



Walla Walla Community College Medical Assisting Program

Walla Walla Campus

500 Tausick Way
Walla Walla, WA 99362
Phone: 509.527.4589
Fax: 509.527-4226

angelica.can@wwcc.edu

Clarkston Campus

1470 Bridge Street
Clarkston, WA 99403
Phone: 509.758.1706
Fax: 509.758.1488

debi.schoonover@wwcc.edu



MEDICAL ASSISTANT PROGRAM

Program Description:

The Medical Assisting Program prepares students for a career as a medical assistant. The Medical Assisting program is completed in four quarters of full-time study. These courses will combine cognitive learning and practice of psychomotor and affective skills in classroom and laboratory settings. Clinical training through internships 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. Students who successfully complete the course are eligible to test and certify through the current Medical Assisting credentialing exams.

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 involving computer use, including writing business letters, compilation and filing of patient records, frequent utilization of electronic medical records (EMR) to input data and record finding medical insurance coding and processing third party reimbursement, transcription, reception, and preparing requisitions. Additionally, medical assistants 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 65 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 Bureau of Labor Statistics, Employment of medical assistants is projected to grow 16 percent from 2021 to 2031, much faster than the average for all occupations. About 123,000 openings for medical assistants are projected each year, on average, over the decade. U.S. Department of Labor, Occupational Outlook Handbook, Medical Assistants, at <https://www.bls.gov/ooh/healthcare/medical-assistants.htm>

Medical Assistant Program Admission Policy

Accommodations for Students with Disabilities

Walla Walla Community College complies with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA) of 1990 as amended in 2008. Information regarding student [accommodations](#) may be obtained by contacting (Walla Walla campus) Kristen Duede (509) 527-4262, counseling@nwcc.edu or (Clarkston campus) Heather Markwalter at (509) 758-1721 heather.markwalter@nwcc.edu. The Section 504 Coordinator is responsible for monitoring and implementing the district's compliance with state and federal laws prohibiting disability discrimination. Brooke Marshall, Vice President of Human Resources, (509) 527-4300, serves as the Section 504 officer.

COVID-19-related Accommodations and Absences:

- If you have a disability or medical condition that presents an academic obstacle or prevents you from wearing a face covering, please contact [Disability Support Services](#). If you or a member of your family becomes ill, please contact your instructor as soon as possible to discuss how academic requirements might be modified to prevent virus related obstacles from hindering academic success.

Equal Opportunity Statement:

Walla Walla Community College District No. 20 (WWCC) is committed to provide equal opportunity and nondiscrimination for all educational and employment applicants as well as for its students and employed staff, without regard to race, color, creed, national origin, sex, sexual orientation, including gender expression/identity, genetic information, marital status, age (over 40), the presence of any sensory, mental, or physical disability, the use of trained guide dog or service animal by a person with a disability, or status as a Vietnam and/or disabled veteran, National Guard member or reservist in accordance with the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, the Federal Rehabilitation of 1973, the Americans with Disabilities Act of 1990 and any other applicable Federal and Washington State laws against discrimination. Brooke Marshall, Vice President of Human Resources (509)527-4300, has Affirmative Action/Equal Opportunity, Title IX Coordinator and Section 504 Compliance program responsibility. The College's TDD number is (509) 527-4412.

Reasonable Accommodations for Religion/Conscience:

Students who will be absent from course activities due to reasons of faith or conscience may seek reasonable accommodations so that grades are not affected. Such requests must be made to the instructor within the first two weeks of the quarter. For additional information regarding student rights and responsibilities, please see the college's website [Student Rights and Responsibilities](#)

Diversity & Inclusion Statement:

WWCC strives to promote diversity, equity, and inclusion, not only because diversity fuels excellence and innovation, but because we want to pursue justice. Each of us is responsible for creating a safer, more inclusive environment.

Furthermore, I would like to create a learning environment that supports a diversity of thoughts, perspectives, and experiences, and honors your identities (including race, gender, class, sexuality, religion, ability, etc.) To help accomplish this:

- If you have a name and/or set of pronouns that differ from those that appear in your official records, please let me know.
- If you feel like your performance in the class is being impacted by your experiences outside of class, please don't hesitate to come and talk with me. I want to be a resource for you.
- I (like many people) am still in the process of learning about diverse perspectives and identities. If something was said in class (by anyone) that made you feel uncomfortable, please talk to me about it or reach out of the Office of Equity, Diversity & Inclusion.

Unfortunately, incidents of bias or discrimination do occur, whether intentional or unintentional, and they can contribute to creating an unwelcoming environment for individuals and groups at the college. If you experience or observe unfair or hostile treatment based on identity, we encourage you to speak out for justice and support. To report an incident or access support and resources, contact Student Services 509.527.4262.

Tobacco Free Campus Policy

WWCC has adopted a 100% Tobacco Free Campus policy in Walla Walla and Clarkston campuses, effective September 1, 2015. [WWCC Tobacco Free Campus Policy](#)

Clery Act:

Notice of Jeanne Clery Act required Annual Security Report – Walla Walla Community Colleges posts an Annual Security Report online. A paper copy of the report may also be obtained free of charge by visiting the Campus Security and Environmental Health and Safety office during normal business hours. The report contains policies and procedures related to campus safety and security, three years of crime statistics and other additional safety information. (<https://www.wvcc.edu/security-environmental-health-safety/clery-act-compliance/>)

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Recommended Course Sequence for the Medical Assisting Program

Prerequisites: CS110 Introduction to Computers and Applications recommend.

Quarter One

| Course Number | Course Title | Credits |
|---------------|---|-----------|
| MEDA 110 | Human Body Structure and Function in Health and Disease I | 5 |
| MEDA 105 | Health Occupations Mathematics (M) | 5 |
| BUS 280 | Medical Terminology (formerly OT 280) | 5 |
| AENG 100 | Writing in the Workplace (W)** | 5 |
| TOTAL | | 20 |

Quarter Two

| Course Number | Course Title | Credits |
|---------------|--|-----------|
| MEDA 126 | Clinical Procedures A | 6 |
| MEDA 144 | Medical Office Administration | 5 |
| MEDA 120 | Human Body Structure and Function in Health and Disease II | 5 |
| AHSE 172 | Pharmacology | 2 |
| TOTAL | | 18 |

Quarter Three

| Course Number | Course Title | Credits |
|---------------|---|-----------|
| MEDA 127 | Clinical Procedures B | 5 |
| MEDA 115 | Communications for Healthcare Professionals | 4 |
| MEDA 140 | Medical Law and Ethics | 2 |
| MEDA 149 | Medical Insurance Procedures | 5 |
| MEDA 150 | Navigator Skills and Coaching | 2 |
| TOTAL | | 18 |

Quarter Four

| Course Number | Course Title | Credits |
|--------------------------------------|-----------------------------|-----------|
| MEDA 191 | Medical Assistant Practicum | 7 |
| MEDA 192 | Medical Assisting Seminar | 2 |
| TOTAL | | 9 |
| TOTAL Credits for Certificate | | 65 |

* English Guided Self-Placement

* All WWCC are required to take FYE 101 First Year Experience before starting the MA program or in the first quarter.

** Related Instruction (W) –AENG 100, ENGL&101

Medical Assisting Program Estimated Tuition, Fees and Supplies

| Fall Quarter | WA Resident | US Citizen not WA Resident |
|--|------------------------|---------------------------------------|
| Tuition and Fees (20 Credits, WA Residents) (includes canvas fee) | \$ 2,214.70 | \$ 2,694.19 |
| Required Books Estimated | | |
| TOTAL PER QUARTER | \$ | |
| | | |
| Winter Quarter | | |
| Tuition and Fees (18 Credits, WA Residents)(includes canvas and 1 st aid class fee) AH \$142 | \$ 2,134.96 | \$ 2,607.85 |
| Required Books Estimated | | |
| TOTAL PER QUARTER | \$ | |
| | | |
| Spring Quarter | | |
| Tuition and Fees (18 Credits, WA Residents)(includes canvas and BLS class fee) | \$ 2,134.96 | \$ 2,607.85 |
| Required Books Estimated | | |
| Supplies (Estimated) | \$ | |
| TOTAL PER QUARTER | \$ | |
| | | |
| Summer Quarter | | |
| Tuition and Fees (9 Credits, WA Residents)(includes canvas \$50, and fee) | \$ 1,314.32 | \$ 1,648.49 |
| TOTAL PER QUARTER | \$ | |
| | | |
| GRAND TOTAL | \$ 7,798.94 | \$ 9,558.38 |

TUITION AND BOOK PRICES ARE SUBJECT TO CHANGE



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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: COMPLETE THE GUIDED SELF-PLACEMENT.

Go to <https://www.wwcc.edu/admissions/placement-and-testing/> and submit your information to get the link to the English Guided Self-Placement. Applicants are required to test for English 87 or higher. Alternatively, students may provide a transcript with college-level coursework and the department will determine eligibility. Contact Information: WW (509.527.4267) CLK (509.758.1772).

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: Apply to the Allied Health department located in the Health Science Building E. Second Floor office 1802 by May 1st. Applicants are accepted on a first come first serve basis.

Step 5: Research funding sources!

- Financial Aid: WW: 509.527.4301
- Workforce Funding: 509.529.1113
- Student Success: 509.527.4262

Step 6: Submit to an Americhек background investigation by paying a NON-refundable fee of \$37 to the WWCC cashier's office. Bring your receipt to the Allied Health & Safety Education office, along with the signed background check release forms within this packet.

Step 7: Submit application materials to the Allied Health & Safety Education office. Applications are considered on a first-come, first-served basis. Application should include:

- Documentation of required immunizations and tuberculosis screenings. (Completion of immunizations are not required at the time you submit your application).
- Documented proof of high school diploma or GED

Step 8: You will be notified in writing if you have been accepted or denied acceptance into the Medical Assisting program. You will receive instructions on how to enroll in your courses at this time.

Step 9: If accepted, provide documentation or proof of immunity (must use the attached form Walla Walla Vaccination and Tuberculosis Screening Form – see page 15). Please review the attached form for detailed information.



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THINGS TO CONSIDER

- Placement tests should be taken as soon as possible and ideally in advance of the Summer quarter previous to the start of the program in order to allow time for meeting prerequisites and/or recommended preparatory courses in advance of the Fall quarter program start.
- Set up 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 completed steps 1-8 will be considered for this program. Attach any copy of immunization. **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 509.527.5168.
- You will be placed on a waitlist 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 care plan** 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.
- Be aware that more than half of the courses for the MA program are completely online and that most of the courses utilize Canvas (or other learning management formats) for a portion of the class (grade book, assignment submission, discussion board, etc.).
- 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

Last Name _____ First Name _____ MI _____

Mailing Address _____ City _____ ST _____ ZIP _____

Home Phone _____ Cell Phone _____ Mess Phone _____

WWCC Student ID # (if known) _____ Date of Birth _____

Email address: _____

DO NOT WRITE IN BOX BELOW

For Allied Health Official Use Only

Prerequisites:

- Documentation of Placement testing
- High School Diploma or GED Certificate
- CS 110 AHMA Computer Applications 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
- Covid-19
- Americhek form submitted _____ Americhek form received _____



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Background Authorization & Disclaimer

Our department policy is to first screen with Americhек Inc. and Washington State Patrol (WSP). A third background check is conducted through the Department of Social and Health Services Background Check Central Units. 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

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 being accepted into the Medical Assisting Program.

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 Medical Assisting Program.
- Share information between the Background Check Central Unit, Americhек Inc., WSP, 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 Americhек Inc., WSP, and Background Check Central Unit investigation. Furthermore, I understand that the Americhек Inc, WSP, and Background Check Central Unit investigation are only valid for six (6) months from the date the form is submitted.

Printed Name of Applicant

Signature of Applicant

Date Signed

List of criminal convictions, pending charges and negative actions that automatically disqualify individuals, students, from having unsupervised access to adults or minors who are receiving services in a program under Washington Administrative Code (WAC) 388-113

| | |
|---|--|
| <p>Section I. Disqualifying and Pending Crimes List</p> <p>Applicants for the WWCC Nursing Assistant Program must satisfy background checks requirements and may not work in a position that may involve unsupervised access to minors or vulnerable adults if he or she has been convicted of or has a pending charge for one of the following crimes listed in Section I of the following page.</p> <p>If "(less than five years)" or "(less than three years)" appears after a crime listed in Section I the individual is not automatically disqualified if the required number of years has passed since the date of the conviction. For example, if three or more years have passed since an individual was convicted of Theft in the 3rd degree that conviction would not be automatically disqualifying. If the required number of years has passed, the clinical facility must conduct an overall assessment of the person's character, competence, and suitability before allowing unsupervised access to vulnerable adults and minors.</p> <p>(1) Individuals who must satisfy background checks requirements under chapters 388-71, 388-101, 388-106, 388-76, 388-78A, 388-97, 388-825, and 388-107 WAC must not work in a position that may involve unsupervised access to minors or vulnerable adults if the individual has been convicted of or has a pending charge for any of the following crimes:</p> <ul style="list-style-type: none"> (a) Abandonment of a child; (b) Abandonment of a dependent person; (c) Abuse or neglect of a child; (d) Arson 1; (e) Assault 1; (f) Assault 2; (less than five years); (g) Assault 3; (less than five years); (h) Assault 4/simple assault (less than three years); (i) Assault 4 domestic violence felony; (j) Assault of a child; (k) Burglary 1; (l) Child buying or selling; (m) Child molestation; (n) Coercion (less than five years); (o) Commercial sexual abuse of a minor/patronizing a juvenile prostitute; (p) Communication with a minor for immoral purposes; (q) Controlled substance homicide; (r) Criminal mistreatment; (s) Custodial assault; (t) Custodial interference; (u) Custodial sexual misconduct; (v) Dealing in depictions of minor engaged in sexual explicit conduct; (w) Drive-by shooting; (x) Drug crimes, if they involve one or more of the following: <ul style="list-style-type: none"> (i) Manufacture of a drug; (ii) Delivery of a drug; (iii) Possession of a drug with the intent to manufacture or deliver. (y) Endangerment with a controlled substance; (z) Extortion 1; (aa) Extortion 2 (less than five years); (bb) Forgery (less than five years); (cc) Homicide by abuse, watercraft, vehicular homicide (negligent homicide); (dd) Identity theft (less than five years); (ee) Incendiary devices (possess, manufacture, dispose); (ff) Incest; (gg) Indecent exposure/public indecency (felony); (hh) Indecent liberties; (ii) Kidnapping; (jj) Luring; (kk) Malicious explosion 1; (ll) Malicious explosion 2; (mm) Malicious harassment; | <ul style="list-style-type: none"> (nn) Malicious placement of an explosive 1; (oo) Malicious placement of an explosive 2 (less than five years); (pp) Malicious placement of imitation device 1 (less than five years); (qq) Manslaughter; (rr) Murder/aggravated murder; (ss) Possess depictions minor engaged in sexual conduct; (tt) Promoting pornography; (uu) Promoting prostitution 1; (vv) Promoting suicide attempt (less than five years); (ww) Prostitution (less than three years); (xx) Rape; (yy) Rape of child; (zz) Residential burglary; (aaa) Robbery 1; (bbb) Robbery 2 (less than five years); (ccc) Selling or distributing erotic material to a minor; (ddd) Sending or bringing into the state depictions of a minor engaged in sexually explicit conduct; (eee) Sexual exploitation of minors; (fff) Sexual misconduct with a minor; (ggg) Sexually violating human remains; (hhh) Stalking (less than five years); (iii) Theft 1; (less than ten years) (jjj) Theft from a vulnerable adult 1; (kkk) Theft 2 (less than ten years); (lll) Theft 2 from a vulnerable 2 (less than then years); (mmm) Theft 3 (less than three years); (nnn) Unlawful imprisonment; (ooo) Unlawful use of building for drug purposes (less than five years); (ppp) use of machine gun in a felony; (qqq) Vehicular assault; (rrr) Violation of temporary restraining order or preliminary injunction involving sexual or physical abuse to a child; (sss) Violation of a temporary or permanent vulnerable adult protection order (VAPO) that was based upon abandonment, abuse, financial exploitation, or neglect; and (ttt) Voyeurism. <p>(2) If "(less than ten years)," "(less than five years)," or "(less than three years)" appears after a crime listed in subsection (1) of this section, the individual is not automatically disqualified if the required number of years has passed since the date of the conviction. This will result in a letter from the background check central unit indicating a character, competence, and suitability review is required before allowing unsupervised access to children or vulnerable adults. This provision applies to convictions that the department has determined under subsection (3) of this section as equivalent to a crime listed in subsection (1) of this section once the period of time listed in subsection (1) of this section has passed.</p> <p>(3) When the department determines that a conviction or pending charge in federal court or in any other court, including state court is equivalent to a Washington state crime that is disqualifying under this section, the equivalent conviction or pending charge is also disqualifying.</p> <p>(4) In instances where a court has issued a certificate of restoration of opportunity of one of the crimes listed above, according to the procedure in RCW 9.97.020, the conviction is not automatically disqualifying but is subject to a character, competence, and suitability review.</p> |
|---|--|

In addition to chapters 18.51 and 74.42 RCW, these rules are authorized by RCW 43.20A.710, 43.43.830 through 43.43.842 and 74.39A.050(8)

Section II Negative Actions:

The following negative actions may also be considered disqualifying or require a conduct, character, suitability, and competence review from the clinical facility before allowing the person unsupervised access to clients.

For instance, an individual

- Who has one or more of the following disqualifying negative actions:
- Is on a registry based upon a final finding of abuse, neglect, or financial exploitation of a vulnerable adult, unless the finding was made by adult protective services prior to October 2003;
- Has a founded finding of abuse or neglect of a child that was made against the person, unless the finding was made by child protective services prior to October 1, 1998;
- Had a contract or license denied, terminated, revoked, or suspended due to abuse, neglect, financial exploitation, or mistreatment of a child or vulnerable adult;
- Has relinquished a license or terminated a contract because an agency was taking an action against the individual related to alleged abuse, neglect, financial exploitation or mistreatment of a child or vulnerable adult;
- Was found in any dependency action to have sexually assaulted or exploited any child or to have physically abused any child
- Was found by a court in a domestic relation proceeding under Title [26](#) RCW, or under any comparable state or federal law, to have sexually abused or exploited any child or to have physically abused any child;
- A court has issued a permanent restraining order or order of protection, either active or expired, against the individual that was based upon abuse, neglect, financial exploitation, or mistreatment of a child or vulnerable adult; or
- Is a registered sex offender.

Under the conditions described in **Section II**, an individual is not automatically disqualified from having unsupervised access to minors and vulnerable adults if he or she:

- Has worked continuously for the same employer for whom he or she was working on July 24, 2014; and
- Does not have a conviction or pending charge that was automatically disqualifying under rules that were in effect on July 24, 2014; and

Works for a program or facility that operates under chapters 388-71 WAC, Individual providers, and home care agencies; 388-76 WAC, Adult family home; 388-78A WAC Assisted living facility; or 388-97 WAC, Nursing homes and was convicted of, or has a pending charge for:

- Residential burglary;
- Unlawful use of building for drug purposes (five or more years);
- Vehicular assault; or
- Works for a program or facility that operates under chapter 388-825 WAC (developmental disabilities administration programs) or supported living and was convicted of, or has a pending charge for:
 - Assault 3;
 - Manufacture of a controlled substance;
 - Delivery of a controlled substance; or
 - Possession of a controlled substance with the intent to manufacture or deliver.

In addition to the requirements under this section, in order for an individual to be eligible for an exception under this section, the following conditions must also be satisfied:

- The conviction date for the crimes listed in must be before July 25, 2014;
- The individual has to continue to work for the same employer; and the employer (clinical facility) or hiring entity must:
- Review the individual's character, competence, and suitability to have unsupervised access to minors or to vulnerable adults, and;
- Have documentation on file demonstrating the results of the character, competence, and suitability review; and
- Have documentation on file demonstrating that the individual meets all of the conditions of this section, including a copy of a background check result letter dated prior to July 25, 2014, indicating the individual was not disqualified from having unsupervised
- Has worked continuously for the same employer for whom he or she was working on July 24, 2014; and access to minors or vulnerable adults



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BACKGROUND RELEASE FORM: DISCLOSURE AND CONSENT

In connection with my participation at clinical training 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. 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 Americhex, Inc. (and/or any of their licensed agents) located at 27001 La Paz Road, Suite 300-A, Mission Viejo, CA 92691, (949)768-4434 and from Washington State Patrol. 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: _____

By my signature, I attest that I have reviewed all information provided in this document and that all information I have provided about myself is true and correct.

Applicant Signature: _____ Date: _____



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INFORMED CONSENT AND ACKNOWLEDGEMENT OF INSURANCE AVAILABILITY

I am aware that during the practicum and/or lab experience in which I am participating under the arrangements of Walla Walla Community College, certain dangers may occur, including, but not limited to, the following:

- Infectious conditions
- Needle punctures
- Allergic reactions
- Muscular-skeletal injuries, etc...

In consideration, and as **part payment** for the right to participate in this clinical and/or laboratory experience and the other services of Walla Walla Community College, I have and do hereby assume all the risks involved and will hold the State of Washington, Walla Walla Community College, its employees, agents, and assigns, harmless from any and all liability actions, causes of action, debts, claims, demands of every kind and nature whatsoever, which may arise from or in connection with participation in any activities arranged for me by Walla Walla Community College. The terms thereof shall serve as a release and assumption of risk for the heirs, executors, administrators, and members of my family, including minors.

By my signature on this document, I acknowledge that I have been informed and further that I understand that I should have either personal health insurance prior to enrolling in this program or that I should enroll in student health insurance.

My initials in the boxes next to the choices below show my preference:

Personal Health Insurance

Student Health Insurance

I am refusing to enroll in any health insurance program even though I am fully aware of the risks and dangers to my personal health, which may occur during my practicum/laboratory experience arranged for me by Walla Walla Community College.

Print Full Name: _____

Signature: _____

Date: _____

**Walla Walla Community College Medical Assisting Program
Vaccination and Tuberculosis Screening Requirements**

Each section must be completed and signed by your healthcare provider

STUDENT NAME: _____ **DATE OF BIRTH:** _____

Nursing: TB screening must be completed AFTER June 1 each year of the program.

Nursing Assistant: TB screening must be completed within one year prior to program start date.

M. tuberculosis Screening:
Persons entering Nursing Core Courses 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.

Interferon-Gamma Release Assays (IGRAs) can be used in place of (but not in addition to) TST in all situations in which CDC recommends TST.

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.

Persons with a positive skin test or positive IGRAs but have a negative chest (x-ray) radiograph result will need to submit radiograph results and an annual TB Symptom Screening Form (to the right) signed by both the student and healthcare provider.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm>

First-Step TST (Tuberculosis Skin Test):

Date/time placed: _____ Signature, Title, Agency: _____

Result: ____mm. Date/time read: _____ Sig., Title, Agency: _____

Second-Step TST: TST tests must be administered 1-3 weeks after First-Step

Date/time placed: _____ Signature, Title, Agency: _____

Result: ____mm. Date/time read: _____ Sig., Title, Agency: _____

OR

Interferon-Gamma Release Assay (IGRAS)

Date of Blood Draw: _____ Results: _____

Signature, Title, Agency: _____

OR

Chest X-ray (if required)

Date: _____ Results: _____

Signature, Title, Agency: _____

- *Attach Radiology Report*
- *If Chest X-ray is completed prior to June 1 (Nursing), or more than one year prior to starting other programs, you must complete the Annual TB Screening Form below.*

SECOND YEAR OF THE PROGRAM (Nursing only):

One-Step TST

Date/time placed: _____ Signature, Title, Agency: _____

Result: ____mm. Date/time read: _____ Sig., Title, Agency: _____

OR

Interferon-Gamma Release Assay (IGRAS)

Date of Blood Draw: _____ Results: _____

Signature, Title, Agency: _____

OR

ANNUAL TB SYMPTOM SCREENING FORM for those with previous Chest X-ray (see below).

ANNUAL TB SYMPTOM SCREENING FORM

**Required annually ONLY for those with prior Chest X-ray/positive TST/IGRAS.
Must be signed by student AND healthcare provider**

Date of Last Chest X-ray: _____

SIGNS/SYMPTOMS SCREENING (Yes/No). If none of these symptoms are present, an updated chest x-ray is not necessary.

- | | | |
|------------------------------|-------------------------|----------------------|
| _____ Lethargy/weakness | _____ Coughing up blood | _____ Fever |
| _____ Unexpected weight loss | _____ Loss of appetite | _____ Chest pain |
| _____ Sputum-producing cough | _____ Night sweats | _____ Swollen glands |

I am tuberculin positive. I have had the recommended course of treatment for Tuberculosis infection (LTBI).

I have had one negative chest x-ray since becoming tuberculin skin test positive.

If I develop any of the above symptoms, I agree to seek immediate medical attention.

Student signature Date Healthcare provider signature Date

**Walla Walla Community College Medical Assisting Program
Vaccination and Tuberculosis Screening Requirements, Page 2**

STUDENT NAME: _____ **DATE OF BIRTH:** _____

| <p>Varicella (Chicken Pox): Due to clinical agency requirements, effective Fall 2016 physician diagnosis is no longer acceptable for proof of immunity. Students must provide documentation of 2 doses of varicella vaccine given at least 28 days apart or laboratory evidence of immunity.</p> | <p>Vaccination Dates: 1. _____ Signature, Title, Agency: _____ 2. _____ Signature, Title, Agency: _____ OR Laboratory evidence of immunity: Date: _____ Results: _____ Signature, Title, Agency: _____</p> | | | | |
|---|--|----------|----------|--|---|
| <p>Measles, Mumps, Rubella (MMR): Documentation of either 2 doses of Measles and Mumps vaccines separated by 28 days or more, and at least one dose of live rubella vaccine, or laboratory evidence of measles, mumps and rubella immunity.</p> | <p>Vaccination Dates: 1. _____ Signature, Title, Agency: _____ 2. _____ Signature, Title, Agency: _____ OR Laboratory evidence of immunity: Date: _____ Results: _____ Signature, Title, Agency: _____</p> | | | | |
| <p>Tetanus-Diphtheria-Pertussis (Tdap): Must have a 1-time dose of Tdap. Must have a Td booster every 10 years.</p> | <p>Tdap Date: _____ Signature, Title, Agency: _____ Td Booster Date (if applicable): _____ Signature, Title, Agency: _____</p> | | | | |
| <p>Hepatitis B Vaccine: Series of 3 vaccines completed at 0-, 1-, and 6-month and post vaccination titer at 6-8 weeks after series completion.</p> <p>Minimum entry requirement: Series initiated and on schedule. Must complete series and titer prior to beginning the fourth quarter of the program.</p> <p>Alternatives for students with a negative titer (anti-HBs<10mIU/mL): You may choose one of two options recommended by the CDC: 1 additional booster 1 additional titer If still negative: 2 additional boosters 1 final titer OR Repeat the three step series followed by a final titer.</p> | <p>Hep B #1 Date: _____ Signature, Title, Agency: _____ Hep B #2 Date: _____ Signature, Title, Agency: _____ Hep B #3 Date: _____ Signature, Title, Agency: _____</p> <p>Post Vaccination Titer (Mandatory for Nursing and Allied Health Students (ie Nursing Assistant, Phlebotomy, or Medical Assisting): Date: _____ Results: _____ Signature, Title, Agency: _____</p> <p><i>If titer is negative (anti-HBs <10mIU/mL), please provide proof of AT LEAST one additional dose of Hep B vaccine, followed by anti-HBs testing 1-2 months later. Discuss options below with your health care provider.</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%; text-align: center;">OPTION 1</th> <th style="width:50%; text-align: center;">OPTION 2</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> <p>Hep B #4 Date: _____ Signature: _____</p> <p>Post Vaccination Titer: Date: _____ Results: _____ Sig: _____</p> <p><i>If 2nd titer is STILL negative (anti-HBs <10mIU/mL), provide proof of two additional doses of HepB vaccine, followed by anti-HBs testing 1-2 months later.</i></p> <p>Hep B #5 Date: _____ Signature: _____ Hep B #6 Date: _____ Signature: _____</p> <p>Final Post Vaccination Titer: Date: _____ Results: _____ Signature: _____</p> </td> <td style="padding: 5px;"> <p>Hep B #4 Date: _____ Signature: _____ Hep B #5 Date: _____ Signature: _____ Hep B #6 Date: _____ Signature: _____</p> <p>Final Post Vaccination Titer: Date: _____ Results: _____ Sig: _____</p> </td> </tr> </tbody> </table> | OPTION 1 | OPTION 2 | <p>Hep B #4 Date: _____ Signature: _____</p> <p>Post Vaccination Titer: Date: _____ Results: _____ Sig: _____</p> <p><i>If 2nd titer is STILL negative (anti-HBs <10mIU/mL), provide proof of two additional doses of HepB vaccine, followed by anti-HBs testing 1-2 months later.</i></p> <p>Hep B #5 Date: _____ Signature: _____ Hep B #6 Date: _____ Signature: _____</p> <p>Final Post Vaccination Titer: Date: _____ Results: _____ Signature: _____</p> | <p>Hep B #4 Date: _____ Signature: _____ Hep B #5 Date: _____ Signature: _____ Hep B #6 Date: _____ Signature: _____</p> <p>Final Post Vaccination Titer: Date: _____ Results: _____ Sig: _____</p> |
| OPTION 1 | OPTION 2 | | | | |
| <p>Hep B #4 Date: _____ Signature: _____</p> <p>Post Vaccination Titer: Date: _____ Results: _____ Sig: _____</p> <p><i>If 2nd titer is STILL negative (anti-HBs <10mIU/mL), provide proof of two additional doses of HepB vaccine, followed by anti-HBs testing 1-2 months later.</i></p> <p>Hep B #5 Date: _____ Signature: _____ Hep B #6 Date: _____ Signature: _____</p> <p>Final Post Vaccination Titer: Date: _____ Results: _____ Signature: _____</p> | <p>Hep B #4 Date: _____ Signature: _____ Hep B #5 Date: _____ Signature: _____ Hep B #6 Date: _____ Signature: _____</p> <p>Final Post Vaccination Titer: Date: _____ Results: _____ Sig: _____</p> | | | | |
| <p>Influenza: 1 dose of the most current influenza vaccine annually.</p> | <p>Date: _____ Signature, Title, Agency: _____ 2nd Year (Nursing Students): Date: _____ Signature, Title, Agency: _____</p> | | | | |
| <p>COVID-19: 2 doses of Pfizer or Moderna, or 1 dose of Johnson & Johnson</p> <p>*booster shots may be required by clinical agencies</p> | <p>COVID-19 #1 Date: _____ Signature, Title, Agency: _____ COVID-19 #2 Date: _____ Signature, Title, Agency: _____ COVID-19 Booster Date: _____ Signature, Title, Agency: _____ Manufacturer: _____</p> | | | | |