Emergency Medical Technician
at Walla Walla Community College Clarkston Campus

www.wwcc.edu/alliedhealth

The Program

The 10 credit course prepares students to receive their Emergency Medical Technician certification. Upon successful completion of the course, the student is eligible to take the National Registry exam, which qualifies the student to receive the Washington State EMT certification upon affiliation with an EMS Agency. Because of the intensity of the program and the desire to keep the instructor-to-student ratio low, the class number will be limited to 24 students. This class prepares the student to be in a team environment with plenty of hands-on experience.

Apply to the Program!

Find the Emergency Medical Technician Application Packet at www.wwcc.edu/alliedhealth
(click on “Applications” on the left)

In order to take this class you must:
1. Be at least 18 years of age.
2. Present a high school diploma or equivalent with your application.
3. Present a valid American Heart Association CPR for Healthcare Providers card with your application.

For More Information

Angelica Can • (509) 527-4589 • angelica.can@wwcc.edu (Walla Walla Campus)
Jenny Charlo • (509) 758-3339 • jenny.charlo@wwcc.edu (Clarkston Campus)

Walla Walla Community College • Your Best Choice

Walla Walla Community College does not discriminate on the basis of race, color, national origin, sex, disability or age in programs and activities. Document last updated 12/2015
Clarkston Center,
Walla Walla Community College
1470 Bridge St.
Clarkston, WA 99403
(509) 758-3339

Allied Health & Safety Education
(509) 758-1702 (509) 758-1488 fax

EMT 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](http://www.wwcc.edu) or apply in person at the Office of Admissions and Records. You must complete this step at least 24 hours before proceeding to Step 2.

**Step 2:** Contact the Registrar's Office for advising and placement testing information: (509)758-1720. Applications should include your placement test results. Our department will interpret placement level. You may also provide a transcript with college level coursework and the department will determine eligibility.

**Step 3:** READ THOROUGHLY and begin to fill out the Emergency Medical Technician Program application packet and review course schedule information within this packet.

**Step 4:** Submit an AmeriCheck, Inc. background investigation by paying a *NON-refundable fee of $35* to the WWCC cashier and be sure to obtain a receipt. Attach your receipt to the completed EMT Program application packet and submit both the receipt and the completed application packet (together) to the Allied Health & Safety Education office.

Completing steps 1-4 will save a spot for you in the program depending on space availability. Applications are considered on a “first-come, first-served” basis.

"Applications will be screened upon receipt and qualified applicants will be accepted in the order received. Final deadline for application to the EMT program will be 2 weeks prior to the start of the quarter."

**Step 5:** After you have been accepted into the program, provide documentation of the required vaccinations and screening requirements *(must use attached form)*. Please review attached form for detailed information.

- Payment must be made prior to the first day of class or you will be automatically dropped. Check with the Business Office for quarter due dates (509)758-3339.
- If you have children or others you care for, begin early planning for necessary care, with a back-up plan when needed.
- Have dependable transportation as you will need to travel to clinical sites.
- Be aware that absence / tardy policies are very strict in the EMT Program
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

- 17 years old, and 18 years old is required for WA State Certification
- High School diploma (or equivalent) copy
- Valid Driver's license copy
- Physical ability
- Placement test score sheet: Our department will interpret placement level. You may also provide a transcript with college level coursework and the department will determine eligibility.
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.

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 AT LEAST one week prior to the start of the EMT program:

- Submit a current AHA Basic Life Support for Healthcare Providers card which must remain current during the entire quarter.
- Provide documentation of the required vaccinations and screening requirements (must use attached form).

Applications

Please fill out application and return to:

Allied Health and Safety Education
Walla Walla Community College, Clarkston Center
1470 Bridge Street
Clarkston, WA 99403

Class Information

Credits: 10                      Course Number: HO 130
Place: WWCC, Clarkston Center   Room: Health Science Building
Days: Typically Monday's and Wednesday's and weekends to be arranged for labs/clinicals
Tuition and fees: Subject to change. Call 509-758-1702 for information.
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: 509.758.1703, 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. The overall Affirmative Action/Equal Opportunity Program and the College’s Title IX responsibility are assigned to Sherry Hartford, Vice President of Human Resources (509)527-4382. The 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 of college property. This includes all college premises, sidewalks, parking lots, landscaped areas, sports fields; college owned, rented or leased buildings 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 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 tests positive for Marijuana metabolites, the student 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.

Revised 11-2016
EMERGENCY MEDICAL TECHNICIAN APPLICATION

(Please print legibly)

Name ____________________________

Last           First           Middle

First Name as you want it to appear on your name badge ____________________________

Mailing Address ____________________________

Street          City/State          Zip

Home Phone _________ Cell Phone ____________________________ Message Phone ________________

Over 17 years of age? ______ Date of Birth ________________ SID # ________________

________________________________________

AGENCY AFFILIATION (Optional) - (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 1-5 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, Inc. criminal background check form with $35 receipt attached.

4. ________ Contact the Registrar’s Office for advising and placement testing information: (509)758-1720. Our department will interpret placement level. You may also provide a transcript with college level coursework and the department will determine eligibility.

5. ________ I have the physical strength to perform the normal functions of an Emergency Medical Technician

CERTIFICATION will be explained during the course

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 PROGRAM.

_____________________________  ________________________________
Signature                          Date
Background Authorization & Disclaimer

Our department policy is to first screen with Americheck, Inc. A second background check is conducted through the Washington State Patrol (WSP). In the event your criminal history reports result 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 EMT program.
- Share information between Americheck, Inc., the clinical facility, the Walla Walla Community College Health Science Coordinator, 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 upon the results of the Americheck, Inc., and WSP investigations. Furthermore, I understand that these background check investigations are valid for six (6) months from the date the form is submitted.

__________________________
Printed Name of Applicant

__________________________  ________________________
Signature of Applicant       Date Signed
DHHS SECRETARY’S LIST OF CRIMES AND NEGATIVE ACTIONS
FOR USE BY ALTSA Home & Community Services for Individual Providers and Home Care Agencies

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

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

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

Abandonment of a child
Abandonment of a dependent person
Abuse or neglect of a child
Arson 1
Assault 1
Assault 2
Assault 3
Assault 4/simple assault (3 or more years)
Assault of a child
Burglary 1
Child buying or selling
Child molestation
Commercial Sexual Abuse of a Minor/Patronizing a juvenile prostitute
Communication with a minor for immoral purposes
Criminal mistreatment
Custodial assault
Custodial interference
Custodial sexual misconduct
Dealing in depictions of minor engaged in sexual explicit conduct
Endangerment with a controlled substance
Extortion
Forger (5 or more years)
Incest
Indecent exposure/Public Indecency (Felony)
Indecent liberties
Kidnapping
Malicious harassment
Manslaughter
Murder/Aggravated murder
Promoting pornography
Promoting prostitution 1
Prostitution (3 or more years)
Rape
Rape of child
Registered sex offender
Robbery
Selling or distributing erotic material to a minor
Selling or bringing into the state depictions of a minor
Sexual exploitation of minors
Sexual misconduct with a minor
Thief 1
Thief 2 (5 or more years)
Thief 3 (3 or more years)
Unlawful imprisonment
Vehicular homicide (negligent homicide)

Violation of child abuse restraining order
Violation of the Imitation Controlled Substance Act (manufacture/deliver/intent)
Violation of Uniform Controlled Substance Act (manufacture/deliver/intent)
Violation of the Uniform Legend Drug Act (manufacture/deliver/intent)
Violation of the Uniform Precursor Drug Act (manufacture/deliver/intent)
Voyeurism

Pending Crime - A person who has a pending crime on the Secretary's List is denied unsupervised access while awaiting a decision by a court, administrative entity, or governmental entity. Upon conviction or acquittal by the court, the Secretary's List is applied.

Negative Actions are considered under individual program law and rule and may lead to denial of unsupervised access to vulnerable adults.

A negative action is an administrative or civil action taken against an individual and may include:

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

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

__________________________________________________________
Print Name

__________________________________________________________
Signature

__________________________________________________________
Date

Updated 03/18/2013
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 in this document and that all information I have provided about myself is true and correct.

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

<table>
<thead>
<tr>
<th>STUDENT NAME: __________________________</th>
<th>DATE OF BIRTH: __________________________</th>
</tr>
</thead>
</table>

**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](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm)

<table>
<thead>
<tr>
<th>First-Step TST (Tuberculosis Skin Test):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date/time placed: ____________________</td>
<td>Signature, Title, Agency: _______</td>
</tr>
<tr>
<td>Result: ___mm. Date/time read: _________</td>
<td>Sig., Title, Agency: _______</td>
</tr>
</tbody>
</table>

**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
- Unexpected weight loss
- Loss of appetite
- Sputum-producing cough
- Night sweats
- Fever
- Chest pain
- 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.

<p>| Student signature | Date | Healthcare provider signature | Date |</p>
<table>
<thead>
<tr>
<th><strong>STUDENT NAME:</strong></th>
<th><strong>DATE OF BIRTH:</strong></th>
</tr>
</thead>
</table>

**Vaccination Dates:**

1. _______ Signature, Title, Agency: _______
2. _______ Signature, Title, Agency: _______

**Laboratory evidence of immunity:**

Date: _______ Results: _______

Signature, Title, Agency: _______

**Measles, Mumps, Rubella (MMR):** Documentation of either 2 doses of Measles and Mumps vaccines separated by 28 days or more, and at least one dose of live rubella vaccine, or laboratory evidence of measles, mumps and rubella immunity.

**Vaccination Dates:**

1. _______ Signature, Title, Agency: _______
2. _______ Signature, Title, Agency: _______

**Laboratory evidence of immunity:**

Date: _______ Results: _______

Signature, Title, Agency: _______

**Tetanus-Diphtheria-Pertussis (Tdap):** Must have a 1-time dose of Tdap. Must have a Td booster every 10 years.

**Tdap Date:** _______ Signature, Title, Agency: _______

**Td Booster Date (if applicable):** _______ Signature, Title, Agency: _______

**Hepatitis B Vaccine:** Series of 3 vaccines completed at 0-, 1-, and 6-month and post vaccination titer at 6-8 weeks after series completion.

Minimum entry requirement: Series initiated and on schedule. Must complete series and titer prior to beginning the fourth quarter of the program.

**Alternatives for students with a negative titer (anti-HBs<10mIU/mL):** You may choose one of two options recommended by the CDC (Centers for Disease Control):

- 1 additional booster
- 1 additional titer
- 2 additional boosters
- 1 final titer

**OR**

Repeat the three step series followed by a final titer.

**Influenza:** 1 dose of the most current Influenza vaccine annually.

**Post Vaccination Titer:**

1. _______ Signature, Title, Agency: _______
2. _______ Signature, Title, Agency: _______
3. _______ Signature, Title, Agency: _______

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

Date: _______ Signature, Title, Agency: _______

If titer is negative (anti-HBs <10mIU/mL), please provide proof of an additional dose of HepB vaccine, followed by anti-HBs testing 1-2 months later.

1. _______ Signature, Title, Agency: _______

**Post Vaccination Titer:**

Date: _______ Results: _______ Signature, Title, Agency: _______

If titer is STILL negative (anti-HBs <10mIU/mL), please provide proof of two additional doses of HepB vaccine, followed by anti-HBs testing 1-2 months later.

2. _______ Signature, Title, Agency: _______
3. _______ Signature, Title, Agency: _______

**Post Vaccination Titer:**

Date: _______ Results: _______ Signature, Title, Agency: _______
WALLA WALLA COMMUNITY COLLEGE
REGISTRATION FORM
(Please complete all questions)

Check School Term
☐ Summer ☐ Winter
☐ Fall ☐ Spring Year

Student Identification Number (SID)

Social Security Number/Signature
If you choose NOT to provide SSN, please sign in this box.

If you choose NOT to provide SSN, please sign in this box.

Last Name
First Name
Init
Phone Day: Evis:
Date of Birth

Mailing Address
Apt. #
City
State Zip

Male ☐ Female ☐

Instructor

Walla Walla Community College 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, 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 veteran 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.

1. Student Intent
H. Academic transfer
D. High school diploma/GED
E. Improve English, reading or math skills
F. Enrolled in a vocational program. Please indicate program code
G. Planning to enroll in a vocational program
J. Improving current job skills
K. Home and Family
L. Personal satisfaction—not degree seeking

2. What is your main long term goal for attending this college?
11. Take courses related to current or future work
12. Transfer to a four year college
13. High school diploma or GED

3. Are you of Spanish/Hispanic/Latino ethnicity?
☐ No (999)
☐ Yes, Hispanic/Latino (717)
☐ Yes, Mexican, Mexican American, Chicano (722)
☐ Yes, Cuban (709)
☐ Yes, Puerto Rican (727)
☐ Yes, Other Spanish (please specify)

4. Please mark ONE or MORE BOXES to indicate which race/ethnicity you consider yourself to be:
☐ Hispanic/Latino (717)
☐ Mexican, Mexican American (722)
☐ Latin American/South/Central Caribbean/Other Spanish (799)
☐ African American (872)
☐ Asian American (597)
☐ White (800)
☐ Native American (615)
☐ Korean (612)
☐ Native Hawaiian (635)
☐ Other Pacific Islander (681)
☐ Other Ethnicity (please specify)

5. Handicapped Status (Optional)
Do you have a physical or mental impairment such as seeing, hearing, speaking, walking, breathing, working with your hands, or learning which substantially limits one or more of your major life functions?
☐ Yes ☐ No

6. How long do you plan to attend Walla Walla Community College?
11. One quarter
12. Two quarters
13. One year
14. Up to two years, no degree planned

7. What is your current work status while attending college?
11. Full-time student
12. Part-time student

8. What is your prior level of education as entry to Walla Walla Community College?
11. Less than high school graduation
12. GED
13. High school graduate
14. Some post high school, but no degree/certificate

9. What was your family status when you started at the community college? Were you...
11. A single parent with children or other dependents in your care
12. A couple with children or other dependents in your care

Advisor Code

Date
Total Credits