



Allied Health & Safety Education
(509) 527-4589 (509) 527-4226 fax

Walla Walla Community College
500 Tausick Way
Walla Walla, WA 99362-9267
(509) 522-2500

SPANISH MEDICAL INTERPRETING 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.wvcc.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: **Part A-** Contact the Student Development Center for ACCUPLACER Testing at (509) 527-4262 or submit copies of transcripts from other educational institutions you have attended.
Part B- Make an appointment at the Allied Health office (509-527-4589) to take the Spanish Medical Interpreter Entrance Assessment.

Step 3: Begin to fill out the Spanish Medical Interpreter Program application packet and obtain course schedule and cost information from the Allied Health & Safety Education office at Walla Walla Community College.

Step 4: Secure funding! Research financial aid and scholarship resources.

- The Spanish Medical Interpreter program is eligible for financial aid.
- Worker Retraining (509) 529-1113. (for those who have currently or previously received Washington Unemployment).
- Workfirst (509) 527-4790 (For those receiving the TANF Grant).
- Basic Food, Employment, and Training (BEF&T) (509) 527-1865

Step 5: Submit to an Americhek background investigation by paying a **NON-refundable Fee of \$35** to the WWCC cashiers. Bring your receipt to the Allied Health & Safety Education office and fill out the form. Our office will receive your background check results within 48 hours after its submission and will inform you whether or not you qualify to continue to the next step.

Step 6: Provide documentation of immunizations or proof of immunity and Tuberculosis screenings. **Please review attached form for detailed information.** (Completion of immunizations is not required at the time you submit your application).

Step 7: **Submit application** materials to the Allied Health & Safety Education Office Applications are considered on a first come first-serve basis. Application should include:

- ACCUPLACER test results or copies of transcripts from other educational institutions you have attended.

Step 8: You will be notified in writing, whether you are accepted into the Spanish Medical Interpreter Program or not accepted.

(Continued on back...)



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(509) 527-4589 (509) 527-4325 fax

THINGS TO CONSIDER

- Setup an appointment with an advisor for guidance of your educational plan, financial resources and furthering your education.
- Classes fill quickly and we recommend you **do not delay** in beginning the application process. Only applicants who have successfully completed steps 1-7 will be considered for this program. **Please check with the Allied Health office for application deadlines** at (509) 527-4589.
- Upon receipt of acceptance confirmation, register for the course through Admissions/Registration following instructions included with your acceptance letter.
- Payment must be made prior to the course or you will be automatically dropped. Check with the Office of Admissions and Registration for quarter due dates (509) 527-4283.
- You will be placed on a Wait list for the next available course if you meet eligibility but are not accepted into the course due to full capacity.
- If you have children begin early planning for childcare with a **back-up plan** for care when your child is ill.
- Have dependable transportation as you will need to travel to practicum sites.
- Be aware that absence / tardy policies are **very** strict in the Spanish Medical Interpreting program.
- Contact the Allied Health and Safety Education office about testing procedures to waive pre-requisite courses.

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

Spanish Medical Interpreter/Translator Certificate

Prerequisites: High School Diploma or GED

ACCUPLACER Score: College-Level Reading, English 101

Spanish Interpreter Entrance Assessment > 75% pass recommended

Mode of Instruction Legend: Classes are only available: Online ▲ Onsite ● Hybrid ■

Quarter One

Course Number	Course Title	Credits	Practicum	Lab hours	Mode of Instruction
OT 280	Medical Terminology	5			▲ or ●
MEDA 140	Medical Law & Ethics	2			▲
HO 109	Bilingual Spanish-English in the Workplace	3		Weekly Online Lab 2 hours per week (20 hrs. total)	▲
MEDA 110	Human Body Structure & Function in Health & Disease I	5			▲
HO 110	<i>HIV/Aids Certification(4 hours)</i>	0.4			▲
CPR 051	<i>Basic Life Support for Healthcare Providers/CPR</i>	0.4			●
Background check					\$ 35.00
Immunizations (Variable – Depends on Person)					
Books Undetermined					\$
Quarter Total Credits		15.8	Estimated Tuition WA Residents		\$1,505.34

Quarter Two

Course Number	Course Title	Credits	Practicum	Lab hours	Mode of Instruction
	8 hours Seminar (required) in Week 1				●
HO 181	Fundamentals of Interpreting I	7	30 hours Arranged	Weekly 3.5 hours online labs	■
HO 174	Transcultural Competency for Healthcare Professionals	2			▲
MEDA 120	Human Body Structure & Function in Health & Disease II	5			▲
HO 180	Fundamentals of Spanish/English Medical Translation	1			▲
Books Undetermined					?
Uniform					\$ 30.00
Quarter Total Credits		15	Estimated Tuition WA Residents		\$1,501.10

Quarter Three

Course Number	Course Title	Credits	Practicum	Lab hours	Mode of Instruction
	(2) 8.5 hours Seminars in Week 1 (required)			17 hours	●
HO 182	Fundamentals of Interpreting II	12	90 hours arranged	(2) 3.5 hours labs weekly online (63 hours total)	■
HO 189	Social Services Interpreting	2		2 hours weekly online labs	■
Books Undetermined					
Quarter Total Credits		14	Estimated Tuition WA Residents		\$1,418.11
Year-One Total Credits		44.8	Total Tuition		\$ 4,424.55

- Students with previous college education should contact Sandra Graham at 509-527-4462 or email at Sandra.graham@wwcc.edu for transcript evaluation and possible advanced ACCUPLACER.
- Registration is limited and is accepted on a first-come, first-serve basis. Application is required. For more information, contact the Allied Health office at (509) 527-4589.

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@www.wbcc.edu; or Janet Danley, Clarkston campus: 509.758.1718, TDD 509.758.1714, Janet.danley@wbcc.edu

Equal Opportunity Statement

Walla Walla Community College District No. 20 (WWCC) is committed to provide equal opportunity and nondiscrimination for all educational and employment applicants as well as for its students and employed staff, without regard to race, color, creed, national origin, sex, sexual orientation, including gender expression/identity, genetic information, marital status, age (over 40), the presence of any sensory, mental, or physical disability, the use of trained guide dog or service animal by a person with a disability, or status as a Vietnam and/or disabled veteran, National Guard member or reservist in accordance with the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, the Federal Rehabilitation of 1973, the Americans with Disabilities Act of 1990 and any other applicable Federal and Washington State laws against discrimination. Overall Affirmative Action/Equal Opportunity program responsibility is assigned to Sherry Hartford, Human Resources Director (509)527-4382. The College's Title IX and Section 504 Officer is Jose da Silva, Vice President of Student Affairs, (509)527-4300.

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

Marijuana Use: Although the State of Washington passed a law that legalized personal use of marijuana, it is essential that students realize that Washington's system of legalized marijuana does not preempt federal law. Federally, Marijuana is illegal. It is listed as a Schedule 1 drug which is defined as drugs, substances or chemicals with no currently accepted medical use and a high potential for abuse. Clinical agencies are bound by Federal Law with regards to Marijuana use. **As guests at our clinical agencies, we are bound by this same policy.** If a student test positive for Marijuana metabolites, the students will be immediately dismissed from WWCC Allied Health Courses.

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



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For official use only

Date Received _____

Date Acceptance
Notification _____

Other _____

SPANISH MEDICAL INTERPRETING PROGRAM APPLICATION

PLEASE PRINT

Last Name _____ First Name _____ MI _____

Mailing Address _____ City _____ ST _____ ZIP _____

Home Phone _____ Cell Phone _____ Mess Phone _____

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

Date of Birth _____ Email Address _____

Expectations:

- The absence / tardy policies are **very** strict in the Spanish Medical Interpreting program and daily attendance is required.
- Dependable transportation is necessary as you will need to travel to practicum sites.
- You will be placed on a Wait list for the next available course if you meet eligibility but are not accepted into the course due to full capacity.

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

Applicant Signature

Date

DO NOT WRITE IN BOX BELOW

For Allied Health Official Use Only

- Reading screening document
- Spanish Medical Interpreter Entrance Assessment

Documentation of the following vaccines or proof of immunity:

- Two-step Tuberculosis screening
- Varicella Vaccine (Chicken Pox)
- Measles, Mumps, Rubella (MMR)
- One time dose of Tdap
- Hepatitis B vaccine (HBV)
- Influenza

Americhek form submitted _____

Results received _____

Walla Walla Community College
Allied Health Department

**INFORMED CONSENT AND
ACKNOWLEDGMENT OF INSURANCE AVAILABILITY**

I am aware that during the practicum and/or lab experience in which I am participating under the arrangements of Walla Walla Community College, certain dangers may occur, including, but not limited to, the following:

Infectious conditions, needle punctures, allergic reactions, musculo-skeletal injuries, etc...

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

By my signature on this document, I acknowledge that I have been informed and further that I understand that I should have either personal health insurance prior to enrolling in this program or that I should enroll in student health insurance. My preference is shown by my initials in the boxes next to the choices below:

- Personal Health Insurance

- Student Health Insurance

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

Date

Signature of Student

Printed Name of Student

The Allied Health Department has informed me of the above.



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Background Authorization & Disclaimer

Our department policy is to first screen with Americhек Inc. and Washington State Patrol (WSP). A third background check is conducted through the Department of Social and Health Services Background Check Central Units. This is a State law requirement of every employee and every student intern in a long term care facility. It takes a minimum of three weeks for our office to receive results from the Department of Social and Health Services Background Check Central Unit.

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

- Due process findings of abuse, neglect, abandonment, and exploitation
- More specific Department of Corrections information

In the event your criminal history report results with findings that prevent you from working with vulnerable adults, you will be notified by phone and by letter. Consequently, this would prevent you from being accepted into the Spanish Medical Interpreter Program.

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

- Release all criminal background information to the clinical facility in order to facilitate the process of my enrollment in the Spanish Medical Interpreter program.
- Share information between the Background Check Central Unit, Americhек 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 Americhек Inc., WSP, and Background Check Central Unit investigation. Furthermore, I understand that the Americhек Inc, WSP, and Background Check Central Unit investigation are only valid for six (6) months from the date the form is submitted.

Printed Name of Applicant

Signature of Applicant

Date Signed

A Summary of Your Rights Under the Fair Credit Reporting Act

The 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:

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

Applicants for the WWCC Allied Health programs who must satisfy background checks requirements may not work in a position that may involve unsupervised access to minors or vulnerable adults if he or she has been convicted of or has a pending charge for one of the following crimes listed in **Section I**:

If "(less than five years)" or "(less than three years)" appears after a crime listed in **Section I** the individual is not automatically disqualified if the required number of years has passed since the date of the conviction. For example, if three or more years have passed since an individual was convicted of Theft in the 3rd degree that conviction would not be automatically disqualifying. If the required number of years has passed, the clinical facility must conduct an overall assessment of the person's character, competence, and suitability before allowing unsupervised access to vulnerable adults and minors.

Section I. Disqualifying and Pending Crimes List

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

- | | |
|---|--|
| (hhh) Theft 2 (less than five years); | (nnn) Violation of temporary restraining order or preliminary injunction involving sexual or physical abuse to a child; |
| (iii) Theft 3 (less than three years); | |
| (jjj) Unlawful imprisonment | |
| (kkk) Unlawful use of building for drug purposes (less than 5 years); | (ooo) Violation of a temporary or permanent vulnerable adult protection order (VAPO) that was based upon abandonment, abuse, financial exploitation, or neglect; and |
| (lll) Use of machine gun in a felony; | |
| (mmm) Vehicular assault; | (ppp) Voyeurism. |

Section II Negative Actions:

The following negative actions may also be considered disqualifying or require a conduct, character, suitability, and competence review from the clinical facility before allowing the person unsupervised access to clients.

For instance, an individual

- Who has one or more of the following disqualifying negative actions:
- Is on a registry based upon a final finding of abuse, neglect, or financial exploitation of a vulnerable adult, unless the finding was made by adult protective services prior to October 2003;
- Has a founded finding of abuse or neglect of a child that was made against the person, unless the finding was made by child protective services prior to October 1, 1998;
- Had a contract or license denied, terminated, revoked, or suspended due to abuse, neglect, financial exploitation, or mistreatment of a child or vulnerable adult;
- Has relinquished a license or terminated a contract because an agency was taking an action against the individual related to alleged abuse, neglect, financial exploitation or mistreatment of a child or vulnerable adult;
- Was found in any dependency action to have sexually assaulted or exploited any child or to have physically abused any child;
- Was found by a court in a domestic relations proceeding under Title 26 RCW, or under any comparable state or federal law, to have sexually abused or exploited any child or to have physically abused any child;
- A court has issued a permanent restraining order or order of protection, either active or expired, against the individual that was based upon abuse, neglect, financial exploitation, or mistreatment of a child or vulnerable adult; or
- Is a registered sex offender.

Under the conditions described in **Section II**, an individual is not automatically disqualified from having unsupervised access to minors and vulnerable adults if he or she:

- Has worked continuously for the same employer for whom he or she was working on July 24, 2014; and
- Does not have a conviction or pending charge that was automatically disqualifying under rules that were in effect on July 24, 2014; and

Works for a program or facility that operates under chapters 388-71 WAC, Individual providers and home care agencies; 388-76 WAC, Adult family home; 388-78A WAC Assisted living facility; or 388-97 WAC, Nursing homes and was convicted of, or has a pending charge for:

Residential burglary;

- Unlawful use of building for drug purposes (five or more years);
- Vehicular assault; or

- Works for a program or facility that operates under chapter 388-825 WAC (developmental disabilities administration programs) or supported living and was convicted of, or has a pending charge for:
- Assault 3;
- Manufacture of a controlled substance;
- Delivery of a controlled substance; or
- Possession of a controlled substance with the intent to manufacture or deliver.

In addition to the requirements under this section, in order for an individual to be eligible for an exception under this section, the following conditions must also be satisfied:

- The conviction date for the crimes listed in must be before July 25, 2014;
- The individual has to continue to work for the same employer; and

The employer (clinical facility) or hiring entity must:

- Review the individual's character, competence and suitability to have unsupervised access to minors or to vulnerable adults, and;
- Have documentation on file demonstrating the results of the character, competence and suitability review; and
- Have documentation on file demonstrating that the individual meets all of the conditions of this section, including a copy of a background check result letter dated prior to July 25, 2014, indicating the individual was not disqualified from having unsupervised
- 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

**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 Americhex, Inc. (and/or any of their licensed agents) located at 27001 La Paz Road, Suite 300-A, Mission Viejo, CA 92691, (949)768-4434. I understand to aid in the proper identification of my file or records the following personal identifiers, as well as other information, is necessary.

Print Name (**Full Legal Name**): _____
(First) (Middle) (Last)

Other Names Known By: _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Current Address: _____

City: _____ State: _____ ZIP: _____

Drivers License Number: _____ State : _____

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

Applicant Signature: _____ Date: _____

-----INTENTIONALLY LEFT IN BLANK-----

**Walla Walla Community College Health Science Education
Vaccination and Tuberculosis Screening Requirements**
To be completed and signed by your healthcare provider

STUDENT NAME: _____ **DATE OF BIRTH:** _____

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

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

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

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

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

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

Persons with a positive skin test or positive IGRAs, but have a negative chest (x-ray) radiograph result will need to submit radiograph results and an annual TB Symptom Screening Form (to the right) signed by both the student and healthcare provider.
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm>

First-Step TST (Tuberculosis Skin Test):

Date/time placed: _____ Signature, Title, Agency: _____
Result: _____mm. Date/time read: _____ Sig., Title, Agency: _____

Second-Step TST: *TST tests must be administered 1-3 weeks after First-Step*

Date/time placed: _____ Signature, Title, Agency: _____
Result: _____mm. Date/time read: _____ Sig., Title, Agency: _____

OR

Interferon-Gamma Release Assay (IGRAS)

Date of Blood Draw: _____ Results: _____
Signature, Title, Agency: _____

OR

Chest X-ray (if required)

Date: _____ Results: _____
Signature, Title, Agency: _____

- *Attach Radiology Report*
- *If Chest X-ray is completed prior to June 1 (Nursing), August 10 (Medical Assisting), or more than one year ago for other programs, you must complete the Annual TB Screening Form below.*

SECOND YEAR OF THE PROGRAM (Nursing only):

One-Step TST

Date/time placed: _____ Signature, Title, Agency: _____
Result: _____mm. Date/time read: _____ Sig., Title, Agency: _____

OR

Interferon-Gamma Release Assay (IGRAS)

Date of Blood Draw: _____ Results: _____
Signature, Title, Agency: _____

OR

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

ANNUAL TB SYMPTOM SCREENING FORM

**Required annually ONLY for those with prior Chest X-ray/positive TST/IGRAs.
Must be signed by student AND healthcare provider**

Date of Last Chest X-ray: _____

SIGNS/SYMPTOMS SCREENING (Yes/No). If none of these symptoms are present, an updated chest x-ray is not necessary.

- | | | |
|------------------------------|-------------------------|----------------------|
| _____ Lethargy/weakness | _____ Coughing up blood | _____ Fever |
| _____ Unexpected weight loss | _____ Loss of appetite | _____ Chest pain |
| _____ Sputum-producing cough | _____ Night sweats | _____ Swollen glands |

- I am tuberculin positive. I have had the recommended course of treatment for Tuberculosis infection (LTBI).
- I have had one negative chest x-ray since becoming tuberculin skin test positive.
- If I develop any of the above symptoms, I agree to seek immediate medical attention.

Student signature _____ Date _____ Healthcare provider signature _____ Date _____

**Walla Walla Community College Health Science Education
Vaccination and Tuberculosis Screening Requirements
Page 2**

STUDENT NAME: _____ **DATE OF BIRTH:** _____

<p>Varicella (Chicken Pox): Due to clinical agency requirements, effective Fall 2016 physician diagnosis is no longer acceptable for proof of immunity. Students must provide documentation of 2 doses of varicella vaccine given at least 28 days apart or laboratory evidence of immunity.</p>	<p>Vaccination Dates: 1. _____ Signature, Title, Agency: _____ 2. _____ Signature, Title, Agency: _____ <i>OR</i> Laboratory evidence of immunity: Date: _____ Results: _____ Signature, Title, Agency: _____</p>
<p>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.</p>	<p>Vaccination Dates: 1. _____ Signature, Title, Agency: _____ 2. _____ Signature, Title, Agency: _____ <i>OR</i> Laboratory evidence of immunity: Date: _____ Results: _____ Signature, Title, Agency: _____</p>
<p>Tetanus-Diphtheria-Pertussis (Tdap): Must have a 1-time dose of Tdap. Must have a Td booster every 10 years.</p>	<p>Tdap Date: _____ Signature, Title, Agency: _____ Td Booster Date (if applicable): _____ Signature, Title, Agency: _____</p>
<p>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.</p> <p>Minimum entry requirement: Series initiated and on schedule. Must complete series and titer prior to beginning the fourth quarter of the program.</p>	<p>1. Date: _____ Signature, Title, Agency: _____ 2. Date: _____ Signature, Title, Agency: _____ 3. Date: _____ Signature, Title, Agency: _____ <i>AND</i> Post Vaccination Titer (Mandatory for Nursing and Medical Assisting students): Date: _____ Results: _____ Signature, Title, Agency: _____ <u><i>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.</i></u> 1. Date: _____ Signature, Title, Agency: _____ Post Vaccination Titer: Date: _____ Results: _____ Signature, Title, Agency: _____</p>
<p>Influenza: 1 dose of the most current influenza vaccine annually.</p>	<p>Date: _____ Signature, Title, Agency: _____ <u>SECOND YEAR OF THE PROGRAM (Nursing students only):</u> Date: _____ Signature, Title, Agency: _____</p>

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