COLLEGE** ("the Company"), I understand that investigative inquiries may be obtained on myself by a consumer reporting agency, and that any such report will be used solely for student training-related purposes. Criminal Background Check results will be sent to selected clinical agencies upon their request. I understand that the nature and scope of this investigation will include a number of sources including, but not limited to, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, general reputation, personal characteristics, mode of living, and work habits. Information relating to my performance and experience, along with reasons for termination of past employment from previous employers, may also be obtained. Further, I understand that you will be requesting information from various Federal, State, County and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil, education, and other experiences.

I understand that my consent will apply throughout my time as a student of Walla Walla Community College, unless I revoke or cancel my consent by sending a signed letter or statement to the Company at any time, stating that I revoke my consent and no longer allow the Company to obtain consumer or investigative consumer reports about me.

I understand that I am being given a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" prepared pursuant to 15 U.S.C. Section 1681-1681u. If I am applying for employment in the State of California or if I am a resident of California at the time of applying for employment, a summary of the provisions of California Civil Code section 1786.22 is also being provided to me with this form. This Disclosure and Consent form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the Company.

I authorize without reservation any party or agency contacted by Walla Walla Community College to furnish the above-mentioned information. I hereby consent to your obtaining the above information from Americhek, Inc. (and/or any of their licensed agents) located at 27001 La Paz Road, Suite 278-B, Mission Viejo, CA 92691, (949)768-4434. I understand to aid in the proper identification of my file or records the following personal identifiers, as well as other information, is necessary.

Print Name (**Full Legal Name**): _____
(First) (Middle) (Last)

Other Names Known By _____

Social Security Number _____-_____-_____ Date of Birth ____/____/_____

Current Address _____

City _____ State _____ ZIP _____

Applicant Signature _____ Date_____

Drivers License Number: _____ State : _____

Walla Walla Community College
Allied Health & Safety Education Department
Medical Assisting Vaccination and Tuberculosis Screening Program Requirements

To be completed and signed by your healthcare provider

Name	**Date of birth:**	**Date:**

***M. tuberculosis* Screening:** Persons entering the Medical Assisting Program at Walla Walla Community College are required to receive baseline screening prior to entering the program, using two-step Tuberculosis Skin Testing (TST) to test for infection with *M. tuberculosis*. If the first-step TST result is negative, the second-step TST should be administered 1-3 weeks after the first TST result was read. A second-step TST is not required if the person has a documented TST result from any time during the previous 12 months. Persons with a baseline positive or newly positive result for *M. tuberculosis* infection or documentation of treatment for Latent TB Infection (LTBI) or TB disease will need one chest (x-ray) radiograph result and documentation of treatment to exclude TB disease. See http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm	**First-Step TST:** Date and time placed:_____ Date and time read:_____ Results: ____mm _____ Signature and Title _____ **Second-Step TST:** ***TST tests must be administered 1-3 weeks after First-Step*** Date and time placed:_____ Date and time read: _____ Results: ____mm _____ Signature and Title _____
Varicella (Chicken Pox): Evidence of immunity includes documentation of 2 doses of varicella vaccine given at least 28 days apart, history of varicella or herpes zoster based on a physician diagnosis; laboratory evidence if immunity; or laboratory confirmation of disease.	**Vaccination Dates: 1.** _____ **2.** _____ **Physician diagnosis:** _____ **Laboratory evidence of immunity:** _____ **Laboratory confirmation of disease:** _____
Measles, Mumps, Rubella (MMR): Persons born after 1957 are considered immune only if they have documentation of (a) physician-diagnosed measles or mumps disease; or (b) laboratory evidence of measles, mumps and rubella immunity; or (c) documentation of 2 doses of Measles and Mumps vaccines separated by 28 days or more, and at least one dose of live rubella vaccine. Persons born before 1957 are considered immune only if they have documentation of (a) or (b) above, or documentation of one dose of MMR vaccine.	**Persons born after January 1, 1957 Vaccination Dates: 1.** _____ **2.**_____ **Physician diagnosis:** _____**Laboratory evidence of immunity:** _____ **Persons born before January 1, 1957 Vaccination Date:** _____ **Physician diagnosis:** _____**Laboratory evidence of immunity:** _____
Tetanus-Diphtheria-Pertussis (Tdap): All persons who have completed a primary series of a tetanus/diphtheria-containing product (DTP, DTaP, Dt, Td) should receive a Td booster every 10 years. As soon as possible, 1-time dose of Tdap should be given to all persons younger than age 65. Persons must be current with Td recommendations prior to program entry.	**Vaccination Date and type:**_____
Hepatitis B Vaccine: Persons who perform tasks that may involve exposure to blood or body fluids must receive a 3-dose series of hepatitis B vaccine at 0-, 1-, and 6-month intervals or documented proof of immunity. Testing for hepatitis B surface antibody, to document immunity, is recommended 1 – 2 months after #3 doses. **Minimum entry requirement:** Series initiated but must be completed by the START of the 4th quarter in the program.	**Vaccination Date 1:** **Vaccination Date 2:** **Vaccination Date 3:** **OR** **Titer Results:**
Influenza: Trivalent (Inactivated Influenza vaccine: May be given to any adult. Live, Attenuated Influenza Vaccine (LAIV): May be given to any non-pregnant healthy person age 49 years and younger. **DO NOT Administer Until 90 Days Prior To Your Clinical Externship (Approximately at the START of your 3rd quarter in the Medical Assisting Program)**	**Vaccination Date and type:**_____

Health Care Provider Signature and Title _____ **Date**_____