Nursing Assistant Training
at Walla Walla Community College

www.wwcc.edu/alliedhealth

The Program

This 3 month course prepares students to function under the direction of licensed health care professionals in administering basic nursing care to patients with simple health care needs.

The course consists of lecture, discussion, practice in the campus laboratory, and actual experience in health care facilities. This course:

- Qualifies and prepares students to test for States Certification
- Credits count towards a college degree
- Credits are transferable
- CPR and HIV / Aids Certification included in the program
- 50 hours of clinical included

Apply to the Program!

Find the Nursing Assistant Application Packet at wwcc.edu/alliedhealth
(click on “Applications” on the left)
This course is offered every quarter. Ask us about our two models of instruction: IBEST or Hybrid.

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 3/2016
Nursing Assistant Program Description

Program Description:

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

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

The Nursing Assistant Program may be completed in 1 quarter. This requires enrollment in 7 credits of Nursing Assistant (HO100) and co-enrollment of .7 credits of HIV/AIDS Education (HO 110). If you have already completed a 7 hour HIV/AIDS Education certification, you may submit this certificate with your application to find out if this will meet this requirement. The HO100 class includes CPR certification.

Work Environment:

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

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

2. VISION AND HEARING: Both vision and hearing should be within the normal range. Corrective devices may be utilized.

3. MOBILITY: Full range of motion of all joints is expected. Normal manual and finger dexterity are expected.

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

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

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

Career Outlook:

Job prospects for Nursing Assistants looks very good for the near future. There is an expected 21%-35% growth in the job market over the next decade. This exceptional growth is attributed to the rapidly growing older population that will demand more emphasis on rehabilitation and long term care. As a result, a major employer in this sector will be nursing homes and long term care facilities for people with chronic illnesses and disabling conditions. Average pay range for Nursing Assistants in Washington is between $9.00 - $15.00/ hr.

FOR INFORMATION ONLY

Accommodations for Students with Disabilities
WWCC complies with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA) of 1990 as amended in 2008. Information regarding student accommodations may be obtained by contacting Claudia Angus, Coordinator of Disability Support Services, Walla Walla Community College, 500 Tausick Way, Walla Walla, WA 99362. Walla Walla campus: 509.527.4262, TDD 509.527.4412, claudia.angus@wwcc.edu; or Janet Danley, Clarkston campus: 509.758.1703, 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.
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

NURSING ASSISTANT PROGRAM
APPLICATION PROCESS

Step 1: If you have never attended Walla Walla Community College, you must first apply to the college. You can apply on our website at www.wwcc.edu or apply in person at the Office of Admissions and Records. You must complete this step at least 48 hours before proceeding to Step 2.

Step 2: Contact the 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 this application packet thoroughly, and begin to fill out the application packet.

Step 4: Meet with an advisor. Call 509-758-1720 to schedule an advising appointment.

Step 5: Research funding sources!
- The CNA course is eligible for financial aid when other required courses for the AA or Nursing degrees are taken in the same quarter or when nursing pre-requisites and support courses have been completed.
- Worker Retraining (509) 751-4058. (For those who have currently or previously received Washington unemployment).
- Workfirst (509) 751-4058 or (509) 758-1261 (For those receiving the TANF Grant).
- Workforce Training (509) 751-4058 or (509) 758-1261.
- Basic Food, Employment, and Training (BFET) (509) 751-4058.
- Financial Aid (509) 758-1700.

Step 6: Submit to an AmeriChek, Inc. background investigation by paying a NON-refundable fee of $35 to the WWCC Business Office and be sure to obtain a receipt. Attach your receipt to the completed Nursing Assistant Program application packet and submit both the receipt and the completed application packet (together) to the Health Science Division office.

Step 7: Obtain a course calendar/schedule from the Health Science Division office at the Clarkston Center, Walla Walla Community College.

In order to take this course, you must have permission from the Health Science Division. If the student qualifies, and there is space available, the student will then be granted permission to take the course and the Health Science Division will register you for this course. Applications are considered on a “first-come, first-served” basis.

Payment for the course must be made by the college designated date or you will be withdrawn from your class by the Registrar.
Step 8: Vaccination form: provide documentation on the attached form: “Student Vaccination and Tuberculosis Screening Requirements”. Please read form and follow directions carefully.

Things to consider:

• Classes fill quickly and we recommend you do not delay in beginning the application process. Only applicants who have successfully completed steps 1-6 will be considered for this program. Please check with the Health Science Division for application deadlines at (509) 758-1702.

• If you have children or others you care for, begin early planning for necessary care, with a back-up plan when needed.
NURSING ASSISTANT APPLICATION
REQUIRED INFORMATION

PLEASE PRINT

Last Name ____________________________ First Name ____________________________ Mi ______

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

Mailing Address ____________________________ City __________ ST _____ Zip ______

Home Phone ________________ Cell Phone ________________ Message Phone ________________

Student ID # ____________________________ Email Address ______________________________

Date of Birth ________________ Advisor Name ______________________________

Are you taking this course as a Nursing Degree Requirement? ______________________________

Attach the reading placement test score sheet OR a college transcript showing completion of a
READING or ENGLISH course equivalent (transfer-level) ______

Expectations:

- The absence / tardy policies are very strict in the nursing assistant program and daily attendance is
required.
- Dependable transportation is necessary as you will need to travel to clinical sites which could begin
as early as 5:30 a.m. and end as late as 11:00 p.m.
- It is your responsibility to let us know if you would like to be placed on a waiting list for the next
available course if you meet eligibility but are not accepted into the course due to full capacity.

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

________________________________________  ________________
Applicant Signature                        Date
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 Unit. This is a State law requirement of every employee and every student intern in a long term care facility. It takes a minimum of three weeks for our office to receive results from the Department of Social and Health Services Background Check Central Unit.

The Background Check Central Unit criminal history screen results will go directly to the clinical facility. This screening will include:

- Due process findings of abuse, neglect, abandonment, and exploitation.
- More specific Department of Corrections information.
- Some out-of-state information may be available through self-disclosure and/or past background checks.

In the event your criminal history report results with findings that prevent you from working with vulnerable adults, you will be notified by phone and by letter. Consequently, this would prevent you from completing the class.

With my signature below I authorize Walla Walla Community College to:

- Release all criminal background information to the clinical facility in order to facilitate the process of my enrollment in the Nursing Assistant class.
- Share information between the Background Check Central Unit, Americhek, Inc., 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 investigations. Furthermore, I understand that the Americhek, Inc., WSP, and Background Check Central Unit investigations are only valid for six (6) months from the date the forms are submitted.

Printed Name of Applicant

Signature of Applicant

Date Signed
A Summary of Your Rights Under the Fair Credit Reporting Act

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

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

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

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

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

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

- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; then years for bankruptcies.

- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not file 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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<tr>
<th>FOR QUESTIONS OR CONCERNS REGARDING:</th>
<th>PLEASE CONTACT</th>
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<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>
</tr>
</tbody>
</table>

Applicants for the WWCC Nursing Assistant program 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) Kidnaping;

(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);
(jjj) 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.

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).
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 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
- 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).
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 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: ______________________
# Background Check Authorization

**SECTION 1. ENTITY INFORMATION (COMPLETED BY DSHS STAFF, PROVIDER, APPLICANT, LICENSEE, AND/OR CONTRACTOR)**

<table>
<thead>
<tr>
<th>Entity Requesting the Background Check</th>
<th>Entire Address of Entity Listed in Box 1A</th>
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<tbody>
<tr>
<td>Prestige Care &amp; Rehabilitation-</td>
<td>1242 11th Street Clarkston Wa. 99403</td>
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<tr>
<td>Clarkston</td>
<td></td>
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<tr>
<td>Fax 509-751-9427</td>
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**2. REQUIRED: NAME AND SIGNATURE OF PERSON REQUESTING THE BACKGROUND CHECK**

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<tr>
<th>PRINTED NAME</th>
<th>Signature</th>
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<tbody>
<tr>
<td>Leah Wiggins</td>
<td>[Signature]</td>
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**3. REQUIRED ONLY FOR DSHS STATE EMPLOYMENT**

<table>
<thead>
<tr>
<th>DSHS Position Number</th>
<th>DSHS Job Classification</th>
<th>Personnel Identification Number</th>
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</table>

**4. REQUIRED: SSN ACCOUNT NUMBER**

<table>
<thead>
<tr>
<th>SSN ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>81455</td>
</tr>
</tbody>
</table>

**SECTION 2. THIS SECTION IS FOR APPLICANT INFORMATION ONLY (THE PERSON TO BE CHECKED IS THE APPLICANT)**

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Required: Date of Birth (MM/DD/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**5. PRINT YOUR E-MAIL ADDRESS**

<table>
<thead>
<tr>
<th>E-MAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**6. REQUIRED: Print your name as it is listed on your driver's license or other photo ID. WRITE NIA IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER**

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>LAST NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**7. REQUIRED: Print all other first, middle and last names you have used. WRITE NIA IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER**

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>LAST NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**8. REQUIRED: Self Disclosure Questions. See Instructions.**

You must answer Questions 11A through 14. Attach an additional sheet of paper if you need to list additional crimes or pending charges.

**11A. Have you been convicted of any crime?**

<table>
<thead>
<tr>
<th>Degree</th>
<th>State</th>
<th>Conviction Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**11B. Do you have charges (pending) against you for any crime?**

<table>
<thead>
<tr>
<th>Degree</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**12. Has a court or state agency ever issued you an order or other final notification stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or vulnerable adult?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**13. Has a court or state agency ever denied, terminated, or revoked your contract or license for failing to care for children, juveniles, or vulnerable adults; or have you ever given up your contract or license because a government agency was taking action against you for failing to care for children, juveniles, or vulnerable adults?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**14. Has a court ever entered any of the following against you for abuse, sexual abuse, neglect, abandonment, domestic violence, exploitation, or financial exploitation of a vulnerable adult, juvenile or child?**

- Permanent vulnerable adult protection order / restraining order, either active or expired, under RCW 74.34.
- Sexual assault protection order under RCW 7.90.
- Permanent civil anti-harassment protection order, either active or expired, under RCW 10.14.

See instructions for description of "permanent."

**15. REQUIRED: Print your driver's license or state identification number (WRITE NIA IN THE BOX IF YOU DON'T HAVE ONE)**

<table>
<thead>
<tr>
<th>Driver's License or State ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**16. REQUIRED**

Have you lived in any state or country other than Washington State within the last three years (36 months)?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**17. REQUIRED: Print your mailing address where we can send you confidential information**

<table>
<thead>
<tr>
<th>APT. No.</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**18. REQUIRED: Print the street address where you live now. **

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**19. REQUIRED: Give the daytime area code and telephone number where you can be reached**

---

DSHS 09-253 (REV. 04/2015)
SECTION 2: TO BE COMPLETED BY THE APPLICANT

This section must be completed by the applicant. The applicant is the person whose background we are checking. Except as noted in these instructions, DHSH staff must not complete Section 2 for the applicant. Note: Adult Protective Services program staff may complete the applicant information for an APS investigation background check.

Box No. Instructions

6 You may choose to provide your Social Security Number. Your Social Security Number helps the Background Check Central Unit match your name and date of birth to existing records in our database and may speed up completion of your background check.

7 Print your date of birth listing the month, day, and year.

8 Provide an e-mail address where we can reach you.

9 Current Name: List your first, middle, and last name as they are listed on your current Driver's License or other primary photo ID. (See example below.) Accepted government-issued photo ID includes any federal, state, or local government-issued ID, US military ID, US or foreign passport, or federally recognized tribal ID. Write N/A in each field that you do not have a name to enter.

9 REQUIRED: PRINT YOUR NAME AS IT IS ON YOUR DRIVER'S LICENSE OR OTHER PHOTO ID. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER

| FIRST: Sue | MIDDLE: Jane | LAST: Smith |

10 Other Names: Print all other first, middle, or last names you have used. Other names include nicknames, birth names, maiden names, etc. If you have not used any other first, middle, or last names, you must enter N/A in the appropriate box. Do not leave any of the boxes blank. (See examples below)

Example 1 – entering two nicknames and one maiden name. No other middle names have been used.

10 REQUIRED: PRINT ALL OTHER FIRST, MIDDLE AND LAST NAMES YOU HAVE USED. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER

| FIRST: Sue, Susie | MIDDLE: N/A | LAST: Jones |

Example 2 – entering N/A because no other first, middle, or last names have been used.

See important information about answering self-disclosure questions following the description for Box 20.

Box No. Instructions

11A You must check YES or NO. If you check YES, you must enter the crime name, degree (if any), state, and the conviction date (MM/DD/YYYY). If you need to list additional convictions, attach a separate piece of paper to the Background Check Authorization form. Include your name and all the required information listed above.

11B You must check YES or NO. If you check YES, you must enter the pending charge name, degree (if any), and state. If you need to list additional pending charges, attach a separate piece of paper to the Background Check Authorization form. Include your name and all the required information listed above.

12-14: Read each question carefully before answering. You must check YES or NO. *Question 14: Permanent means the order was issued either following a hearing or by stipulation of the parties.

15 Enter your Driver's License or state-issued ID and the state where it was issued.

16 If you have continuously lived in Washington State without living in another state or country for the last three years (36 months), answer NO. If you have lived in any state or country other than Washington State within the last three years (36 months), answer YES.

17a – Enter your mailing address where BCCU can send you confidential information such as a copy of your background check results.

17b – Enter your street address if it is different than your mailing address. If your street address and mailing address are the same, enter SAME.

17c – Enter the daytime phone number where you can be reached.

18. Read the statements in Box 18. Your signature in Box 19 means you have read, understand, and agree to the statements listed in Box 18.

19. Sign your name as it is listed in Box 9. If you are not 18 years old, a parent or guardian must sign for you.

20. Enter the month / day / year (MM/DD/YYYY) you signed Box 19.

IMPORTANT INFORMATION ABOUT ANSWERING SELF-DISCLOSURE QUESTIONS: Your answers to self-disclosure questions become part of your background check history and are stored in the DHSH database. Self-disclosures are reported as part of your background check result like any other background check history we receive. It is important that your answers to self-disclosure questions are accurate and consistent. It is strongly recommended that you answer self-disclosure questions the same way each time you complete the Background Check Authorization form unless the question has changed or the previous answer was wrong. It is also recommended that you refer to charging papers, court records, or other official documents and that you list criminal convictions, pending charges, dates and other information exactly as they are listed in those documents.

If you have questions about the Background Check Central Unit background check process, contact BCCU at bccuinquiry@dshs.wa.gov or call 360-802-7555.
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
- Muscular-skeletal injuries, etc...

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

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

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

☐ Personal Health Insurance

☐ Student Health Insurance

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

______________________________
Date

______________________________
Signature of Student

______________________________
Printed Name of Student
PARENTAL CONSENT FORM
Nursing Assistant Course

To be completed for students under 18-years-of-age.

I give consent for ____________________________
(Student’s Name)

...to participate in the Nursing Assistant Training Program at Walla Walla Community College.

________________________________________
Print Parent/Guardian Name & Relationship

________________________________________
Parent Guardian Signature

________________________________________
Date

________________________________________
Phone Number
Walla Walla Community College Health Science Education Vaccination and Tuberculosis Screening Requirements

Each section must be completed and signed by your healthcare provider

**STUDENT NAME:** ___________________________ **DATE OF BIRTH:** __________________

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

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

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

**M. tuberculosis Screening:**
Persons entering Nursing Core Courses at Walla Walla Community College are required to receive baseline screening prior to entering the program, using two-step Tuberculosis Skin Testing (TST) to test for infection with *M. tuberculosis*. If the first-step TST result is negative, the second-step TST should be administered 1-3 weeks after the first TST result was read. A second-step TST is not required if the person has a documented TST result from any time during the previous 12 months.

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

Persons with a baseline positive or newly positive result for *M. tuberculosis* infection or documentation of treatment for Latent TB Infection (LTBI) or TB disease will need one chest (x-ray) radiograph result and documentation of treatment to exclude TB disease.

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

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

| First-Step TST (Tuberculosis Skin Test): |
| Date/time placed: __________________ Signature, Title, Agency: __________________ |
| Result: ___ mm. Date/time read: ___________ Sig., Title, Agency: ________________ |

| Second-Step TST: TST tests must be administered 1-3 weeks after First-Step |
| Date/time placed: ______________ Signature, Title, Agency: __________________ |
| Result: ___ mm. Date/time read: ___________ Sig., Title, Agency: ________________ |

**INTERFERON-GAMMA RELEASE ASSAY (IGRAS):**

- 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: ________________ |

| 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).**

| **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 |
| ______ Unexpected weight loss | ______ Loss of appetite |
| ______ Sputum-producing cough | ______ Night sweats |
| ______ Swollen glands |

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

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

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

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

**REGISTRATION FORM**
(Please complete all questions)

<table>
<thead>
<tr>
<th>Check School Term</th>
<th>Student Identification Number (SID)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Summer</td>
<td>81</td>
</tr>
<tr>
<td>☐ Winter</td>
<td></td>
</tr>
<tr>
<td>☐ Fall</td>
<td></td>
</tr>
<tr>
<td>☐ Spring</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Security Number/Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you choose NOT to provide SSN</td>
</tr>
<tr>
<td>please sign in this box.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Init</th>
<th>Phone</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>Apt. #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Course No.</th>
<th>Course Title</th>
<th>Cr.</th>
<th>Em.</th>
<th>Time</th>
<th>Instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Total Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please answer questions 1-9. Each question should have only one (1) answer unless otherwise indicated.

1. **Student Intent**
   - A. 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
   - H. Please indicate program
   - I. Home and Family
   - K. Personal satisfaction—not degree seeking

2. **What is your main long term goal for attending this community 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, Spanish/Hispanic/Latino (717)
   - ☐ Yes, Mexican, Mexican American, Chicano (722)
   - ☐ Yes, Cuban (799)
   - ☐ Yes, Puerto Rican (727)
   - ☐ Yes, Other Spanish (please specify)

4. **Please mark ONE OR MORE BOXES to indicate what race/ethnicity you consider yourself to be:**
   - ☐ Hispanic/Latino (717)
   - ☐ Mexican, Mexican-American (722)
   - ☐ African American (792)
   - ☐ Filipino (608)
   - ☐ Native American Indian (597)
   - ☐ Japanese (611)
   - ☐ White (600)
   - ☐ Chinese (605)
   - ☐ Native American (615)
   - ☐ Korean (612)
   - ☐ Native Hawaiian (633)
   - ☐ Vietnamese (619)
   - ☐ Other Pacific Islander (681)
   - ☐ Other Asian (621)
   - ☐ 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

7. **What is your current work status while attending college?**
   - 11 - Full-time homemaker
   - 12 - Full-time employment
   - 13 - Part-time employment

8. **What is your prior level of education at 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

**Special Permission Request (SPR)**

- 1. As an overload of the class seat capacity.
- 2. Without having met all the requisites (requisites for quantitative skills classes cannot be waived/concurrent enrollment is not allowed) (Division Heads Only)
- 3. With a time conflict and will miss all or a portion of some classes.
- 4. With special permission. (Complete reason below)

Reason:

Instructor Signature:

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 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.