



Walla Walla Community College Nursing Assistant Program

Walla Walla Campus

500 Tausick Way
Walla Walla, WA 99362

Phone: 509.527.4589

Fax: 509.527-4226

angelica.can@wwcc.edu

Clarkston Campus

1470 Bridge Street
Clarkston, WA 99403

Phone: 509.758.1706

Fax: 509.758.1488

debi.schoonover@wwcc.edu

NURSING ASSISTANT PROGRAM

The Nursing Assistant Program prepares students for a career as a Certified Nursing Assistant (CNA). 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 to apply skills gained in the classroom and laboratory in actual healthcare settings. Per [WAC 246-841A-440\(8\)](#): in accordance with the program's established policies, the program retains authority to allow students who choose to do so, on a case-by-case basis, to complete their clinical training hours by working as a nursing assistant-registered in a care facility under the supervision of a licensed nurse. The NAR employment experience must meet several qualifying standards to count as clinical hours' credit; please see [WAC 246-841A-440\(8\)\(a-i\)](#) and [the WABON-approved documentation form](#) for details. This course is approved by the State of Washington Department of Health (DOH).

Nursing Assistants work under the direction and supervision of licensed nursing staff, 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 taking vital signs, making beds, helping patients become ambulatory, and answering patient calls. Nursing Assistants are responsible for documenting care given, observing, and reporting how patients respond to the care that is being given. Nursing Assistants have far more contact with residents than any other staff and are expected to develop ongoing relationships with the patients/residents and treat them in a positive, caring way. To be a successful Nursing Assistant, they will work in a multidisciplinary team, be able to follow directions, and have a great deal of patience.

The Nursing Assistant Program (NA 100) is 8 credits, is one-quarter long, and includes a 5-hour CPR certification. Prerequisite: Access to a computer and knowledge of how to use it, internet access, ENG 87 OR HIGHER.

The nursing assistant student must be able to meet the Technical Standards independently, with or without reasonable accommodation. These Technical Standards are outlined in this application on pages 17-18.

Students who successfully complete the classroom, skills lab, and clinical requirements will be eligible to take the [NNAAP Nurse Aide Exam](#).

Career Outlook:

Job prospects for Nursing Assistants look 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. The average hourly wage for Nursing Assistants in Washington State is \$17.00/hr. (<https://www.salary.com/tools/salary-calculator/nursing-assistant/wa>).

Accommodations for Students with Disabilities:

WWCC is committed to ensuring that students with disabilities have equal access to participation in campus courses programs, and activities in compliance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA) of 1990 as amended in 2008. If you anticipate or experience a physical or academic barrier based on your disability, please get in touch with the Office of Disability Support Services to discuss reasonable accommodations. You can find more information about the Office of Disability Support Services on the [DSS website](#), including instructions on applying for accommodations and contact information for your campus. If you've already been approved for accommodations through DSS, please reach out to DSS if you have any questions on how accommodations will be implemented in each course.

Contact Disability Support Services:

- Walla Walla Campus and Corrections: Kristen Duede, Kristen.duede@wwcc.edu
- Clarkston Campus: Heather Markwalter, heather.markwalter@wwcc.edu

The Section 504 Coordinator is responsible for monitoring and implementing the district's compliance with state and federal laws prohibiting disability discrimination. Stephanie Groom, Director of Human Resources, 500 Tausick Way, Walla Walla, WA 99362; stephanie.groom@wwcc.edu. 509-527-3676 serves as Interim Section 504 Compliance Officer. The College's TTY number is also 509-527-4412.

COVID-19-related Accommodations and Absences:

- If you have a disability or medical condition that presents an academic obstacle or prevents you from wearing a face covering, please contact [Disability Support Services](#). If you or a member of your family becomes ill, please contact your instructor as soon as possible to discuss how academic requirements might be modified to prevent virus related obstacles from hindering academic success.

Affirmative Action/Equal Opportunity Statement:

Walla Walla Community College District No. 20 (WWCC) is committed to provide equal opportunity 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. Chad Miltenberger, Interim Title IX Coordinator, 1470 Bridge St, Office 170, Clarkston, WA 99403; chad.miltenberger@wwcc.edu; 509-758-1711, has affirmative Action/Equal Opportunity, and Title IX responsibility. Stephanie Groom, Interim Section 504 Compliance Officer, 500 Tausick Way, Walla Walla, WA 99362; stephanie.groom@wwcc.edu, 509-527-3676 has Section 504 Compliance responsibilities.

Reasonable Accommodations for Religion/Conscience:

Students who will be absent from course activities due to reasons of faith or conscience may seek reasonable accommodations so that grades are not affected. Such requests must be made to the instructor within the first two weeks of the quarter. For additional information regarding student rights and responsibilities, please see the college's website [Religious Accommodations](#)

Diversity & Inclusion Statement:

WWCC strives to promote diversity, equity, and inclusion, not only because diversity fuels excellence and innovation, but because we want to pursue justice. Each of us is responsible for creating a safer, more inclusive environment.

Furthermore, I would like to create a learning environment that supports a diversity of thoughts, perspectives, and experiences, and honors your identities (including race, gender, class, sexuality, religion, ability, etc.) To help accomplish this:

- If you have a name and/or set of pronouns that differ from those that appear in your official records, please let me know.
- If you feel like your performance in the class is being impacted by your experiences outside of class, please don't hesitate to come and talk with me. I want to be a resource for you.
- I (like many people) am still in the process of learning about diverse perspectives and identities. If something was said in class (by anyone) that made you feel uncomfortable, please talk to me about it or reach out to the Office of Equity, Diversity & Inclusion.

Unfortunately, incidents of bias or discrimination do occur, whether intentional or unintentional, and they can contribute to creating an unwelcoming environment for individuals and groups at the college. If you experience or observe unfair or hostile treatment based on identity, we encourage you to speak out for justice and support. To report an incident or access support and resources, contact Allen Sutton, Director for Connection and Belonging at allen.sutton@wwcc.edu or 509-394-6421.

Tobacco Free Campus Policy

WWCC has adopted a 100% Tobacco Free Campus policy in Walla Walla and Clarkston campuses, effective September 1, 2015. [WWCC Tobacco Free Campus Policy](#)

Clery Act:

Notice of Jeanne Clery Act required Annual Security Report – Walla Walla Community Colleges posts an Annual Security Report online. A paper copy of the report may also be obtained free of charge by visiting the Campus Security and Environmental Health and Safety office during normal business hours. The report contains policies and procedures related to campus safety and security, three years of crime statistics and other additional safety information. (<https://www.wwcc.edu/security-environmental-health-safety/clery-act-compliance/>)

Walla Walla Community College does not discriminate on the basis of race, color, national origin, sex, gender, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding non-discrimination policies: Vice President of Human Resources/ Title IX Coordinator/Section 504 Compliance Officer; 500 Tausick Way, Walla Walla, WA 99362; 509.527.4382; titleix@wwcc.edu.

KEEP THIS PAGE FOR PROGRAM INFORMATION



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NURSING ASSISTANT APPLICATION PROCESS

Step 1: APPLY TO THE COLLEGE. If you have never attended Walla Walla Community College, you must first apply to the college. You can apply on our website at <https://www.wwcc.edu/getting-started/> 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: COMPLETE THE GUIDED SELF-PLACEMENT. Go to <https://www.wwcc.edu/admissions/placement-and-testing/> and submit your information to get the link to the English Guided Self-Placement. Applicants are required to test into English 87 or higher. Alternatively, students may provide a transcript with college level coursework and the department will determine eligibility. Contact Information: WW (509.527.4267) CLK (509.758.1772)

Step 3: COMPLETE THE APPLICATION: Read this application packet thoroughly and submit your completed application in person at the Health Science office, email, or mail it to your campus of choice (address at the top of this page).

Step 4: RESEARCH FUNDING SOURCES. The NA Program is eligible for financial aid when other required courses for AA or Nursing degrees are taken in the same quarter or when nursing pre-requisites and support courses have been completed. For funding assistance other than Financial Aid, please contact the Student Success Center/Student Affairs office and ask to speak with a Navigator or Funding specialist.

Funding Sources Available	Walla Walla	Clarkston
Financial Aid	509.527.4301	509.758.1261
Student Success Center/Student Affairs Office	509.527-4262	509.758-3339
Holly Cranston (Career Navigator)	Holly.cranston@wwcc.edu	509.524.5191

Step 5: PAY THE BACKGROUND CHECK FEE. A background check is required for participation in the NA Program. You must pay the **NON-refundable fee of \$35** to the WWCC cashier's office in Walla Walla or the WWCC Business Office in Clarkston and obtain a receipt. Attach your receipt to the completed Nursing Assistant Program application packet before you submit it to the Nursing Assistant Program office. If you wish, you may pay over the phone by leaving a message with our college Business Office at (509) 527-4204.

Step 6: TUBERCULOSIS SCREENING/VACCINES. Before registering for the NA Program, you will need to provide documentation of Tuberculosis screening, all required vaccines, and/or proof of immunity. Please review the attached form for detailed information on the requirements. Students requiring a religious or medical exemption should contact the Allied Health Department and provide titer results showing immunity to disease where appropriate.

Students who do not pay their tuition and fees by the college-designated Tuition Due Date will be automatically dropped from the course by the Registrar.

Things to consider:

After acceptance into the Nursing Assistant Program, students must complete an additional background check through the Department of Social and Health Services (DSHS). Although the Nursing Department conducts background screening initially through Americhex, Inc. and Washington State Patrol (WSP), clinical agencies require students to complete the DSHS background check. Washington State law requires a DSHS background check for every employee and student intern in a long-term care facility. This background check will include:

- DSHS due process findings of abuse, neglect, abandonment, and exploitation
 - More specific Department of Corrections information
 - Out-of-state information may be available through self-disclosure and/or past background checks
 - You will be notified by the Nursing Assistant Program Coordinator if there are any disqualifying crimes in the background check.
 - Based on the results of your background check, the clinical facility may require an interview with you to discuss criminal history before agreeing to allow participation in clinical at the facility.
-
- Courses are filled on a first-come, first-served basis and can fill quickly. We recommend you **do not delay** in beginning the application process. Only applicants who have successfully completed all steps of the Nursing Assistant Application Process will be offered admission to the program.
 - If you provide care for children or others, plan early for necessary care and **have a back-up plan** in case you need it.
 - Payment must be made prior to the first day of class or you will be automatically dropped. For information on tuition due dates, paying your bill, or arranging a payment plan, see our web site at <https://www.wvcc.edu/paying-for-college/paying-tuition/>. The cashier can be reached at (509) 527-4204.
 - 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.
 - Have dependable transportation as you will need to travel to clinical sites.
 - Be aware that absence/tardy policies are **very** strict in the Nursing Assistant Program.
 - It is possible to be assigned to a day or evening clinical. The day shift clinical may start as early as 5:30 am. The Evening clinical may end as late as 11:00 pm.

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For official use only

Date Received: _____

Date Acceptance
Notification: _____

Quarter: _____

NURSING ASSISTANT APPLICATION – please type or print

LAST NAME: _____ FIRST NAME: _____ MI: _____

PREFERRED NAME (if different than above: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ MESSAGE PHONE: _____

STUDENT ID NUMBER: _____ DATE OF BIRTH: _____

EMAIL ADDRESS: _____ ADVISOR NAME: _____

Are you under the age of 18? _____

Are you taking the Nursing Assistant Program 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:

- Absence / tardy policies are **very** strict in the Nursing Assistant Program. Daily attendance is required.
- Dependable transportation is necessary, as you will need to travel to clinical sites. Clinical shifts can begin as early as 5:30 a.m. and end as late as 11:00 p.m.
- It is your responsibility inform the Nursing Assistant Program office 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 the course.

I authorize my instructors in the Walla Walla Community College Nursing Assistant program to communicate with my sponsors and /or advisors regarding my educational plan and progress in the Nursing Assistant program.

Applicant Signature: _____ Date: _____



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CLINICAL SCHEDULE ACCEPTANCE STATEMENT

I understand that during the Nursing Assistant course at WWCC, I will be assigned to clinical rotations in which I may be required to work during **day, evening, night,** and **weekend** shifts. I accept and will abide by the clinical schedule I am assigned to.

I further understand that indicating my preference on this application does not guarantee I will be assigned to my preferred clinical time. I understand that not all options are available every quarter on every campus, and that clinical assignments are made on a space-available basis. My preferred clinical schedule (when an option exists) is:

☐

Weekday

☐

Weekend

☐

Mixed

My preferred course is:

☐

In-Class (this option is not currently available in Clarkston)

☐

Hybrid (online theory classes, labs and clinicals are in person)

Print Full Name: _____

Signature: _____ Date: _____

Class, Clinical and Lab Designation: Office use only

Clinical: Weekday: _____ Weekend: _____ Mixed: _____

Course: Traditional: _____ Hybrid: _____ IBEST: _____

Lab: A: _____ B: _____ C: _____



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BACKGROUND AUTHORIZATION AND DISCLAIMER

Nursing department policy is to first screen with Americhex, 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 Washington state law and is required of every employee and student intern in a long-term care facility. It takes a minimum of three weeks for clinical agencies 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 course.

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 Program.
- Share information between the Background Check Central Unit, Americhex, 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 program is contingent of the results of the Americhex, Inc., WSP, and Background Check Central Unit investigations. Furthermore, I understand that the Americhex, Inc., WSP, and Background Check Central Unit investigations are only valid for six (6) months from the date the forms are submitted.

Print Full Name: _____

Signature: _____

Date: _____



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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 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 and from Washington State Patrol. 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: _____

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: _____



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INFORMED CONSENT AND ACKNOWLEDGEMENT 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

Please provide a copy of your Health Insurance to the Allied Health Department

Print Full Name: _____

Signature: _____

Date: _____

DO NOT WRITE IN BOX BELOW

Official Use Only

Reading screening document

- ☐ CASAS Test
- ☐ Guided Placement Test
- ☐ College Transcripts/Records

Documentation of the following TB screening, vaccines, or proof of immunity:

- ☐ Two-step Tuberculosis screening
- ☐ Varicella Vaccine (Chicken Pox)
- ☐ Measles, Mumps, Rubella (MMR)
- ☐ One-time dose of Tdap plus Td booster if more than 10 years old
- ☐ Hepatitis B vaccine (HBV) and Hepatitis B Titer
- ☐ Influenza
- ☐ COVID-19
- ☐ Americhex, Inc. form submitted: _____ Results received: _____
- ☐ BCCU form submitted: _____ Results received: _____

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

<p>Section I. Disqualifying and Pending Crimes List</p> <p>Applicants for the WWCC Nursing Assistant Program must satisfy background checks requirements and 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 of the following page.</p> <p>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.</p> <p>(1) Individuals who must satisfy background checks requirements under chapters 388-71, 388-101, 388-106, 388-76, 388-78A, 388-97, 388-825, and 388-107 WAC must not work in a position that may involve unsupervised access to minors or vulnerable adults if the individual has been convicted of or has a pending charge for any of the following crimes:</p> <ul style="list-style-type: none"> (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; (less than five years); (g) Assault 3; (less than five years); (h) Assault 4/simple assault (less than three years); (i) Assault 4 domestic violence felony; (j) Assault of a child; (k) Burglary 1; (l) Child buying or selling; (m) Child molestation; (n) Coercion (less than five years); (o) Commercial sexual abuse of a minor/patronizing a juvenile prostitute; (p) Communication with a minor for immoral purposes; (q) Controlled substance homicide; (r) Criminal mistreatment; (s) Custodial assault; (t) Custodial interference; (u) Custodial sexual misconduct; (v) Dealing in depictions of minor engaged in sexual explicit conduct; (w) Drive-by shooting; (x) Drug crimes, if they involve one or more of the following: <ul style="list-style-type: none"> (i) Manufacture of a drug; (ii) Delivery of a drug; (iii) Possession of a drug with the intent to manufacture or deliver. (y) Endangerment with a controlled substance; (z) Extortion 1; (aa) Extortion 2 (less than five years); (bb) Forgery (less than five years); (cc) Homicide by abuse, watercraft, vehicular homicide (negligent homicide); (dd) Identity theft (less than five years); (ee) Incendiary devices (possess, manufacture, dispose); (ff) Incest; (gg) Indecent exposure/public indecency (felony); (hh) Indecent liberties; (ii) Kidnapping; (jj) Luring; (kk) Malicious explosion 1; (ll) Malicious explosion 2; (mm) Malicious harassment; (nn) Malicious placement of an explosive 1; 	<ul style="list-style-type: none"> (oo) Malicious placement of an explosive 2 (less than five years); (pp) Malicious placement of imitation device 1 (less than five years); (qq) Manslaughter; (rr) Murder/aggravated murder; (ss) Possess depictions minor engaged in sexual conduct; (tt) Promoting pornography; (uu) Promoting prostitution 1; (vv) Promoting suicide attempt (less than five years); (ww) Prostitution (less than three years); (xx) Rape; (yy) Rape of child; (zz) Residential burglary; (aaa) Robbery 1; (bbb) Robbery 2 (less than five years); (ccc) Selling or distributing erotic material to a minor; (ddd) Sending or bringing into the state depictions of a minor engaged in sexually explicit conduct; (eee) Sexual exploitation of minors; (fff) Sexual misconduct with a minor; (ggg) Sexually violating human remains; (hhh) Stalking (less than five years); (iii) Theft 1; (less than ten years) (jjj) Theft from a vulnerable adult 1; (kkk) Theft 2 (less than ten years); (lll) Theft 2 from a vulnerable 2 (less than ten years); (mmm) Theft 3 (less than three years); (nnn) Unlawful imprisonment; (ooo) Unlawful use of building for drug purposes (less than five years); (ppp) use of machine gun in a felony; (qqq) Vehicular assault; (rrr) Violation of temporary restraining order or preliminary injunction involving sexual or physical abuse to a child; (sss) Violation of a temporary or permanent vulnerable adult protection order (VAPO) that was based upon abandonment, abuse, financial exploitation, or neglect; and (ttt) Voyeurism. <p>(2) If "(less than ten years)," "(less than five years)," or "(less than three years)" appears after a crime listed in subsection (1) of this section, the individual is not automatically disqualified if the required number of years has passed since the date of the conviction. This will result in a letter from the background check central unit indicating a character, competence, and suitability review is required before allowing unsupervised access to children or vulnerable adults. This provision applies to convictions that the department has determined under subsection (3) of this section as equivalent to a crime listed in subsection (1) of this section once the period of time listed in subsection (1) of this section has passed.</p> <p>(3) When the department determines that a conviction or pending charge in federal court or in any other court, including state court is equivalent to a Washington state crime that is disqualifying under this section, the equivalent conviction or pending charge is also disqualifying.</p> <p>(4) In instances where a court has issued a certificate of restoration of opportunity of one of the crimes listed above, according to the procedure in RCW 9.97.020, the conviction is not automatically disqualifying but is subject to a character, competence, and suitability review.</p>
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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)

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



Walla Walla Community College Nursing Assistant Program

Walla Walla Campus

500 Tausick Way
Walla Walla, WA 99362
Phone: 509.527.4589
Fax: 509.527-4226

angelica.can@wwcc.edu

Clarkston Campus

1470 Bridge Street
Clarkston, WA 99403
Phone: 509.758.1706
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debi.schoonover@wwcc.edu

ESTIMATED TUITION, FEES AND OTHER EXPENSES

ESTIMATED TUITION & FEES, WWCC NURSING ASSISTANT CLASS 2024-2025

WASHINGTON RESIDENT TUITION & FEES		OUT OF STATE TUITION & FEES	
\$ 1,020.72	Tuition	\$ 1,205.84	Out of State Tuition
\$ 111.20	Facility Use Fee	\$ 120.00	Out of State Fee
\$ 24.00	Technology Fee	\$ 111.20	Facility Use Fee
\$ 19.00	Liability Insurance	\$ 24.00	Technology Fee
\$ 25.00	Hybrid Class	\$ 19.00	Liability Insurance
\$ 25.00	BLS/CPR Supply Fee	\$ 25.00	Hybrid Class
\$ 55.00	Allied Health Supply Fee	\$ 25.00	BLS Card Supply Fee
		\$ 55.00	Allied Health Supply Fee
\$ 1,279.92	TUITION TOTAL WA STATE	\$ 1,585.04	TUITION TOTAL OUT OF STATE

\$35.00	Background check fee paid by student prior to registration	\$35.00	Background check fee paid by student prior to registration
\$5.00	ID Badge Fee	\$5.00	ID Badge Fee
\$42.00	OTHER FEES PAID IN ADVANCE	\$42.00	OTHER FEES PAID IN ADVANCE

PAID TO THE BOOKSTORE		PAID TO THE BOOKSTORE	
\$ 113.25	Access code for online textbook	\$ 113.25	Access code for online textbook
\$ 87.99	Kit (stethoscope, BP cuff, etc.)	\$ 87.99	Kit (stethoscope, BP cuff, etc.)
\$ 16.50	Tax	\$ 16.50	Tax
\$ 217.74	Total cost student pays to the Bookstore	\$ 217.74	Total cost student pays to the Bookstore

\$ 1,539.66	TOTAL WASHINGTON*	\$ 1,844.78	TOTAL OUT OF STATE*
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* Cost estimate does not include Tuberculosis screening and vaccines, as those costs are variable depending on the student's health insurance and vaccine status. Uniforms are also not included as students may choose and purchase their own scrubs (except solid Royal Blue) and costs are variable depending on what the student chooses.

All tuition, fees and other program costs are **subject to change**.

Taxes not included.

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WWCC Nursing Assistant Program Technical Standards

This statement of Technical Standards identifies the functional abilities that the nursing assistant instructors have determined to be necessary in the provision of safe, effective, professional nursing care. The Technical Standards are reflected in the [WAC](#) and in the WWCC Nursing Assistant student Handbook that are available for reference on the [WWCC Website](#). If there are questions about any section of these Technical Standards, please contact Kerri Finkbiner, Nursing Administrative Program Coordinator.

Students with disabilities who have questions about or who may require reasonable accommodations in meeting the Nursing Assistant Program Technical Standards should contact [WWCC Disability Support Services](#). The nursing assistant student must be able to meet the following Technical Standards independently, with or without reasonable accommodation.

Basic Technical Skills and Observational Ability

Nursing assistant students must be able to:

- Collect, use, and interpret information from residents which includes, but is not limited to the following:
 - detect changes in skin color or condition
 - discriminate between abnormal and normal color of body fluids or exudates
 - use assessment tools accurately such as, but not limited to, blood pressure cuff, stethoscope, and automated vital signs monitors
 - detect sounds related to audible alarms
- Detect a fire in a patient care area
- Read fine print such as on equipment labeling and supplies
- Detect odors such as foul-smelling bodily fluids, spoiled foods, or smoke from burning materials
- Detect changes in skin temperature and detect unsafe temperature levels in heat-producing devices used in patient care

Communication Ability

Nursing assistant students must be able to:

- Comprehend, communicate, and document information in the English language
- Communicate accurately and effectively with:
 - patients, significant others and spouses, other family members
 - healthcare workers, and other professionals in healthcare settings
 - instructors, supervisors, classmates, and various health or educational team members in both clinical, and classroom settings
- Elicit, receive, and accurately interpret information from others:
 - collect, document, and convey relevant information to others
 - learn, understand, and use healthcare terminology
 - comprehend and follow directions and instructions
 - accurately record patient medical information,
- Present information in a professional, logical, and organized manner

Motor Abilities

Nursing assistant students must have the ability to lift or carry a minimum of twenty-five (25) pounds independently and fifty (50) pounds with assistance and be able to:

- Perform patient care activities, including, but not limited to:
 - Safely transfer patients in and out of bed
 - Ambulate patients, turning and positioning of patients
 - Move and adjust equipment to various heights
 - Reach and record the volumes in body fluid collection devices hung above or below bed level
 - Accurately place and maintain the position of stethoscope for detecting sound of blood pressure and apical pulse.
 - Manipulating small equipment and containers, such as blood pressure cuff, denture cups, food tray items, etc.

- Respond to emergency patient care situations in a timely manner and provide emergency care, including cardio-pulmonary resuscitation
- Possess the physical endurance necessary for extended periods of activity that are required for safe performance in clinical and classroom settings
- Demonstrate the ability to comply with all safety standards in all clinical settings, including, but not limited to, infectious control precautions (universal, contact, airborne) and use of emergency equipment (fire extinguisher, evacuation chairs)
- Capable of moving within and among clinical environments without compromising the safety of others

Communication and Interpersonal Skills

Nursing assistant students must have the capacity to develop and refine critical thinking, decision making and problem-solving skills that are crucial for safe and effective nursing assistant practice using, but not limited to:

- capability to measure, quantify, calculate, question, analyze, conceptualize, reason, integrate, and synthesize information in order to make timely decisions reflecting sound clinical judgment, and to determine what needs to be reported to supervising nurse
- learn from other individuals
- comprehend, integrate, and apply new information
- make sound decisions within their scope of practice

Behavioral and Social Attributes

Nursing assistant students must be able to:

- Communicate effectively, respectfully, and with cultural humility, with all individuals whom they encounter
- Demonstrate behaviors associated with compassion, respect, concern for others, integrity, ethical comportment, sound clinical judgment, and accountability for their responsibilities and actions
- Accept the supervision of an instructor and/or preceptor
- Accept constructive criticism or feedback
- Modify behavior based on feedback
- Adapt quickly to rapidly changing situations/environments, and to withstand human trauma and its effects
- Correctly judge when assistance is required and seek appropriate assistance in a timely manner; exercise good judgment
- Function cooperatively and efficiently with others

Professional, Legal, and Ethical Conduct

The WWCC Nursing Assistant Program has the Core Values of Respect, Excellence, Integrity, Accountability, Caring, and Stewardship. Student nursing assistants are expected to exhibit professional behavior, personal accountability, compassion, integrity, concern for others, and care for all individuals in a respectful and effective manner regardless of gender identity, age, race, sexual orientation, religion, disability, or any other protected status. Attending classes and/or practicum while under the influence of alcohol and/or drugs will be cause for suspension from the program

Nursing Assistant students must be able to:

- Function within the legal and ethical principles of their scope of practice
- Display behaviors that conform to the ethical role of a nursing assistant in all interactions with patients, faculty, staff, students, and the public
- Meet guidelines established by healthcare organizations where they will be engaged in clinical experiences

Walla Walla Community College Nursing Assistant Program
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.

Nursing Assistant: TB screening must be completed within one year prior to program start date.

***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), or more than one year prior to starting 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 Nursing Assistant Program
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:</p> <p>1. _____ Signature, Title, Agency: _____</p> <p>2. _____ Signature, Title, Agency: _____</p> <p>OR Laboratory evidence of immunity:</p> <p>Date: _____ Results: _____</p> <p>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:</p> <p>1. _____ Signature, Title, Agency: _____</p> <p>2. _____ Signature, Title, Agency: _____</p> <p>OR Laboratory evidence of immunity:</p> <p>Date: _____ Results: _____</p> <p>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: _____</p> <p>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>Alternatives for students with a negative titer (anti-HBs<10mIU/mL): You may choose one of two options recommended by the CDC:</p> <p>1 additional booster 1 additional titer If still negative: 2 additional boosters 1 final titer</p> <p style="text-align: center;">OR</p> <p>Repeat the three step series followed by a final titer.</p>	<p>Hep B #1 Date: _____ Signature, Title, Agency: _____</p> <p>Hep B #2 Date: _____ Signature, Title, Agency: _____</p> <p>Hep B #3 Date: _____ Signature, Title, Agency: _____</p> <p>Post Vaccination Titer (Mandatory for Nursing and Nursing Assistant students):</p> <p>Date: _____ Results: _____ Signature, Title, Agency: _____</p> <p><u>If titer is negative (anti-HBs <10mIU/mL), please provide proof of AT LEAST one additional dose of HepB vaccine, followed by anti-HBs testing 1-2 months later. Discuss options below with your health care provider.</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center; padding: 5px;">OPTION 1</th><th style="width: 50%; text-align: center; padding: 5px;">OPTION 2</th></tr> </thead> <tbody> <tr> <td style="padding: 5px;"> Hep B #4 Date: _____ Signature: _____ Post Vaccination Titer: Date: _____ Results: _____ Sig: _____ <u>If 2nd titer is STILL negative (anti-HBs <10mIU/mL), provide proof of two additional doses of HepB vaccine, followed by anti-HBs testing 1-2 months later.</u> Hep B #5 Date: _____ Signature: _____ Hep B #6 Date: _____ Signature: _____ Final Post Vaccination Titer: Date: _____ Results: _____ Signature: _____ </td><td style="padding: 5px;"> Hep B #4 Date: _____ Signature: _____ Hep B #5 Date: _____ Signature: _____ Hep B #6 Date: _____ Signature: _____ Final Post Vaccination Titer: Date: _____ Results: _____ Sig: _____ </td></tr> </tbody> </table>	OPTION 1	OPTION 2	Hep B #4 Date: _____ Signature: _____ Post Vaccination Titer: Date: _____ Results: _____ Sig: _____ <u>If 2nd titer is STILL negative (anti-HBs <10mIU/mL), provide proof of two additional doses of HepB vaccine, followed by anti-HBs testing 1-2 months later.</u> Hep B #5 Date: _____ Signature: _____ Hep B #6 Date: _____ Signature: _____ Final Post Vaccination Titer: Date: _____ Results: _____ Signature: _____	Hep B #4 Date: _____ Signature: _____ Hep B #5 Date: _____ Signature: _____ Hep B #6 Date: _____ Signature: _____ Final Post Vaccination Titer: Date: _____ Results: _____ Sig: _____
OPTION 1	OPTION 2				
Hep B #4 Date: _____ Signature: _____ Post Vaccination Titer: Date: _____ Results: _____ Sig: _____ <u>If 2nd titer is STILL negative (anti-HBs <10mIU/mL), provide proof of two additional doses of HepB vaccine, followed by anti-HBs testing 1-2 months later.</u> Hep B #5 Date: _____ Signature: _____ Hep B #6 Date: _____ Signature: _____ Final Post Vaccination Titer: Date: _____ Results: _____ Signature: _____	Hep B #4 Date: _____ Signature: _____ Hep B #5 Date: _____ Signature: _____ Hep B #6 Date: _____ Signature: _____ Final Post Vaccination Titer: Date: _____ Results: _____ Sig: _____				
<p>Influenza: 1 dose of the most current influenza vaccine annually.</p>	<p>Date: _____ Signature, Title, Agency: _____</p> <p>2nd Year (Nursing Students): Date: _____ Signature, Title, Agency: _____</p>				
<p>COVID-19: 1 dose of the most current Covid-19 vaccine annually.</p>	<p>COVID-19 Date: _____ Signature, Title, Agency: _____</p>				