



Walla Walla Community College Phlebotomy 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

Phlebotomy Technician Program

Program Description:

The Phlebotomy Technician Program prepares students for a career as a Phlebotomist. Phlebotomy is a one academic quarter, 9 credit course of instruction. Phlebotomy graduates are eligible to participate in the American Society of Clinical Pathology (ASCP) certification examination (Route 2) for certification as a Phlebotomy Technician.

A Phlebotomy Technician draws blood from patients or donors in hospitals, blood banks, or similar facilities for analysis or other medical purposes: Assembles equipment, such as tourniquet, needles, disposable containers for needles, blood collection devices, gauze, cotton, and alcohol on work tray, according to requirements for specified tests or procedures. Verifies or records identity of patient or donor and converses with patient or donor to allay fear of procedure. Applies tourniquet to arm, locates accessible vein, swabs puncture area with antiseptic, and inserts needle into vein to draw blood into collection tube or bag. Withdraws needle, applies treatment to puncture site, and labels and stores blood container for subsequent processing. May conduct interviews, take vital signs, and draw and test blood samples to screen donors at blood bank. Phlebotomists also collect medical specimen samples other than blood as directed.

Working Environment:

Phlebotomists generally work a 5-day, 40-hour week that may include weekends. Shift work may be required if you work in the hospital. Part-time employment is often available. Other places of work include outpatient laboratories, blood banks and occupational health. Phlebotomists spend a lot of time walking and standing.

Personal Characteristics:

Being a Phlebotomy Technicians requires the ability to multi-task and use critical thinking skills. Prospective students should possess personal integrity, have the ability to pay close attention to detail, be conscientious, and orderly. Physical requirements include the ability to either sit or stand for long periods of time. The nature of the career requires adequate vision, hearing and manual dexterity.

Employment Opportunities:

According to the U.S. Bureau of Labor Statistics, phlebotomists are part of the medical technician industry, which is currently on the rise. The [Bureau of Labor Statistics](https://www.bls.gov/) expects this industry to grow at least 8 percent from 2022 to 2032, faster than the average for all occupations. Driving the growth for this occupation are the combined factors of a growing population, new and improved medical testing, and the increased availability of medical services. The medium annual wage for phlebotomists was \$41,810 in May 2023.

FOR INFORMATION ONLY

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.

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.

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](#)

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 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.

Clery Act Statement:

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/>)

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](#)

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.

INTENTIONALLY LEFT IN BLANK



Walla Walla Community College Phlebotomy Program

Walla Walla Campus

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

Clarkston Campus

1470 Bridge Street
Clarkston, WA 99403
Phone: 509.758.1706
Fax: 509.758.1488

PHLEBOTOMY TECHNICIAN PROGRAM APPLICATION & PROCESS

- 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.
- 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)
- 3:** Read this application packet thoroughly, and begin to fill out the application packet.
- 4:** Research funding sources!
 - Workforce 509.529.1113
 - Student Success Center 509.527.4262
 - Rural Resources – Clarkston Campus 509.758.5461
- 5:** **Submit application** to the Allied Health & Safety Education office on or before the application deadline. Application should include:
 - Copy of High School diploma or GED certificate
 - Copy of Health Insurance

Things to consider.....

- **APPLICATIONS IS DUE:**
 - **Programs (if offered in Fall) – Due last Thursday of August**
 - **Programs (if offered in Spring) – Due last Friday of January**
- Only applicants who have completed steps 1-5 will be considered for this program.
- There are always more applications than available openings for the program and acceptance is on a first come first serves basis.
- If you are accepted, you will be required to provide documentation for Tuberculosis screenings, Varicella, MMR, Tdap, Hepatitis B-titer test, COVID-19, and influenza immunizations or proof of immunity. Please review the attached form for detailed information.
- Have dependable transportation, as you will need to travel to clinical sites.
- Begin early planning for childcare with a **back- up plan** for care when your child is ill.
- Be aware that absence/tardy policies are very strict in the Phlebotomy Technician Program.
- You will be notified in writing, whether you are accepted into the Phlebotomy Technician Program or not accepted.

Program overview on back of this page



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

PHLEBOTOMY TECHNICIAN PROGRAM

Upon successful completion of this course, the student is eligible to sit for examination and certification with the American Society of Clinical Pathologists. A Phlebotomist –collects, - handles and -transports blood specimens for analysis.

The Phlebotomy Program is 9 credits.

Course Content Overview (meets requirement of Route 2 ASCP Program)

- Orientation to a full-service lab
- Phlebotomy techniques
- Medical terminology related to lab
- Anatomy and physiology
- Legal Issues
- Quality assessment and improvement
- Infection control
- Safety/Emergency Procedures
- Rules & Regulations

Requirements upon Acceptance:

- Submit to an Americhex background investigation by paying a **NON-refundable fee of \$35** to the cashier. Bring your receipt to the Allied Health & Safety Education office. 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.
- Submit proof of current required vaccinations prior to the start of Phlebotomy program.
- Attend **all** classes and labs-55 hours. Complete **all** clinical-120 hours
- Demonstrate proficiency in identified clinical skills
- Pass examinations
- Complete 100 successful vein punctures
- Complete 25 successful skin punctures
- 10 specialty venipunctures prior to clinical

Registration Procedure

- You must receive written permission from the Allied Health & Safety Education office before you can register for this course.
- Tuition payment must be made by the college designated date or you will be dropped automatically.

***If you have questions or concerns or need additional information,
Please contact us at 509.527.4589***



Allied Health & Safety Education
509.527.4589

Walla Walla Community College
500 Tausick Way
Walla Walla, WA 99362-9267
509.522.2500

For official use only

Date Received

Acceptance/ Non
Acceptance Notification

PHLEBOTOMY PROGRAM APPLICATION

PRINT INFORMATION

Are you applying at: Walla Walla Campus ☐ or Clarkston Campus ☐

Last Name _____ First Name _____ MI _____

Mailing Address _____

Home Phone _____ Cell Phone _____ Mess Phone _____

Student ID # (if known) _____ Date of Birth _____

Email Address _____

Initial each space below validating that you have met the requirement and attached documentation as requested.

_____ 18 years of age or older (attach copy of identification)

_____ High School Diploma or equivalent (attach documentation)

If you are accepted to the Phlebotomy program, you will be required to provide proof of all the immunizations.

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

Applicant Signature

Date

For Official Use Only

- ☐ Guided Placement test
- ☐ Two Tuberculosis screening taken 1 to 3 weeks apart.
- ☐ Varicella Vaccine
- ☐ Measles, Mumps, Rubella (MMR)
- ☐ One-time dose of Tdap
- ☐ Hepatitis B vaccination
- ☐ Hepatitis B Titer Test
- ☐ Influenza vaccine administered within 9 months of START of the program
- ☐ Covid Vaccine
- ☐ Americhek form submitted _____ Results received _____



**Walla Walla Community College Nursing Assistant
Program**

Walla Walla Campus
500 Tausick Way
Walla Walla, WA 99362
Phone: 509.527.4589

Clarkston Campus
1470 Bridge Street
Clarkston, WA 99403
Phone: 509.758.1706

Background Authorization & Disclaimer

Our 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 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 Phlebotomy 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 Medical Assisting 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 course is contingent of the results of the Americhex Inc., WSP, and Background Check Central Unit investigation. Furthermore, I understand that the Americhex 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

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: _____

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

Applicant Signature: _____ Date: _____

CLINICAL SCHEDULE ACCEPTANCE STATEMENT

I understand that during the course of the WWCC Phlebotomy program I will be scheduled to clinical rotations in which I may be required to work during **day**, **evening**, **night**, and **weekend** shifts. Clinical schedules are subject to change and authorized by the clinical instructor and the clinical site.

Print Full Name

Student Signature

Date



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

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: _____

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 I. Disqualifying and Pending Crimes List

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**.

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.

(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:

- (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:
 - (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;

- (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.

(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.

(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.

(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.

KEEP THIS PAGE FOR PROGRAM INFORMATION

**Walla Walla Community College Phlebotomy 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.

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 Phlebotomy 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: 1. _____ Signature, Title, Agency: _____ 2. _____ Signature, Title, Agency: _____</p> <p>OR 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: _____</p> <p>OR 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: _____</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: 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>	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <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, Nursing Assistant and Phlebotomy students): 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> <p style="text-align: center;">OPTION 1</p> <p>Hep B #4 Date: _____ Signature: _____</p> <p>Post Vaccination Titer: Date: _____ Results: _____ Sig: _____</p> <p><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></p> <p>Hep B #5 Date: _____ Signature: _____</p> <p>Hep B #6 Date: _____ Signature: _____</p> <p>Final Post Vaccination Titer: Date: _____ Results: _____ Signature: _____</p> </div> <div style="width: 48%;"> <p style="text-align: center;">OPTION 2</p> <p>Hep B #4 Date: _____ Signature: _____</p> <p>Hep B #5 Date: _____ Signature: _____</p> <p>Hep B #6 Date: _____ Signature: _____</p> <p>Final Post Vaccination Titer: Date: _____ Results: _____ Sig: _____</p> </div> </div>
<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>

Phlebotomy Course Estimated Tuition, Fees, and Supplies

***Tuition and Fees (9 credits, WA resident)	\$ 1,419.41
***Tuition and Fees (9 credits, Out of State)	\$ 1,762.67
Background Check Fee (minimum)	\$ 35.00
**Required Books (estimated)	\$ 153.50

These items are available at the
Walla Walla Community College bookstore

**Reflects Walla Walla Community College bookstore pricing

Pricing does not include tax.

Costs subject to change.

*****Tuition rates expected to change.**

**Uniforms are not included as students may choose and purchase their scrubs. Costs are variable depending on what the student chooses.