Medical Assisting Program

Program Description:

The Medical Assisting Program prepares students for a career as a medical assistant. The program combines instruction in core courses directed toward all healthcare providers with courses specific to Medical Assisting. Completion of the Medical Assisting Program will ensure the student has the necessary knowledge base and skills to succeed in an entry-level position in Medical Assisting. Medical Assisting courses will combine cognitive learning and practice of psychomotor skills in classroom and laboratory settings. Clinical training through unpaid externships in local outpatient clinics and physician offices will allow students to observe and practice skills gained in the classroom and laboratory in actual healthcare settings.

Medical assistants are skilled professionals who have specific training to work in a physician’s office or a clinic. Medical assistants perform administrative functions and basic clerical skills involving computer use, including writing business letters, compilation and filing of patient records, frequent utilization of electronic medical records (EMR) to input data and record findings, medical insurance coding and processing third party reimbursement, transcription, reception, and preparing requisitions. Additionally, medical assistants are trained in many clinical skills, including obtaining vital signs, sterile technique, assisting physicians with diagnostic testing, minor surgical procedures and physical examinations, administering medications orally and via injection, laboratory procedures, phlebotomy, and processing/sterilization of medical equipment by autoclaving or other methods of disinfection.

The Medical Assisting Program may be completed in 4 quarters of full time study, consisting of 65.5 credits of programmatic and related instruction. Depending upon placement testing, students may need to complete additional prerequisite coursework in computer and keyboarding skills.

Working Environment

Medical assistants work in well-lighted, clean environments. There is a constant interaction with people, either in person or by telephone. Medical assistants most often work a regular 40-hour week, although part-time, evening, or weekend work may be available.

Personal Characteristics

The profession of medical assisting 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 and the strength to lift supplies, lift and move patients, and maneuver heavy equipment. The nature of the career requires adequate vision, hearing and manual dexterity. Additionally, students must be willing to continue their education throughout their career to keep abreast of new developments in the field.

Employment Opportunities

According to the U.S. Bureau of Labor statistics, “Employment of medical assistants is projected to grow 29 percent from 2016 to 2026, much faster than the average for all occupations. The growth of the aging baby-boom population will continue to increase demand for preventive medical services, which are often provided by physicians. As a result, physicians will hire more assistants to perform routine administrative and clinical duties, allowing the physicians to see more patients.” Medical Assistants may be eligible for employment in physician’s offices, clinics, and hospitals.
### Recommended Course Sequence for the Medical Assisting Program

#### Prerequisites:
- CS 100 - Introduction to Microcomputers (5 Credits)*
- BUS 025 (formerly OT 025) - Keyboard Speed building (2-5 Credits)*

#### Quarter One

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDA 110</td>
<td>Human Body Structure and Function in Health &amp; Disease I</td>
<td>5</td>
</tr>
<tr>
<td>MEDA 105</td>
<td>Health Occupations Mathematics (M)</td>
<td>5</td>
</tr>
<tr>
<td>BUS 280</td>
<td>Medical Terminology</td>
<td>5</td>
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<tr>
<td>AENG 100</td>
<td>Written Communication in the Workplace (W)**</td>
<td>5</td>
</tr>
<tr>
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<td><strong>20</strong></td>
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#### Quarter Two

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<tr>
<td>MEDA 114</td>
<td>Therapeutic Relationships (R)**</td>
<td>2</td>
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<tr>
<td>MEDA 120</td>
<td>Human Body Structure &amp; Function in Health &amp; Disease II</td>
<td>5</td>
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<tr>
<td>MEDA 140</td>
<td>Medical Law and Ethics</td>
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<tr>
<td>CPR 051</td>
<td>Basic Life Support (BLS) for Healthcare Providers</td>
<td>0.4</td>
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<tr>
<td>HO 110</td>
<td>HIV/AIDS EDUCATION</td>
<td>0.7</td>
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<tr>
<td>HO 172</td>
<td>Pharmacology</td>
<td>2</td>
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<td>HO 174</td>
<td>Transcultural Competency for Healthcare Professionals</td>
<td>2</td>
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<tr>
<td>IFA 022</td>
<td>Medic First Aid</td>
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#### Quarter Three

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<tr>
<td>MEDA 125</td>
<td>Clinical Procedures</td>
<td>10</td>
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<tr>
<td>MEDA 144</td>
<td>Medical Office Administrative Procedures</td>
<td>5</td>
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<tr>
<td>MEDA 145</td>
<td>Office Emergencies for Medical Assistants (YVCC AHMA 145)</td>
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<tr>
<td>MEDA 149</td>
<td>Medical Insurance Procedures for Medical Assisting</td>
<td>5</td>
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<td></td>
<td><strong>TOTAL</strong></td>
<td><strong>21</strong></td>
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#### Quarter Four

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<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Credits</th>
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<tr>
<td>MEDA 191</td>
<td>Cooperative Work Experience</td>
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</tr>
<tr>
<td>MEDA 192</td>
<td>Medical Assisting Seminar</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL</strong></td>
<td><strong>9</strong></td>
</tr>
</tbody>
</table>

**TOTAL Credits for Certificate**: 65.5

*Placement testing required for waiver of prerequisites

**Related Instruction

(W) – BUS 137, AENG 100, ENGL&101

(M) - MEDA 105

(R) - MEDA 114
Medical Assistant Program Admission Policy

Admission Criteria

The Walla Walla Community College Medical Assisting Program’s purpose is to provide the medical community with talented and qualified medical assistants. With this comes the responsibility to assure the medical community that graduates of the WWCC Medical Assisting Program have the intelligence, ethical values, maturity, compassion and physical and emotional capabilities necessary to practice medical assisting. In keeping with the Medical Assisting Program goal, “to prepare WWCC Medical Assisting Program graduates as competent entry-level medical assistants having the knowledge base necessary for success in credentialing examinations and professional practice,” the Walla Walla Community College MA Program strives to select applicants who demonstrate both the appropriate personal characteristics and academic ability to become competent Medical Assistants.

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. 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, 509.758.1721, 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)527-4382, 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.

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 preemp 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 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 any subsequent time as requested.
MEDICAL ASSISTING PROGRAM - APPLICATION PROCESS

Step 1: If you have never attended Walla Walla Community College, you must first apply to the college. You can apply on our website at www wwcc.edu or apply in person at the Office of Admissions and Records. You must complete this step at least 24 hours before proceeding to Step 2.

Step 2: Contact the Registrar’s Office for advising and placement testing information: 509.758.1720. Applications should include your placement test results. Our department will interpret placement level. You may also provide a transcript with college level coursework and the department will determine eligibility.

Step 3: READ THOROUGHLY and begin to fill out the Medical Assisting Program application packet and review course schedule information within this packet.

Step 4: Submit to an Americhek background investigation by paying a NON-refundable fee of $35 to the WWCC cashier. Bring your receipt to the Allied Health & Safety Education office, along with the signed background check release forms within this packet (see Step 7 below).

Step 5: Meet with a Medical Assisting advisor. Call 509.758.1720 to schedule an advising appointment.

Step 6: Research funding sources!
- Worker Retraining – 509.751.4058.
- Workfirst – 509.751.4058 or 509.758.1261 (For those receiving the TANF Grant).
- Workforce Education Services – 509.751.4058 or 509.758.1261.
- Basic Food, Employment, & Training (BFET) – 509.751.4058.
- Opportunity Grant – 509.751.4058

Step 7: Submit application materials to the Allied Health & Safety Education Office. Applications are considered on a first come, first-served basis.

Application MUST include:
- The completed and signed advising check-sheet (provided during advising appointment Step 5).
- The completed application page and signed background release forms within this packet.
- Reading placement test score sheet OR a college transcript showing completion of a READING course (transfer-level).
- Proof of successful completion of CS 100 and BUS 025 OR successful completion of the CS 100/BUS 025 placement test to waive these courses. You may schedule test with the Allied Health & Safety office 509.758.1702.
- Copies of transcripts from other educational institutions you have attended.
- Documented proof of high school diploma or GED.

Step 8: If accepted into the Medical Assisting Program, you will be notified in writing. After you have been accepted into the program, provide documentation of the required vaccinations and screening requirements (must use attached form). Please review attached form for detailed information.
THINGS TO CONSIDER…

- Classes fill quickly and we recommend you **do not delay** in beginning the application process. Only applicants who have successfully completed steps 1-7 will be considered for this program. **Please check with the Allied Health office for application deadlines** at 509.758.1702.

- Upon receipt of acceptance confirmation, work with your advisor to register for the course.

- Payment must be made prior to the course or you will be automatically dropped. Check with the Office of Admissions and Registration for quarter due dates 509.758.3339.

- You will be placed on a wait list for the next available course if you meet eligibility but are not accepted into the course due to full capacity.

- If you have children or others you care for, begin early planning for necessary care, with a **back-up plan** when needed.

- Have dependable transportation, as you will need to travel to clinical sites.

- Be aware that the attendance/tardy policies are strictly enforced in the MA Program.

- Be aware that more than half of the courses for the MA program are completely online and that most of the courses utilize Canvas (or other learning management formats) for a portion of the class (gradebook, assignment submission, discussion board, etc.).
MEDICAL ASSISTING PROGRAM

REQUIRED PERSONAL INFORMATION - PLEASE PRINT NEATLY

Last Name ________________________________ First Name ____________________________ MI _______
Mailing Address _____________________________ City ______________________ ST_____ ZIP _________
Home Phone ___________________ Cell Phone _________________ Message Phone ____________________
WWCC Student ID# ___________________________________ Date of Birth ___________________________
Email address: ______________________________________________________________________________
How did you hear about this program? ___________________________________________________________

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

______ Attach the placement test score sheet OR a college transcript showing completion of a READING or
       ENGLISH course equivalent (transfer-level) ________
______ High School diploma or equivalent (attach documentation)
______ Filled out and signed the Background Authorization & Disclaimer form and Background Release Form
______ Signed DSHS Secretary’s List of Crimes and Negative Actions form
______ Proof of successful completion of CS 100 and BUS 025 or successful completion of the CS 100/BUS 025
       placement test to waive these courses. Schedule test with Allied Health & Safety Office 509.758.1702
______ RECEIPT for non-refundable $35 background investigation fee

If you are accepted to the Medical Assisting Program, you must provide proof of all required
vaccinations and the TB screening on the form provided.
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 Unit. 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
- Some out-of-state information may be available through self-disclosure and/or past background checks.

In the event your criminal history report results with findings that prevent you from working with vulnerable adults, you will be notified by phone and by letter. Consequently, this would prevent you from completing the class.

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 Assistant 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 investigations. Furthermore, I understand that the Americhek, Inc., WSP, and Background Check Central Unit investigations are only valid for six (6) months from the date the forms are submitted.

Printed Name of Applicant

Signature of Applicant     Date Signed
By my signature below, I attest that all information shared in this document is true and correct.

- ____________________________
  Print Name

Violation of child abuse restraining order
Violation of the Injunction Controlled Substance Act (manufacture/deliver/intent)
Violation of Uniform Controlled Substance Act (manufacture/deliver/intent)
Violation of the Uniform Legend Drug Act (manufacture/deliver/intent)
Violation of the Uniform Precursor Drug Act (manufacture/deliver/intent)
Voyeurism

Pending Crime - A person who has a pending crime on the Secretary's List is denied unsupervised access while awaiting a decision by a court, administrative entity, or governmental entity. Upon conviction or acquittal by the court, the Secretary's List is applied.

Negative Actions are considered under individual program law and rule and may lead to denial of unsupervised access to vulnerable adults.
A negative action is an administrative or civil action taken against an individual and may include:
- A finding that an individual abused, neglected, exploited, or abandoned a vulnerable adult, juvenile or child issued by an agency, an Administrative Law Judge, or a court of law. A finding by an agency is not a negative action if the individual was not given the opportunity to request an administrative hearing to contest the finding
- Termination, revocation, suspension, or denial of a license, certification, and/or State or Federal contract
- Relinquishment of a license, certification, or contract in lieu of an agency negative action
- Revocation, suspension, denial or restriction placed on a professional license
- Department of Health disciplining authority finding
- A protection order issued under chapter 74.34 RCW. (A conviction for violation of a protection order issued under chapter 74.34 RCW is evidence that a protection order was issued).

By my signature below, I attest that all information shared in this document is true and correct.

- ____________________________
  Print Name

Updated 03/18/2013
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 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 in this document and that all information I have provided about myself is true and correct.

Applicant Signature: ____________________________

Date: ____________________________
A Summary of Your Rights Under the Fair Credit Reporting Act

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

• You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - - such as denying an application for credit, insurance, or employment - - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

• You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

• You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items, (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless you dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - - to which it has provided the date - - or any error.) The CRA must give you a Written report of the investigation does not resolve the dispute; you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

• Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

• You can dispute inaccurate items with the source of the information. If you tell anyone - - such as a creditor who reports to a CRA - - that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

• Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; then years for bankruptcies.

• Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA - - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

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

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

• You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.
The FCRA gives several different federal agencies authority to enforce the FCRA:

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<tr>
<th>FOR QUESTIONS OR CONCERNS REGARDING:</th>
<th>PLEASE CONTACT</th>
</tr>
</thead>
</table>
| 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 |
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

In addition to chapters 18.51 and 74.42 RCW, these rules are authorized by RCW 43.20A.710, 43.43.830 through 43.43.842 and 74.39A.050(8).
Walla Walla Community College Health Science Education
Vaccination and Tuberculosis Screening Requirements

*Each section must be completed and signed by your healthcare provider*

<table>
<thead>
<tr>
<th>STUDENT NAME: ___________________________</th>
<th>DATE OF BIRTH: ____________</th>
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### 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 IGRA results, 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](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).

#### 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.

<table>
<thead>
<tr>
<th>Student signature</th>
<th>Date</th>
<th>Healthcare provider signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccination Requirement</td>
<td>Vaccination Dates:</td>
<td>Laboratory evidence of immunity:</td>
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<tr>
<td><strong>Varicella (Chicken Pox)</strong></td>
<td>1. __________________          Signature, Title, Agency: __________________</td>
<td>Date: __________ Results: __________</td>
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<td></td>
<td>2. __________________          Signature, Title, Agency: __________________</td>
<td>Signature, Title, Agency: __________________</td>
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<td><strong>OR</strong></td>
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<td></td>
<td>Laboratory evidence of immunity:</td>
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<td></td>
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<td></td>
<td>Date: __________ Results: __________</td>
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<tr>
<td><strong>Measles, Mumps, Rubella (MMR)</strong></td>
<td>1. __________________          Signature, Title, Agency: __________________</td>
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<td></td>
<td>2. __________________          Signature, Title, Agency: __________________</td>
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<td><strong>OR</strong></td>
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<tr>
<td></td>
<td>Laboratory evidence of immunity:</td>
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<td></td>
<td>Date: __________ Results: __________</td>
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<tr>
<td><strong>Tetanus-Diphtheria-Pertussis (Tdap)</strong></td>
<td>Tdap Date: __________        Signature, Title, Agency: __________________</td>
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<td></td>
<td>Td Booster Date (if applicable): __________ Signature, Title, Agency: __________</td>
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<tr>
<td><strong>Hepatitis B Vaccine</strong></td>
<td>1. Date: __________ Signature, Title, Agency: __________________</td>
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<td>2. Date: __________ Signature, Title, Agency: __________________</td>
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<td>3. Date: __________ Signature, Title, Agency: __________________</td>
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<td><strong>AND</strong></td>
<td>Post Vaccination Titer (Mandatory for Nursing and Medical Assisting students):</td>
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<td></td>
<td>Date: __________ Results: __________ Signature, Title, Agency: __________</td>
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<td></td>
<td><strong>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:</strong></td>
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<tr>
<td></td>
<td>1. Date: __________ Signature, Title, Agency: __________________</td>
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<td><strong>Post Vaccination Titer:</strong></td>
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<td>Date: __________ Results: __________ Signature, Title, Agency: __________</td>
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<td><strong>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:</strong></td>
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<td>2. Date: __________ Signature, Title, Agency: __________________</td>
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<td>3. Date: __________ Signature, Title, Agency: __________________</td>
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<td></td>
<td><strong>Post Vaccination Titer:</strong></td>
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<td>Date: __________ Results: __________ Signature, Title, Agency: __________</td>
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<td><strong>Influenza</strong></td>
<td>Date: __________ Signature, Title, Agency: __________________</td>
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<td><strong>SECOND YEAR OF THE PROGRAM (Nursing students only):</strong></td>
<td>Date: __________ Signature, Title, Agency: __________________</td>
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</tbody>
</table>
### Medical Assisting Program Estimated Tuition, Fees and Supplies

#### Fall Quarter
- Tuition and Fees (20 Credits, WA Residents): $2,489.80
- Required Books Estimated: $575.25
- **TOTAL PER QUARTER**: $3,065.05

#### Winter Quarter
- Tuition and Fees (14.5 Credits, WA Residents): $1,805.11
- Required Books Estimated: $367.20
- **TOTAL PER QUARTER**: $2,172.31

#### Spring Quarter
- Tuition and Fees (21 Credits, WA Residents): $2,614.29
- Required Books Estimated: $600.00
- Supplies (Estimated): $111.00
- **TOTAL PER QUARTER**: $3,325.29

#### Summer Quarter
- Tuition and Fees (9 Credits, WA Residents): $1,120.41
- **TOTAL PER QUARTER**: $1,120.41
- **GRAND TOTAL**: $9,683.06

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Tuition cost based on Washington (WA) resident student

TUITION AND BOOK PRICES ARE SUBJECT TO CHANGE