Phlebotomy Technician Program

Program Description:
The Phlebotomy 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 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 expects this industry to grow at least 10 percent through 2018, while other agencies predict as much as a 20 percent increase by 2014. 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.
Accommodations for Students with Disabilities

Walla Walla Community College complies with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA) of 1990 as amended in 2008. Sherry Hartford, Vice President of Human Resources, (509)527-4382, serves as the Section 504 Officer. Information regarding student accommodations may be obtained by contacting Bobbie Sue Arias, Ph.D., Coordinator of Disability Support Services, Walla Walla Community College, 500 Tausick Way, Walla Walla, WA 99362. Walla Walla campus: (509) 527-4262, bobbiesue.arias@wwcc.edu; or Clarkston campus: Heather Markwalter, M.S. Counseling., 509.758.1721, heather.markwalter@wwcc.edu.

Equal Opportunity Statement

Walla Walla Community College District No. 20 (WWCC) is committed to provide equal opportunity and nondiscrimination for all educational and employment applicants as well as for its students and employed staff, without regard to race, color, creed, national origin, sex, sexual orientation, including gender expression/identity, genetic information, marital status, age (over 40), the presence of any sensory, mental, or physical disability, the use of trained guide dog or service animal by a person with a disability, or status as a Vietnam and/or disabled veteran, National Guard member or reservist in accordance with the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, the Federal Rehabilitation of 1973, the Americans with Disabilities Act of 1990 and any other applicable Federal and Washington State laws against discrimination. Sherry Hartford, Vice President of Human Resources (509)527-4382, has Affirmative Action/Equal Opportunity, Title IX Coordinator and Section 504 Compliance program responsibility. The College’s TDD number is (509) 527-4412.

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 tests positive for marijuana metabolites, the student will be immediately dismissed from WWCC Allied Health Courses.

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

Clery Act
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: Contact the Testing Center for ACCUPLACER Testing 509.527.4267.

3: Read this application packet thoroughly, and begin to fill out the application packet.

4: Research funding sources!
   - 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

5: Submit application to the Allied Health & Safety Education office on or before the application deadline. Application should include:
   - ACCUPLACER test results indicating READ 088 OR higher
   - Copy of State Identification or Driver license
   - Copy of High School diploma or GED certificate
   - Personal Narrative: Type a description of your skills and abilities that would help in your work as a Phlebotomist. Describe your reasons for applying to the Phlebotomy Program. Include personal characteristics and qualifications that you possess which are necessary in a professional environment and make you well suited for the program. The personal narrative should be no more than two pages in length doubled spaced. Be sure to sign and date your statement.

Things to consider………

- APPLICATIONS IS DUE: Spring Quarter -January 31st
- 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 competitive basis.
- Eligible students will meet for a screening appointment with the lead Instructor and will be notified of the date and time by phone and or mail.
- If you are accepted, you will be required to provide documentation of immunizations or proof of immunity. Please review 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.
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.

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 Americhek 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. Attend all clinical-110 hours
- Demonstrate proficiency in identified clinical skills
- Pass examinations
- Complete 100 successful vein punctures
- Complete 25 successful skin punctures
- Observe 5 arterial punctures

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
PHLEBOTOMY PROGRAM APPLICATION

PRINT INFORMATION
Last Name ___________________________ First Name ___________________________ MI________

Mailing Address ________________________________________________________________

Home Phone ___________________________ Cell Phone ___________________________ Mess Phone ___________________________

Student ID # (if known) _______________ Social Security # _______________ 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)
____ Placement test results (attach a copy)
____ High School Diploma or equivalent (attach documentation)
____ Personal narrative (type and attach)
____ Signed categories of crimes form
____ Filled out and signed the Criminal Background Check form
____ Full range of motion of all joints & normal manual and finger dexterity

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

Applicant Signature ___________________________ Date ___________________________
For Official Use Only

- Reading screening document
- Two Tuberculosis screening taken 1 to 3 weeks apart.
- Varicella Vaccine
- Measles, Mumps, Rubella (MMR)
- One-time dose of Tdap
- Hepatitis B vaccination
- Influenza vaccine administered within 9 months of START of the program
- Americhek form submitted __________ Results received __________
Background Authorization & Disclaimer

Our department policy is to first screen with Americhek Inc. and Washington State Patrol (WSP). A third background check is conducted through the Department of Social and Health Services Background Check Central 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 Medical Assisting 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, Americhek Inc., WSP, the clinical facility, Walla Walla Community College Instructors and Advisors that are directly involved in my educational plan.

I understand that my ability to attend the clinical portion of this course is contingent of the results of the Americhek Inc., WSP, and Background Check Central Unit investigation. Furthermore, I understand that the Americhek 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 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 have notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; then years for bankruptcies.
• Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

• Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

• You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future list. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

• You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

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

(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 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) Domestic violence (felonies only);
(x) Drive-by shooting;
(y) 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.
(z) Endangerment with a controlled substance;
(aa) Extortion;
(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;

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.
(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;
(bbb) Selling or distributing erotic material to a minor;
(ccc) Sending or bringing into the state depictions of a minor engaged in sexually explicit conduct;
(ddd) Sexual exploitation of minors;
(eee) Sexual misconduct with a minor;
(fff) Sexually violating human remains;
(ggg) Stalking (less than five years);
(hhh) Theft 1;
(iii) Theft from a vulnerable adult 1;

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

(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.
Background Release Form
Disclosure and Consent

In connection with my participation at clinical training site(s) as a student of WALLA WALLA COMMUNITY COLLEGE (“the Company”), I understand that investigative inquiries may be obtained on myself by a consumer reporting agency, and that any such report will be used solely for student training-related purposes. Criminal Background Check results will be sent to selected clinical agencies upon their request. I understand that the nature and scope of this investigation will include a number of sources including, but not limited to, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, general reputation, personal characteristics, mode of living, and work habits. Information relating to my performance and experience, along with reasons for termination of past employment from previous employers, may also be obtained. Further, I understand that you will be requesting information from various Federal, State, County and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil, education, and other experiences.

I understand that my consent will apply throughout my time as a student of Walla Walla Community College, unless I revoke or cancel my consent by sending a signed letter or statement to the Company at any time, stating that I revoke my consent and no longer allow the Company to obtain consumer or investigative consumer reports about me.

I understand that I am being given a copy of the “Summary of Your Rights Under the Fair Credit Reporting Act” prepared pursuant to 15 U.S.C. Section 1681-1681u. This Disclosure and Consent form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the Company.

I authorize without reservation any party or agency contacted by Walla Walla Community College to furnish the above-mentioned information. I hereby consent to your obtaining the above information from Washington State Patrol (WSP) and Americhek, Inc. (and/or any of their licensed agents) located at 27001 La Paz Road, Suite 300-A, Mission Viejo, CA 92691, (949)768-4434. I understand to aid in the proper identification of my file or records the following personal identifiers, as well as other information, is necessary.

Print Name (Full Legal Name): ____________________________________________

(First)   (Middle)          (Last)

Other Names Known By: ______________________________________

Social Security Number: _____-_____-_____

Date of Birth: _____/_____/

Current Address: ________________________________________________

City: ___________________________ State: _______ ZIP: _______

Drivers License Number: ____________________________ State: _______

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

Applicant Signature: ____________________________________________ Date: _____________

Revised 11/2016
CLINICAL SCHEDULE ACCEPTANCE STATEMENT

Indicated your preference on this application does not guarantee you will be assigned to your preferred clinical time. Clinical assignments are made on a space available basis.

I understand that during the course of the WWCC Nursing Assistant program 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 assignment scheduling terms above.

__________________________________________________
Print Full Name

_____________________________________________
Student Signature

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

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

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

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

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

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

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

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

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

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

| First-Step TST (Tuberculosis Skin Test): |
| Date/time placed: | Signature, Title, Agency: |
| Result: ____mm. Date/time read: | Sig., Title, Agency: |

| Second-Step TST: *TST tests must be administered 1-3 weeks after First-Step* |
| Date/time placed: | Signature, Title, Agency: |
| Result: ____mm. Date/time read: | Sig., Title, Agency: |

**Interferon-Gamma Release Assay (IGRAS)**
Date of Blood Draw: Results:

Signature, Title, Agency: __________________________

**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: |

**Interferon-Gamma Release Assay (IGRAS)**
Date of Blood Draw: Results:

Signature, Title, Agency: __________________________

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

| Date of Last Chest X-ray: |

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

<table>
<thead>
<tr>
<th>Vaccination Requirements</th>
<th>Vaccination Dates:</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>1. ________ Signature, Title, Agency: __________________________</td>
</tr>
<tr>
<td></td>
<td>2. ________ Signature, Title, Agency: __________________________</td>
</tr>
<tr>
<td></td>
<td>or</td>
</tr>
<tr>
<td></td>
<td>Laboratory evidence of immunity:</td>
</tr>
<tr>
<td></td>
<td>Date: ________ Results: __________________________</td>
</tr>
<tr>
<td></td>
<td>Signature, Title, Agency: __________________________</td>
</tr>
<tr>
<td>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.</td>
<td>Vaccination Dates:</td>
</tr>
<tr>
<td></td>
<td>1. ________ Signature, Title, Agency: __________________________</td>
</tr>
<tr>
<td></td>
<td>2. ________ Signature, Title, Agency: __________________________</td>
</tr>
<tr>
<td></td>
<td>or</td>
</tr>
<tr>
<td></td>
<td>Laboratory evidence of immunity:</td>
</tr>
<tr>
<td></td>
<td>Date: ________ Results: __________________________</td>
</tr>
<tr>
<td></td>
<td>Signature, Title, Agency: __________________________</td>
</tr>
<tr>
<td>Tetanus-Diphtheria-Pertussis (Tdap): Must have a 1-time dose of Tdap. Must have a Td booster every 10 years.</td>
<td>Tdap Date: ________ Signature, Title, Agency: __________________________</td>
</tr>
<tr>
<td></td>
<td>Td Booster Date (if applicable): ________ Signature, Title, Agency: __________________________</td>
</tr>
<tr>
<td>Hepatitis B Vaccine: Series of 3 vaccines completed at 0-, 1-, and 6-month and post vaccination titer at 6-8 weeks after series completion. Minimum entry requirement: Series initiated and on schedule. Must complete series and titer prior to beginning the fourth quarter of the program.</td>
<td>1. Date: ________ Signature, Title, Agency: __________________________</td>
</tr>
<tr>
<td></td>
<td>2. Date: ________ Signature, Title, Agency: __________________________</td>
</tr>
<tr>
<td></td>
<td>3. Date: ________ Signature, Title, Agency: __________________________</td>
</tr>
<tr>
<td>AND</td>
<td>Post Vaccination Titer (Mandatory for Nursing and Medical Assisting students):</td>
</tr>
<tr>
<td></td>
<td>Date: ________ Results: __________________________ Signature, Title, Agency: __________________________</td>
</tr>
<tr>
<td></td>
<td>If titer is negative (anti-HBs &lt;10mIU/mL), please provide proof of an additional dose of HepB vaccine, followed by anti-HBs testing 1-2 months later.</td>
</tr>
<tr>
<td></td>
<td>1. Date: ________ Signature, Title, Agency: __________________________</td>
</tr>
<tr>
<td></td>
<td>Post Vaccination Titer:</td>
</tr>
<tr>
<td></td>
<td>Date: ________ Results: __________________________ Signature, Title, Agency: __________________________</td>
</tr>
<tr>
<td>Influenza: 1 dose of the most current influenza vaccine annually.</td>
<td>Date: ________ Signature, Title, Agency: __________________________</td>
</tr>
<tr>
<td>SECOND YEAR OF THE PROGRAM (Nursing students only):</td>
<td>Date: ________ Signature, Title, Agency: __________________________</td>
</tr>
</tbody>
</table>
### Phlebotomy Course Estimated Tuition, Fees and Supplies

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and fees (7 credits, resident)</td>
<td>$1,100.69</td>
</tr>
<tr>
<td>Lab Fee</td>
<td>$35.00</td>
</tr>
<tr>
<td>Skills Practice Supplies Fee</td>
<td>$75.00</td>
</tr>
<tr>
<td>Malpractice Insurance</td>
<td>$18.75</td>
</tr>
<tr>
<td>Sub-total (tuition &amp; fees)</td>
<td>$1,229.44</td>
</tr>
<tr>
<td>Background Check Fee (minimum)</td>
<td>$35.00</td>
</tr>
<tr>
<td>Required Books (estimated)</td>
<td>$99.00</td>
</tr>
<tr>
<td>Scrub Uniform Top (1)</td>
<td>$22.95</td>
</tr>
<tr>
<td>Pants/Uniform (1)</td>
<td>$22.95</td>
</tr>
</tbody>
</table>

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.***