



**Allied Health & Safety Education**  
509.527.4589

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

## **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.

## **FOR INFORMATION ONLY**

### ***Accommodations for Students with Disabilities***

WWCC complies with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA) of 1990 as amended in 2008. Information regarding student accommodations may be obtained by contacting (Walla Walla campus) Kristen Duede (509) 527-4262, [counseling@wwcc.edu](mailto:counseling@wwcc.edu) or (Clarkston campus) Heather Markwalter at (509) 758-1721 [heather.markwalter@wwcc.edu](mailto: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. Sherry Hartford, Vice President of Human Resources, (509) 527-4300, serves as the Section 504 officer.

### ***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 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.wbcc.edu/security-environmental-health-safety/clery-act-compliance/>)

Reasonable Accommodations for Religion/Conscience:

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 impacted. Such requests must be made within the first two weeks of the quarter and should follow the procedures listed in the Student Rights & Responsibilities section of the Academic Catalog



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## **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.wbcc.edu](http://www.wbcc.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.
  - Workfirst 509.524.4790 (For those receiving the TANF Grant).
  - Basic Food, Employment, and Training (BEF&T) 509.527.4311
- 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 31<sup>st</sup>**
- 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.

*Program overview on back of this page*



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## **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 Americhек background investigation by paying a **NON-refundable fee of \$37** 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*



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**For official use only**

Date Received  
\_\_\_\_\_

Interview Date  
\_\_\_\_\_

Acceptance/ Non  
Acceptance Notification  
\_\_\_\_\_

## 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 \_\_\_\_\_



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## Background Authorization & Disclaimer

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

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

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

In the event your criminal history report results with findings that prevent you from working with vulnerable adults, you will be notified by phone and by letter. Consequently, this would prevent you from being accepted into the 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, Americhек Inc., WSP, the clinical facility, Walla Walla Community College Instructors and Advisors that are directly involved in my educational plan.

I understand that my ability to attend the clinical portion of this course is contingent of the results of the Americhек Inc., WSP, and Background Check Central Unit investigation. Furthermore, I understand that the Americhек Inc, WSP, and Background Check Central Unit investigation are only valid for six (6) months from the date the form is submitted.

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**Printed Name of Applicant**

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**Signature of Applicant**

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**Date Signed**



### **A Summary of Your Rights Under the Fair Credit Reporting Act**

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

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - - such as denying an application for credit, insurance, or employment - - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items, (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your 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:**

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

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

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

#### **Section I. Disqualifying and Pending Crimes List**

- (a) Abandonment of a child;
- (b) Abandonment of a dependent person;
- (c) Abuse or neglect of a child;
- (d) Arson 1;
- (e) Assault 1;
- (f) Assault 2;
- (g) Assault 3;
- (h) Assault 4/simple assault (less than three years);
- (i) Assault 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;

(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.

INTENTIONALLY LEFT IN BLANK

**Background Release Form  
Disclosure and Consent**

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

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

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

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

Print Name (**Full Legal Name**): \_\_\_\_\_  
(First) (Middle) (Last)

Other Names Known By: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State : \_\_\_\_\_

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 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 Phlebotomy 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.

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Print Full Name

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Student Signature

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Date





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

**STUDENT NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

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

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

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

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

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

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

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

**First-Step TST (Tuberculosis Skin Test):**

Date/time placed: \_\_\_\_\_ Signature, Title, Agency: \_\_\_\_\_

Result: \_\_\_\_mm. Date/time read: \_\_\_\_\_ Sig., Title, Agency: \_\_\_\_\_

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

Date/time placed: \_\_\_\_\_ Signature, Title, Agency: \_\_\_\_\_

Result: \_\_\_\_mm. Date/time read: \_\_\_\_\_ Sig., Title, Agency: \_\_\_\_\_

*OR*

**Interferon-Gamma Release Assay (IGRAS)**

Date of Blood Draw: \_\_\_\_\_ Results: \_\_\_\_\_

Signature, Title, Agency: \_\_\_\_\_

*OR*

**Chest X-ray (if required)**

Date: \_\_\_\_\_ Results: \_\_\_\_\_

Signature, Title, Agency: \_\_\_\_\_

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

**SECOND YEAR OF THE PROGRAM (Nursing only):**

**One-Step TST**

Date/time placed: \_\_\_\_\_ Signature, Title, Agency: \_\_\_\_\_

Result: \_\_\_\_mm. Date/time read: \_\_\_\_\_ Sig., Title, Agency: \_\_\_\_\_

*OR*

**Interferon-Gamma Release Assay (IGRAS)**

Date of Blood Draw: \_\_\_\_\_ Results: \_\_\_\_\_

Signature, Title, Agency: \_\_\_\_\_

*OR*

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

**ANNUAL TB SYMPTOM SCREENING FORM**

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

**Date of Last Chest X-ray:** \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_  
Student signature    Date    Healthcare provider signature    Date

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

**STUDENT NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

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

## Phlebotomy Course Estimated Tuition, Fees and Supplies

Tuition and fees (9 credits, resident)	\$ 1431.75
Malpractice Insurance	\$ 18.75
Sub-total (tuition & fees)	\$ 1,450.50
Background Check Fee (minimum)	\$ 37.00
Required Books (estimated)	\$ 99.00
Scrub Uniform Top (1)	\$ 22.95
Pants/Uniform (1)	\$ 22.95

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.**