Emergency Medical Technician

Program Description

The Emergency Medical Technician program provides instruction in delivering proper emergency care to the sick and injured in a pre-hospital setting. The overall goals are to save lives, reduce complications, and combine effective interpersonal communication with medical knowledge and skills for every patient. The course follows the DOT EMT curriculum with the addition of Washington State objectives as required by the Washington State Department of Health, Division of Emergency Medical and Trauma Services. Upon completion of this course, the student who is affiliated with an EMS agency is eligible to take the state EMT certification exam. Students completing this course may also participate in the National Registry of Emergency Medical Technicians (NREMT) EMT examination.

Persons Eligible for EMT Training

Because of the intensity of the program and the desire to keep instructor-to-student ratio low, the class number will be limited. The following priorities will be used:

2. Fire Personnel who respond to accidents.
3. Law Enforcement.
5. Those not included in above agencies.
6. It is recommended that full-time students take no more than 15 credit hours during this quarter.

Prerequisites

- ACCUPLACER test results copy indicating Reading 088 or higher, or transcript with college level coursework.
- 17 years old, and 18 years old is required for WA State Certification
- High School diploma or equivalent copy
- Valid Driver’s license copy and physical ability
- Upon acceptance, submit fee for an Americhek criminal background check verifying no disqualifying prior to the start of the EMT program.
- Immunizations (required documentation must be submitted no later than 30 days prior to clinical rotation training. Students will not attend Clinical Training without completion of required immunizations).

Requirements for Completion

Successful completion of the course will require:
1. Attend all classes. Students with three or more unexcused absences will be dropped.
2. Demonstrate proficiency of all skills.
3. Achieve passing score on final exam.

OVER
Registration Procedure

Completion of this application does not guarantee admission to any EMT course. Preliminary applications will be reviewed to assure that prerequisites for enrollment in the course have been completed. Successful applicants will be notified by mail or phone and will be given further instructions for completing official registration.

All students accepted into the EMT class will provide the following one week prior to the start of the EMT program:

- Submit to a Americhek background investigation by paying a NON-refundable fee of $35 to the WWCC cashiers after you get accepted. (REQUIRED ONE WEEK BEFORE CLASSES STARTS)
- Submit a current AHA Basic Life Support for Healthcare Providers card which must remain current during the entire quarter. (REQUIRED THE FIRST DAY OF CLASSES)

Immunizations:

Required documentation must be submitted no later than 30 days prior to clinical rotation training. Students will not attend Clinical Training without completion of required immunizations.

Applications

Please fill out the enclosed application and return to:

Allied Health and Safety Education
Walla Walla Community College
500 Tausick Way
Walla Walla, WA 99362

Applications will be accepted until August 28, 2017. Applicants will be notified by September 5, 2017.

For additional information, call 527-4589

Class Information

Credits: 10
Course Number: HO 130
Classes Begin: September 25, 2017
Classes End: December 15, 2017
Time: 6:00 p.m. - 9:00 p.m.
Place: Walla Walla Community College
Room: 1836 Health Science Building
Days: M-TH, Weekends to be arranged for labs/clinicals

Tuition and Fees Approximately: $665.15 (WA Residents).
Textbooks (estimated) $ 208.00
Background check fee: $ 35
Immunizations (estimated) $400

Tuition and fees are subject to change
FOR INFORMATION ONLY

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 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.

Walla Walla Community College prohibits smoking or other tobacco use, including the use of electronic cigarettes, distribution or sale of tobacco, including any smoking device, or carrying of any lighted smoking instrument within the perimeter or college property. This includes all college premises, sidewalks, parking lots, landscaped areas, sports fields; college owned, rented or leased building on campus; and college owned, rented or leased vehicles.

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 1 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.
EMERGENCY MEDICAL TECHNICIAN APPLICATION
Basic Life Support

(Please print legibly)

Name _____________________________________________

Last   First   Middle

Mailing Address _____________________________________________

Street   City/State   Zip

Home Phone ___________ Cell Phone ___________ Message Phone ___________

Over 17 years of Age? Yes   No

Social Security # __________________________

Date of Birth ________________ SID # __________________________

High School graduate? Yes   No   Year _______ GED? Yes   No   Year _______

Email Address _____________________________________________

AGENCY AFFILIATION (To be completed by Agency Representative)

CHIEF/SUPERVISOR or DISTRICT/AGENCY ______________________________

(Print)

SIGNATURE _____________________________________________

MAILING ADDRESS _____________________________________________

PHONE _______________________ APPLICANTS TIME WITH AGENCY ______________________

Business

APPLICANT’S NUMBER OF AGENCY RESPONSES THE PAST 12 MONTHS ________________

REASON(S) FOR RECOMMENDING THIS APPLICANT FOR CERTIFICATION:

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________
ENROLLMENT QUALIFICATIONS
ALL INDIVIDUALS applying for admission to a Washington Emergency Medical Services Training course must meet and submit documentation of the following:

(Initial 1-4 verifying documentation has been submitted with application)

1. __________ Copy of Driver License verifying age of 17 or older

2. __________ Copy of High school diploma or equivalency qualification

3. __________ Filled out and signed Americhek Criminal background check form

4. __________ I have the physical strength to perform the normal functions of an Emergency Medical Technician

5. __________ Copy of required Immunizations

CERTIFICATION
You will not be eligible for state certification as an Emergency Medical Technician UNTIL you become a functioning member of one of the following Washington EMS identified agencies in the State of Washington:

- Ambulance Personnel (paid or voluntary)
- Fire Personnel who respond to EMS calls (or with EMS responses)
- Law Enforcement Personnel
- Ski Patrol, Search & Rescue, Emergency Response Team

I HAVE READ AND UNDERSTAND ALL REQUIREMENTS THAT ARE MANDATORY FOR MY ENROLLMENT IN THE EMERGENCY MEDICAL TECHNICIAN BASIC LIFE SUPPORT TRAINING COURSE.

________________________________________   _________________________________
Signature                        Date

DO NOT WRITE BELOW

For Allied Health Official Use Only

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 ______________________
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 Emergency Medical Technician 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
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 website (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,
A Summary of Your Rights Under the Fair Credit Reporting Act
(As Provided by the Federal Trade Commission)

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

In Addition to chapters 18.51 and 74.42 RCW, these rules are authorized by RCW 42.20A.710, 43.43.830 through 43.43.842 and 74.39A.050(8).
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

In Addition to chapters 18.51 and 74.42 RCW, these rules are authorized by RCW 42.20A.710, 43.43.830 through 43.43.842 and 74.39A.050(8).

(ijj) 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 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
• 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 provided by myself is true and correct.

Applicant Signature: ___________________________________ Date: ________________
Revised 11/2016
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 EMT Faculty have informed me of the above.
## Vaccination and Tuberculosis Screening Requirements

To be completed and signed by your healthcare provider

### STUDENT NAME: _________________________ DATE OF BIRTH: ______

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| 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.

#### 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: __________________ |

#### Annual TB Symptom Screening Form for those with prior 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
- [ ] Unexpected weight loss
- [ ] Coughing up blood
- [ ] Loss of appetite
- [ ] Sputum-producing cough
- [ ] Fever
- [ ] Loss of appetite
- [ ] Chest pain
- [ ] 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 ______________

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Visit: [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm)
<table>
<thead>
<tr>
<th>Vaccination Type</th>
<th>Vaccination Dates</th>
<th>Laboratory evidence of immunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varicella (Chicken Pox)</td>
<td>1. [Signature, Title, Agency]</td>
<td>Date: [Results] [Signature, Title, Agency]</td>
</tr>
<tr>
<td></td>
<td>2. [Signature, Title, Agency]</td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
<td>1. [Signature, Title, Agency]</td>
<td>Date: [Results] [Signature, Title, Agency]</td>
</tr>
<tr>
<td></td>
<td>2. [Signature, Title, Agency]</td>
<td></td>
</tr>
<tr>
<td>Tetanus-Diphtheria-Pertussis (Tdap)</td>
<td>Date: [Signature, Title, Agency]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tdap Date: [Signature, Title, Agency]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Td Booster Date (if applicable): [Signature, Title, Agency]</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B Vaccine</td>
<td>1. Date: [Signature, Title, Agency]</td>
<td>Date: [Results] [Signature, Title, Agency]</td>
</tr>
<tr>
<td></td>
<td>2. Date: [Signature, Title, Agency]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Date: [Signature, Title, Agency]</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>AND</strong> Post Vaccination Titer (Mandatory for Nursing and Medical Assisting students): [Date: [Results] [Signature, Title, Agency]]</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>If titer is negative (anti-HBs &lt;10mIU/mL), please provide proof of an additional dose of HepB vaccine, followed by anti-HBs testing 1-2 months later.</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Date: [Signature, Title, Agency]</td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td>Date: [Signature, Title, Agency]</td>
<td></td>
</tr>
</tbody>
</table>

**Please be sure each section is signed and dated by your healthcare provider.**