Phlebotomy Technician Program

Program Description:

The Phlebotomy Program prepares students for a career as a Phlebotomist. Phlebotomy is a one academic quarter, 9 credit course of instruction. Phlebotomy graduates are eligible to participate in the ASCP certification examination (Route 2) for certification as a Phlebotomy Technician.

A Phlebotomy Technician draws blood from patients or donors in hospitals, blood banks, or similar facilities for analysis or other medical purposes: Assembles equipment, such as tourniquet, needles, disposable containers for needles, blood collection devices, gauze, cotton, and alcohol on work tray, according to requirements for specified tests or procedures. Verifies or records identity of patient or donor and converses with patient or donor to allay fear of procedure. Applies tourniquet to arm, locates accessible vein, swabs puncture area with antiseptic, and inserts needle into vein to draw blood into collection tube or bag. Withdraws needle, applies treatment to puncture site, and labels and stores blood container for subsequent processing. May conduct interviews, take vital signs, and draw and test blood samples to screen donors at blood bank. Phlebotomists also collect medical specimen samples other than blood as directed.

Working Environment:

Phlebotomists generally work a 5-day, 40-hour week that may include weekends. Shift work may be required if you work in the hospital. Part-time employment is often available. Other places of work include outpatient laboratories, blood banks and occupational health. Phlebotomists spend a lot of time walking and standing.

Personal Characteristics:

Being a Phlebotomy Technicians 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. The nature of the career requires adequate vision, hearing and manual dexterity.

Employment Opportunities:

According to the U.S. Bureau of Labor Statistics, phlebotomists are part of the medical technician industry, which is currently on the rise. The Bureau of Labor Statistics expects this industry to grow at least 10 percent through 2018, while other agencies predict as much as a 20 percent increase by 2014. Driving the growth for this occupation are the combined factors of a growing population, new and improved medical testing, and the increased availability of medical services.
Accommodations for Students with Disabilities


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 an individual with a disability, 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 an individual with a disability, 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 an individual with a disability, 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 an individual with a disability, 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.

Marijuana Use: Although the State of Washington passed a law that legalized personal use of marijuana, it is essential that students realize that Washington’s system of legalized marijuana does not preempt federal law. Federally, Marijuana is illegal. It is listed as a Schedule I drug which is defined as drugs, substances or chemicals with no currently accepted medical use and a high potential for abuse. Clinical agencies are bound by Federal Law with regards to Marijuana use. As guests at our clinical agencies, we are bound by this same policy. If a student test positive for Marijuana metabolites, the students will be immediately dismissed from WWCC Allied Health Courses.

Drug Testing: Although the WWCC Health Science Division does not conduct drug testing without cause, students placed at some clinical agencies will be required to submit to a mandatory urine drug screening test before Day 1 of clinical or at any subsequent time as requested.
PHLEBOTOMY TECHNICIAN PROGRAM
APPLICATION & PROCESS

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.

2: Contact the Student Development Center for ACCUPLACER Testing (509) 527-4262.

3: Read this application packet thoroughly, and begin to fill out the application packet.

4: Research funding sources!
   - 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

5: Submit application to the Allied Health & Safety Education office on or before the application deadline. Application should include:
   - ACCUPLACER test results indicating READ 088 OR higher
   - Copy of State Identification or Driver license
   - Copy of High School diploma or GED certificate
   - Personal Narrative: Type a description of your skills and abilities that would help in your work as a Phlebotomist. Describe your reasons for applying to the Phlebotomy Program. Include personal characteristics and qualifications that you possess which are necessary in a professional environment and make you well suited for the program. The personal narrative should be no more than two pages in length doubled spaced. Be sure to sign and date your statement.

Things to consider………
- APPLICATIONS IS DUE: Spring Quarter - January 31st
- Only applicants who have completed steps 1-5 will be considered for this program.
- There are always more applications than available openings for the program and acceptance is on a competitive basis.
- Eligible students will meet for a screening appointment with the lead Instructor and will be notified of the date and time by phone and or mail.
- If you are accepted, you will be required to provide documentation of immunizations or proof of immunity. Please review attached form for detailed information.
- Have dependable transportation, as you will need to travel to clinical sites.
- Begin early planning for childcare with a back-up plan for care when your child is ill.
- Be aware that absence/tardy policies are very strict in the Phlebotomy Technician Program.
- You will be notified in writing, whether you are accepted into the Phlebotomy Technician Program or not accepted.
PHLEBOTOMY TECHNICIAN PROGRAM

Upon successful completion of this course, the student is eligible to sit for examination and certification with the American Society of Clinical Pathologists. A Phlebotomist collects, handles and transports blood specimens for analysis.

Phlebotomy Program is 9 credits.

Course Content Overview (meets requirement of Route 2 ASCP Program)

- Orientation to a full-service lab
- Phlebotomy techniques
- Medical terminology related to lab
- Anatomy and physiology
- Legal Issues
- Quality assessment and improvement
- Infection control
- Safety/Emergency Procedures
- Rules & Regulations

Requirements upon Acceptance:

- Submit to an Americhek background investigation by paying a **NON-refundable fee of $35** to the cashier. Bring your receipt to the Allied Health & Safety Education office. 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.
- Submit proof of current required vaccinations prior to the start of Phlebotomy program.
- Attend all classes and labs-55 hours. Attend all clinical-110 hours
- Demonstrate proficiency in identified clinical skills
- Pass examinations
- Complete 100 successful vein punctures
- Complete 25 successful skin punctures
- Observe 5 arterial punctures

Registration Procedure

- You must receive written permission from the Allied Health & Safety Education office before you can register for this course.
- Tuition payment must be made by the college designated date or you will be dropped automatically.

*If you have questions or concerns or need additional information, Please contact us at (509) 527-4589*
PHLEBOTOMY PROGRAM APPLICATION

PRINT INFORMATION
Last Name ___________________________ First Name ___________________________ MI ______________
Mailing Address ________________________________________________________________
Home Phone _______________ Cell Phone _______________ Mess Phone _______________
Student ID # (if known) _____________ Social Security # _______________ Date of Birth __________
Email Address _________________________________________________________________

Initial each space below validating that you have met the requirement and attached documentation as requested.

_____ 18 years of age or older (attach copy of identification)
_____ Placement test results (attach a copy)
_____ High School Diploma or equivalent (attach documentation)
_____ Personal narrative (type and attach)
_____ Signed categories of crimes form
_____ Filled out and signed the Criminal Background Check form
_____ Full range of motion of all joints & normal manual and finger dexterity

If you are accepted to the Phlebotomy program, you will be required to provide proof of all the immunizations.

_____________________________________________ _____________________________
Applicant Signature Date
For Official Use Only

- Reading screening document
- Two Tuberculosis screening taken 1 to 3 weeks apart.
- Varicella Vaccine
- Measles, Mumps, Rubella (MMR)
- One-time dose of Tdap
- Hepatitis B vaccination
- Influenza vaccine administered within 9 months of START of the program
- Americhek form submitted _____________ Results received _____________
Background Authorization & Disclaimer

Our department policy is to first screen with Americhek 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, Americhek 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 Americhek Inc., WSP, and Background Check Central Unit investigation. Furthermore, I understand that the Americhek 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
A Summary of Your Rights Under the Fair Credit Reporting Act

The 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 reininsert 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 have 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.
A Summary of Your Rights Under the Fair Credit Reporting Act
(As Provided by the Federal Trade Commission)

- 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:

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<thead>
<tr>
<th>FOR QUESTIONS OR CONCERNS REGARDING:</th>
<th>PLEASE CONTACT</th>
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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 |
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

Section I. Disqualifying and Pending Crimes

- 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 (less than three years);
- Assault of a child;
- Burglary 1;
- Child buying or selling;
- Child molestation;
- Coercion (less than five years);
- Commercial sexual abuse of a minor/patronizing a juvenile prostitute;
- Communication with a minor for immoral purposes;
- Controlled substance homicide;
- Criminal mistreatment;
- Custodial assault;
- Custodial interference;
- Custodial sexual misconduct;
- Dealing in depictions of minor engaged in sexual explicit conduct;
- Domestic violence (felonies only);
- Drive-by shooting;
- Drug crimes, if they involve one or more of the following:
  - Manufacture of a drug;
  - Delivery of a drug; and
  - Possession of a drug with the intent to manufacture or deliver.
- Endangerment with a controlled substance;
- Extortion;
- Forgery (less than five years);
- Homicide by abuse, watercraft, vehicular homicide (negligent homicide);
- Identity theft (less than five years);
- Incendiary devices (possess, manufacture, dispose);
- Incest;
- Indecent exposure/public indecency (felony);
- Indecent liberties;
- Kidnapping;
- Luring;
- Malicious explosion 1;
- Malicious explosion 2;
- Malicious harassment;
- Malicious placement of an explosive 1 (less than five years);
- Malicious placement of an explosive 2 (less than five years);
- Malicious placement of imitation device 1 (less than five years);
- Manslaughter;
- Murder/aggravated murder;
- Possess depictions minor engaged in sexual conduct;
- Promoting pornography;
- Promoting prostitution 1;
- Promoting suicide attempt (less than five years);
- Prostitution (less than three years);
- Rape;
- Rape of child;
- Residential burglary;
- Robbery;
- Selling or distributing erotic material to a minor;
- Sending or bringing into the state depictions of a minor engaged in sexually explicit conduct;
- Sexual exploitation of minors;
- Sexual misconduct with a minor;
- Sexually violating human remains;
- Stalking (less than five years);
- Theft 1;
- Theft 2 (less than five years);
- Theft 3 (less than three years);

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.

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.
Unlawful imprisonment
(kkk) Unlawful use of building for drug purposes (less than 5 years);
(III) 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 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 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;
• 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
• 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 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).
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 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: ______________

Revised 11/2016
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
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

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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: ___________________________

**Interferon-Gamma Release Assay (IGRAS)**
Date of Blood Draw: ______________ Results: ___________________________
Signature, Title, Agency: ___________________________

**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.

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**SECOND YEAR OF THE PROGRAM (Nursing only):**

One-Step TST
Date/time placed: ______________ Signature, Title, Agency: ___________________________
Result: ____mm. Date/time read: ______________ Sig., Title, Agency: ___________________________

**Interferon-Gamma Release Assay (IGRAS)**
Date of Blood Draw: ______________________________ Results: ___________________________
Signature, Title, Agency: ___________________________

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

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and fees (7 credits, resident)</td>
<td>$1,100.69</td>
</tr>
<tr>
<td>Lab Fee</td>
<td>$35.00</td>
</tr>
<tr>
<td>Skills Practice Supplies Fee</td>
<td>$75.00</td>
</tr>
<tr>
<td>Malpractice Insurance</td>
<td>$18.75</td>
</tr>
<tr>
<td>Sub-total (tuition &amp; fees)</td>
<td>$1,229.44</td>
</tr>
<tr>
<td>Background Check Fee (minimum)</td>
<td>$35.00</td>
</tr>
<tr>
<td>Required Books (estimated)</td>
<td>$99.00</td>
</tr>
<tr>
<td>Scrub Uniform Top (1)</td>
<td>$22.95</td>
</tr>
<tr>
<td>Pants/Uniform (1)</td>
<td>$22.95</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***