Nursing Assistant Program Description

Program Description:

The Nursing Assistant program prepares students for a career as a Certified Nursing Assistant. The program curriculum is aligned with the Washington state requirements to ensure the student has the necessary knowledge base and skills to succeed as a Nursing Assistant and complete subsequent state certification exam. The Nursing Assistant program will combine cognitive learning and practice of basic caregiving skills in classroom and laboratory settings. Clinical training through externships in local long-term care facilities and service agencies will allow students apply skills gained in the classroom and laboratory in actual healthcare settings.

Nursing assistants work under the direction and supervision of licensed Nursing staff and have a great deal of contact with patients and provide personal care such as bathing, feeding, and dressing. They also perform support functions such as transporting patients, taking vital signs, making beds, helping patients become ambulatory and answering patient calls. Nursing assistants are responsible for observing and reporting how patients respond to the care that is being given. Nursing Assistants have far more contact with residents than any of the other staff, and are therefore expected to develop ongoing relationships with the patients and treat them in a positive, caring way. To be a successful nursing assistant, an individual must work in a multidisciplinary team and be able to follow directions. They must also be emotionally stable and have a great deal of patience.

The WWCC Nursing Assistant Program may be completed in 1 quarter. This requires enrollment in 7 credits of Nursing Assistant (HO 100) and co-enrollment of .7 credits of HIV/AIDS Education (HO 110). If you have already completed a 7 hours HIV/AIDS Education certification, you may submit this certificate with our application to find out if this will meet this requirement. The HO 100 class includes CPR Certification.

Work Environment:

Nursing assistants work in a variety of different health care settings. These include hospitals, physician's offices, home health agencies, nursing homes, private homes, and mental health institutions. They are on their feet most of the time and may be required to lift and move patients, so physical fitness is a plus.

Personal Characteristics and requirements

The Nursing Assistant Program and requires the

1. BODY MECHANICS: The ability to lift or carry a minimum of twenty-five (25) pounds independently and fifty (50) pounds with assistance. Intermittent standing, sitting, stooping and walking is often necessary. Nursing assistants may be expected to stand on carpeting, linoleum, or be seated at a standard desk at the nurse's station or use an office chair for varying amounts of time.

2. VISION AND HEARING: Both vision and hearing should be within the normal range. Corrective devices may be utilized.
3. MOBILITY: Full range of motion of all joints is expected. Normal manual and finger dexterity are expected.

4. SENSE OF SMELL: Should be able to differentiate odors in the clinical setting.

5. COMMUNICATION SKILLS: Should be able to read and write in English. Nursing Assistants should be able to communicate verbally in English both in person and on the telephone.

6. ADAPTABILITY: Should be able to work in fast paced environments demonstrating the characteristics of adaptability and flexibility.

Career Outlook:
Job prospects for nursing assistants looks very good for the near future. There is an expected 21%-35% growth in the job market over the next decade. This exceptional growth is attributed to the rapidly growing older population that will demand more emphasis on rehabilitation and long term care. As a result, a major employer in this sector will be nursing homes and long term care facilities for people with chronic illnesses and disabling conditions. Average pay range for Nursing Assistants in Washington is between $11.00 - $15.00/ hr.

FOR INFORMATION ONLY

Accommodations for Students with Disabilities
WWCC 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 Claudia Angus, Coordinator of Disability Support Services, Walla Walla Community College, 500 Tausick Way, Walla Walla, WA 99362. Walla Walla campus: 509.527.4262, TDD 509.527.4412, claudia.angus@wwcc.edu; or Janet Danley, Clarkston campus: 509.758.1718, TDD 509.758.1714, Janet.danley@wwcc.edu

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. Overall Affirmative Action/Equal Opportunity program responsibility is assigned to Sherry Hartford, Human Resources Director (509)527-4382. The College’s Title IX and Section 504 Officer is Jose da Silva, Vice President of Student Affairs (509)527-4300.
NURSING ASSISTANT 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 48 hours before proceeding to Step 2.

Step 2: Contact the Student Development Center for ACCUPLACER Testing (509) 527-4262. (Applications should include Placement test results into READ 088 or higher)
** CASAS pre-testing is required for NAC 3901/391B class. Please Contact Rosa Zaragoza at 509-524-4808 or Clara Luz Lopez at 509-527-4646, for an appointment to be tested. (Application should include your CASAS test results into 221 or higher).
Day: Tuesday or Wednesday Check-in times: 8:20a.m. or 12:50p.m.
Room: 203 located in the main building “D”.

Step 3: Fill out and turn in the Nursing Assistant Program application packet and obtain course schedule and cost information from the Allied Health & Safety Education office at Walla Walla Community College. Applications are considered on a first come first-serve basis.

Step 4: Secure funding! Research financial aid and scholarship resources.
- The CNA course is eligible for financial aid when other required courses for the AA or Nursing degrees are taken in the same quarter or when nursing pre-requisites and support courses have been completed.
- Worker Retraining (509) 529-1113. (for those who have currently or previously received Washington Unemployment.
- Workfirst (509) 527-4790 (For those receiving the TANF Grant).
- Basic Food, Employment, and Training (BEF&T) (509) 527-1865

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 72 hours after its submission and will inform you whether or not you qualify continue to the next step. Completing steps 1-5 will save a spot for you in the program depending on space available.

Step 6: In order to be enrolled in the Nursing Assistant program, you will need to provide documentation of immunization or proof of immunity. Please review attached form for detailed information.
Students requiring a religious or medical exemption are required to meet with the Nursing Assistant Program Coordinator and provided titer results of immunity to disease where appropriate.

Step 7: You will be notified by a call, whether you are accepted into the Nursing Assistant Program or not accepted.

(Continued on back...
THINGS TO CONSIDER ….

- If you have been accepted into the Nursing Assistant Program you will have to submit to a Department of Social and Health Services background check. Our department policy is to first screen with Americhek. The DSHS criminal history screen is conducted in addition to Americhek background check and is a requirement by State law of every employee and every student intern in a long term care facility. This background check will include:
  
  - DSHS 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.

- Setup an appointment with an advisor for guidance in an 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 1-5 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 first day of class 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.

- 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 nursing assistant program

- Plan for clinical hours which could begin as early as 5:30 a.m. and end as late as 11:00 p.m.

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

PLEASE PRINT

Last Name __________________________ First Name __________________________ Mi _____

Mailing Address __________________________ City _______ ST ____ ZIP ______

Home Phone _____________ Cell Phone ____________ Mess Phone _________________

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

Date of Birth _________________ Preferred Course#: _________________

Preferred Clinical Rotation: Weekday ____________ Weekend__________________

Are you an AEP or Running Start Student? __________________________________

Are you taking this class for Nursing Pre-Requisite? __________________________

Email Address ___________________________________________________________

Expectations:

- The absence / tardy policies are very strict in the nursing assistant program and daily attendance is required.
- Dependable transportation is necessary as you will need to travel to clinical sites which could begin as early as 5:30 a.m. and end as late as 11:00 p.m.
- 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.

I have read and understand the above expectations. I agree to comply with all the requirements to maintain my placement in class.

_________________________________  ____________
Applicant Signature             Date
For Allied Health Official Use Only

Reading screening document
- CASAS Test
- Placement Test

Documentation of the following vaccines 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)
- Influenza

- Americhek form submitted _____________ Results received ________________
- BCCU form submitted _____________ Results received ________________
CLINICAL SCHEDULE ACCEPTANCE STATEMENT

Indicated your preference on this application does not guarantee you will be assigned to your preferred clinical time. Clinical assignments are made on a space available basis.

I understand that during the course of the WWCC Nursing Assistant program I will be assigned to clinical rotations in which I may be required to work during day, evening, night, and weekend shifts. I accept and will abide by the clinical assignment scheduling terms above.

__________________________________________________
Print Full Name

_____________________________________________
Student Signature

_____________________________________________
Date
INFORMED CONSENT AND ACKNOWLEDGMENT 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, musculo-skeletal injuries, etc...

In consideration, and as part payment for the right to participate in this practicum 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 preference is shown by my initials in the boxes next to the choices below:

☐  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.

________________________________________________________________________

Date                                      Signature of Student

________________________________________________________________________

Printed Name of Student

The Allied Health Department has informed me of the above.

9/2014
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 Americhek 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
A Summary of Your Rights Under the Fair Credit Reporting Act

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681 – 1681u, at the Federal Trade Commission’s web site (http://www.ftc.gov). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items, (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless you dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the date - or any error.) The CRA must give you a Written report of the investigation does not resolve the dispute; you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

- You can dispute inaccurate items with the source of the information. If you tell anyone - such as a creditor who reports to a CRA - that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; then years for bankruptcies.
• Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA — usually to consider an application with a creditor, insurer, employer, landlord, or other business.
• Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not five out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
• You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future list. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
• You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

<table>
<thead>
<tr>
<th>FOR QUESTIONS OR CONCERNS REGARDING:</th>
<th>PLEASE CONTACT</th>
</tr>
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| CRAs, creditors and others not listed below | Federal Trade Commission  
Consumer Response Center – FCRA  
Washington, DC 20580  
1-877-382-4367 (Toll Free) |
| National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name) | Office of the Comptroller of the Currency  
Compliance Management, Mail Stop 6-6  
Washington, DC 20219  
800-613-6743 |
| Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks) | Federal Reserve Board  
Division of Consumer & Community Affairs  
Washington, DC 20551  
202-452-3693 |
| Saving associations and federally chartered savings banks (word “Federal: or initials “F.S.B. appear in federal institution’s name) | Office of Thrift Supervision  
Consumer Programs  
Washington, DC 20552  
800-842-6929 |
| Federal credit unions (words “Federal Credit Union” appear in institution’s name) | National Credit Union Administration  
1775 Duke Street  
Alexandria, VA 22314  
703-518-6360 |
| State-chartered banks that are not members of the Federal Reserve System | Federal Deposit Insurance Corporation  
Division of Compliance & Consumer Affairs  
Washington, DC 20429  
800-934-FDIC |
| Air, surface, or rail common carriers regulated by former Civil Aeronautics Board of Interstate Commerce Commission | Department of Transportation  
Office of Financial Management  
Washington, DC 20590  
202-366-1306 |
| Activities subject to the Packers and Stockyards Act, 1921 | Department of Agriculture  
Office of Deputy Administrator – GIPSA  
Washington, DC 20250  
202-720-7051 |
Applicants for the WWCC Allied Health programs who must satisfy background checks requirements 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:

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.

Section I. Disqualifying and Pending Crimes

List

(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;
(g) Assault 3;
(h) Assault 4/simple assault (less than three years);
(i) Assault of a child;
(j) Burglary 1;
(k) Child buying or selling;
(l) Child molestation;
(m) Coercion (less than five years);
(n) Commercial sexual abuse of a minor/patronizing a juvenile prostitute;
(o) Communication with a minor for immoral purposes;
(p) Controlled substance homicide;
(q) Criminal mistreatment;
(r) Custodial assault;
(s) Custodial interference;
(t) Custodial sexual misconduct;
(u) Dealing in depictions of minor engaged in sexual explicit conduct;
(v) Domestic violence (felonies only);
(w) Drive-by shooting;
(x) Drug crimes, if they involve one or more of the following:
   (i) Manufacture of a drug;
   (ii) Delivery of a drug; and
   (iii) Possession of a drug with the intent to manufacture or deliver.
(y) Endangerment with a controlled substance;
(z) Extortion;
(aa) Forgery (less than five years);
(bb) Homicide by abuse, watercraft, vehicular homicide (negligent homicide);
(cc) Identity theft (less than five years);
(dd) Incendiary devices (possess, manufacture, dispose);
(ee) Incest;
(ff) Indecent exposure/public indecency (felony
   (gg) Indecent liberties;
   (hh) Kidnapping;
   (ii) Luring;
   (jj) Malicious explosion 1;
   (kk) Malicious explosion 2;
   (ll) Malicious harassment;
   (mm) Malicious placement of an explosive 1;
   (nn) Malicious placement of an explosive 2 (less than five years);
   (oo) Malicious placement of imitation device 1 (less than five years);
   (pp) Manslaughter;
   (qq) Murder/aggravated murder;
   (rr) Possess depictions minor engaged in sexual conduct;
   (ss) Promoting pornography;
   (tt) Promoting prostitution 1;
   (uu) Promoting suicide attempt (less than five years);
   (vv) Prostitution (less than three years);
   (ww) Rape;
   (xx) Rape of child;
   (yy) Residential burglary;
   (zz) Robbery;
   (aaa) Selling or distributing erotic material to a minor;
   (bbb) Sending or bringing into the state depictions of a minor engaged in sexually explicit conduct;
   (ccc) Sexual exploitation of minors;
   (ddd) Sexual misconduct with a minor;
   (eee) Sexually violating human remains;
   (fff) Stalking (less than five years);
   (ggg) Theft 1;
   (hhh) Theft 2 (less than five years);
   (iii) Theft 3 (less than three years);
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

(jjj) Unlawful imprisonment
(kkk) Unlawful use of building for drug purposes (less than 5 years);
(lll) Use of machine gun in a felony;
(mmm) Vehicular assault;
(nnn) Violation of temporary restraining order or preliminary injunction involving sexual or physical abuse to a child;
(ooo) Violation of a temporary or permanent vulnerable adult protection order (VAPO) that was based upon abandonment, abuse, financial exploitation, or neglect; and
(PPP) Voyeurism.

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 found 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 relations 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;
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

- 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 access to minors or vulnerable adults
- 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
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 Washington State Patrol (WSP) and Americhek, Inc. (and/or any of their licensed agents) located at 27001 La Paz Road, Suite 300-A, 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: _______________

Drivers License Number: ______________________________ State: _______________________

By my signature, I attest that I have reviewed all information provided and that all information provide by myself is true and correct.

Applicant Signature: ______________________________ Date: __________________
Walla Walla Community College Health Science Education
Vaccination and Tuberculosis Screening Requirements
To 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.

Medical Assisting: TB screening must be completed AFTER August 10.

Other programs: TB screening must be completed prior to enrollment.

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), August 10 (Medical Assisting), or more than one year ago for 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 ________
<table>
<thead>
<tr>
<th>Vaccination Requirement</th>
<th>Vaccination Dates</th>
<th>Laboratory evidence of immunity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Varicella (Chicken Pox):</strong> Due to</td>
<td>1. Signature, Title, Agency:</td>
<td>Date: Results:</td>
</tr>
<tr>
<td>clinical agency requirements,</td>
<td>2. Signature, Title, Agency:</td>
<td>Signature, Title, Agency:</td>
</tr>
<tr>
<td>effective Fall 2016 physician</td>
<td><strong>OR</strong></td>
<td></td>
</tr>
<tr>
<td>diagnosis is no longer acceptable for</td>
<td></td>
<td></td>
</tr>
<tr>
<td>proof of immunity. Students must</td>
<td></td>
<td></td>
</tr>
<tr>
<td>provide documentation of 2 doses of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>varicella vaccine given at least 28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>days apart or laboratory evidence of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>immunity.**</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Measles, Mumps, Rubella (MMR):</strong></td>
<td>1. Signature, Title, Agency:</td>
<td>Date: Results:</td>
</tr>
<tr>
<td>Documentation of either 2 doses of</td>
<td>2. Signature, Title, Agency:</td>
<td>Signature, Title, Agency:</td>
</tr>
<tr>
<td>Measles and Mumps vaccines separated</td>
<td><strong>OR</strong></td>
<td></td>
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<tr>
<td>by 28 days or more, and at least one</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dose of live rubella vaccine, or</td>
<td></td>
<td></td>
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<tr>
<td>laboratory evidence of measles, mumps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and rubella immunity.**</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tetanus-Diphtheria-Pertussis (Tdap):</strong></td>
<td>Tdap Date: Signature, Title, Agency:</td>
<td></td>
</tr>
<tr>
<td>Must have a 1-time dose of Tdap. Must</td>
<td>Td Booster Date (if applicable): Signature, Title, Agency:</td>
<td></td>
</tr>
<tr>
<td>have a Td booster every 10 years.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hepatitis B Vaccine:</strong> Series of</td>
<td>1. Date: Signature, Title, Agency:</td>
<td></td>
</tr>
<tr>
<td>3 vaccines completed at 0-, 1-,</td>
<td>2. Date: Signature, Title, Agency:</td>
<td></td>
</tr>
<tr>
<td>and 6-month and post vaccination titer</td>
<td>3. Date: Signature, Title, Agency:</td>
<td></td>
</tr>
<tr>
<td>at 6-8 weeks after series completion.</td>
<td><strong>AND</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Minimum entry requirement:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Series initiated and on schedule.</td>
<td><strong>Post Vaccination Titer (Mandatory for Nursing and Medical Assisting students):</strong></td>
<td></td>
</tr>
<tr>
<td>Must complete series and titer prior</td>
<td>Date: Results: Signature, Title, Agency:</td>
<td></td>
</tr>
<tr>
<td>to beginning the fourth quarter of the program.**</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Influenza:</strong> 1 dose of the most</td>
<td><strong>If titer is negative (anti-HBs &lt;10mlU/mL), please provide proof of an additional</strong></td>
<td></td>
</tr>
<tr>
<td>current influenza vaccine annually.</td>
<td>dose of HepB vaccine, followed by anti-HBs testing 1-2 months later.**</td>
<td></td>
</tr>
<tr>
<td><strong>SECOND YEAR OF THE PROGRAM (Nursing students only):</strong></td>
<td>Date: Results: Signature, Title, Agency:</td>
<td></td>
</tr>
</tbody>
</table>

**Please be sure each section is signed and dated by your healthcare provider.**
### Nursing Assistant Course Estimated Tuition, Fees and Supplies

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and fees (7 credits, resident tuition)</td>
<td>$838.67</td>
</tr>
<tr>
<td>HIV /Aids Class (.7 Credit, resident tuition)</td>
<td>$ 98.94</td>
</tr>
<tr>
<td>Lab Fee</td>
<td>$ 35.00</td>
</tr>
<tr>
<td>Skills Practice Supplies</td>
<td>$ 50.00</td>
</tr>
<tr>
<td>Malpractice Insurance</td>
<td>$ 18.75</td>
</tr>
<tr>
<td>Sub-total (tuition &amp; fees)</td>
<td>$1,041.36</td>
</tr>
<tr>
<td>Background Check Fee (minimum)</td>
<td>$ 35.00</td>
</tr>
<tr>
<td>Required Books (estimated)</td>
<td></td>
</tr>
<tr>
<td>Hybrid</td>
<td>$ 113.25</td>
</tr>
<tr>
<td>I-Best</td>
<td>$  57.75</td>
</tr>
<tr>
<td>Immunizations (estimated)</td>
<td>$ 400.00</td>
</tr>
<tr>
<td>Nurses Uniform Top (1)</td>
<td>$  22.95</td>
</tr>
<tr>
<td>Pants/Uniform (1)</td>
<td>$  22.95</td>
</tr>
<tr>
<td>Watch w/second hand</td>
<td>$19.99 - $39.95</td>
</tr>
<tr>
<td>Gait Belt</td>
<td>$  14.00</td>
</tr>
<tr>
<td>Blood Pressure Cuff / Stethoscope</td>
<td>$   45.00</td>
</tr>
</tbody>
</table>

These items are available at the Walla Walla Community College bookstore

**Reflects Walla Walla Community College bookstore pricing

Pricing does not include tax.

Costs subject to change.

***Tuition rates expected to change.***