The Wenatchee Valley College Medical Assistant Program is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of Medical Assisting Education Review Board (MAERB). Commission on Accreditation of Allied Health Education Programs 25400 U.S. Highway 19 North, Suite 158, Clearwater, FL 33763 727-210-2350 www.caahep.org
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Introduction

Wenatchee Valley College (WVC) offers a program in the dynamic and challenging field of medical assisting. As a member of the healthcare team, a medical assistant is prepared to perform a broad range of administrative and clinical tasks under supervision of a physician. The WVC one-year certificate program is designed to prepare students for entry-level employment as medical assistants in medical offices and related medical facilities.

Please obtain and refer to the WVC Student Planner/Handbook for College information, regulations, and services. Information is also available on the WVC Medical Assistant (MA) webpage http://www.wvc.edu/directory/departments/medassist/default.asp.

The WVC Medical Assistant Program is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of Medical Assisting Education Review Board (MAAERB). Additional information for prospective medical assistants can be found on the web site for the American Association of Medical Assistants (AAMA) http://www.aama-ntl.org/ or the Commission on Accreditation of Allied Health Educational Programs http://www.caahep.org/ (CAAHEP).

Wenatchee Valley College Mission Statement
Adopted February 20, 2008 by the WVC Board of Trustees

Wenatchee Valley College enriches North Central Washington by serving educational and cultural needs of communities and residents throughout the service area. The college provides high-quality transfer, liberal arts, professional/technical, basic skills and continuing education for students of diverse ethnic and economic backgrounds.

Wenatchee Valley College Core Themes

- Educational Achievement
- Support for Learning
- Responsiveness to Local Needs
- Diversity and Cultural Enrichment

Wenatchee Valley College Abilities Outcomes

Through the course of pursuing degrees and certificates from WVC, successful students will be able to:
- Problem solve (think critically and creatively, reason quantitatively and qualitatively)
- Communicate orally, in writing and through artistic expression
- Interact socially through collaboration, ethical and professional conduct, and cultural diversity
- Inquire using information literacy, research and documentation.
### Frequently Requested Telephone Numbers

<table>
<thead>
<tr>
<th>Department</th>
<th>Wenatchee</th>
<th>Omak</th>
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<tbody>
<tr>
<td>Allied Health Educational Planner</td>
<td>509.682.6844</td>
<td></td>
</tr>
<tr>
<td>Allied Health Office Fax</td>
<td>509.682.6661</td>
<td>509.422.7801</td>
</tr>
<tr>
<td>Barnes &amp; Noble WVC Bookstore</td>
<td>509.682.6661</td>
<td>509.422.7801</td>
</tr>
<tr>
<td>Cafeteria</td>
<td>509.682.6518</td>
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</tr>
<tr>
<td>Cashier</td>
<td>509.682.6500</td>
<td>509.422.7803</td>
</tr>
<tr>
<td>CVCH College Health Center</td>
<td>509.662.6000</td>
<td>N/A</td>
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<tr>
<td>Counseling</td>
<td>509.682.6850</td>
<td>509.422.7814</td>
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<tr>
<td>Disability &amp; Support Services</td>
<td>509.682.6854</td>
<td>509.422.7812</td>
</tr>
<tr>
<td>Financial Aid</td>
<td>509.682.6810</td>
<td>509.422.7808</td>
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<tr>
<td>Library</td>
<td>509.682.6710</td>
<td>509.422.7830</td>
</tr>
<tr>
<td>Lost &amp; Found</td>
<td>509.682.6860</td>
<td>509.422.7803</td>
</tr>
<tr>
<td>Office of Diversity, Equity &amp; Inclusion</td>
<td>509.682.6688</td>
<td></td>
</tr>
<tr>
<td>Parking</td>
<td>509.682.6450</td>
<td>509.422.7803</td>
</tr>
<tr>
<td>Registration</td>
<td>509.682.6806</td>
<td>509.422.7807</td>
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<tr>
<td>Security</td>
<td>6911</td>
<td>7911 (5-9 PM)</td>
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<tr>
<td>Student Resource Center</td>
<td>509.682.6830</td>
<td>509.422.7810</td>
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<td>Student Senate</td>
<td>509.682.6878</td>
<td>509.422.7890</td>
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<td>TRiO Student Support Services</td>
<td>509.682.6978</td>
<td>509.422.7810</td>
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<tr>
<td>Tutor Center</td>
<td>509.682.6863</td>
<td>509.422.7827</td>
</tr>
<tr>
<td>Veterans Services</td>
<td>509.682.6810</td>
<td></td>
</tr>
<tr>
<td>Veterans Administration</td>
<td>888.442.4551</td>
<td></td>
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### All Campus Emergency
Employees and the general public will be notified of any changes from normal college operations through local radio stations and newspaper websites; the home page of the WVC website, and through emergency text alerts for those students and employees who have signed up for this service.

Wenatchee Valley College partners with Rave Mobile Safety to provide an emergency alert system capable of delivering messages to your WVC and personal email addresses, as well as your cell phone. As a student or faculty/staff member of Wenatchee Valley College, you will be enrolled in the program at no additional expense to you. If you do not receive an email in your WVC account within a week of obtaining the account, please first check your SPAM or junk mail folders for email from WVC Alerts (no-reply@getrave.com); if you've received no such email, please contact the WVC Helpdesk (helpdesk@wvc.edu) to be added.

You can also register directly through the Rave website.
1. Go to [www.GetRave.com](http://www.GetRave.com)
2. Enter Wenatchee Valley College as your site's name.
3. Your username is your WVC email address.
4. Enter your password if you know it or click on "Forgot your password?" to reset. A reset password notification will be sent to your WVC email account.

If your email does not work, then you are not in the system and will need to contact the WVC Helpdesk for more information.
Medical Assistant Program Information

Bill of Rights for Medical Assistant Students
A Medical Assistant student at WVC shall have the right to:

- Have opportunities to develop the capacity for critical thinking in a safe environment.
- Exercise the freedom to learn with responsibility.
- Be treated with respect, dignity, courtesy, and trust, without prejudice, on the basis of race, creed, sex, marital status, sexual orientation, or life-style choice.
- Have access to policies and procedures that provide clear expectations of student behavior.
- Engage in reasoned discussion of data or views offered in any course.
- Share reasonable opinions about data or views offered in MA courses without fear of reprisal.
- Protection through orderly procedures against prejudiced or capricious academic evaluation.
- Information regarding the standards of academic and clinical performance, as established at the beginning of each course.
- Feedback regarding assignments and examinations.
- Confidentiality regarding academic and clinical evaluations.
- Maintenance of a permanent educational record with criteria for release of information in the record.
- Advance knowledge of disciplinary procedures as published and instituted for violations of standards of conduct.
- Advance knowledge of grading systems.

Student Responsibilities
1. Be here. You are investing a great deal of time, energy, and money in your education. Get the most out of it by making attendance and active participation a high priority.
2. Be on time.
3. Be attentive.
4. Don’t distract others.
5. Be courteous and thoughtful; remember the “Golden Rule.”
6. Come prepared.
7. Be able to work alone as well as with a team.
8. Ask for help when you need it.
9. Share your ideas with us.
10. Always call in if you will be late or absent, just as you would for a job.
11. Bring your sense of humor (we plan to have fun, too).
12. Take reasonable measures to maintain your health.
13. Please be flexible. Sometimes we need to change our schedules in order to maintain quality learning.
14. Be 100% responsible for your own learning. This includes:
   a. Giving your best effort.
   b. Keeping a positive attitude.
   c. Seeking answers or clarification when you are unsure.
   d. Doing all assigned reading and other activities.
   e. Seeking solutions rather than dwelling on problems.
   f. Not blaming others.
   g. Creating the kind of learning experience you need.
   h. Communicating your needs to instructors in a timely fashion.
   i. Being open to change.
Functions of Medical Assistants
Listed below are duties that could be performed by medical assistants in the average medical office. These duties are subject to change.

Administrative
1. Schedule appointments (in person and by telephone).
2. Pull patients' files for day's appointments.
3. Receive patients.
4. Take and record patient's statistical data and medical history at request of the doctor.
5. Know how to handle patients when doctor is away from office.
6. Set up patients' files; enter notes or make corrections on records; review them for completeness and accuracy.
7. Review, separate, and purge medical record files, as instructed.
8. Obtain patients' signatures on permission forms (to release records, to operate, or to perform diagnostic).
9. Arrange hospital admissions and/or laboratory and X-ray procedures, as requested by the doctor, and advise patients accordingly.
10. Schedule surgeries.
11. Prepare medical records from information provided by the doctor.
12. Record and maintain laboratory, diagnostic, and procedural data on patients' records.
13. Order office, laboratory, and medical supplies, and maintain inventory of all three.
14. Handle the telephone:
   a. Check with answering service and recorded messages.
   b. Make appointments.
   c. Make calls for the doctor.
   d. Receive calls from patients, laboratories, other physicians, solicitors, and the doctor's family.
   e. Answer questions concerning the patient's illness and the doctor's fees and hours.
   f. Take laboratory reports.
15. Deal with representatives of pharmaceutical companies, equipment manufacturers, other physicians, doctor's family, and other callers.
17. Ensure that the office is kept in a neat, attractive, and sanitary condition at all times.
18. Supervise office personnel.
19. Handle correspondence:
   a. Incoming:
      (1) Open and sort mail, screening it in accord with doctor's wishes.
      (2) Flag important mail to his/her attention.
      (3) Summarize articles and other materials, as required.
   b. Outgoing:
      (1) Answer doctor's routine mail, upon instruction from him/her as to handling.
      (2) Type all correspondence, including medical reports to other doctors, insurance reports, and other types of reports.
20. File all correspondence and medical records, including diagnostic and procedural data.
21. Operate business machines and assume responsibility for their maintenance.
20. Arrange meetings, conferences and/or travel accommodations.
21. Perform daily posting of charges and collections. (In Medical Office class)
22. Prepare monthly statements. (In Medical Office class)
23. Handle payments by cash and/or check and prepare receipts. (In Medical Office class)
24. Assist with follow-up collections. (In Medical Office class)
25. Handle credit arrangements with patients. (In Medical Office class)
26. Keep financial records (daily record of charges and payments, records of accounts receivable, trial balance, monthly profit and loss sheet). (In Medical Office class)
27. Pay professional bills. (In Medical Office class)
28. Assume banking duties (regular deposits, reconciling bank statements). (In Medical Office class)
29. Discuss and explain doctor’s fees to patients.
30. Accept, endorse, and record checks received for payment on accounts. (In Medical Office class)
31. Establish and control petty cash fund. (In Medical Office class)
32. Complete insurance forms: Obtain prior Authorization for procedures and/or outcomes
   a. Indemnity insurance forms for patients to submit a claim.
   b. Forms for filing assigned insurance claims.
   c. Medicare payment request forms.
   d. Medicaid claim forms.
   e. Workmen’s compensation forms.
33. Gather data to complete statutory reports for government agencies.

Clinical
1. Prepare and drape patients for examination.
2. Take blood pressure, temperature, weight, and height measurements of patients.
3. At the doctor’s request, and under his/her supervision:
   a. Collect blood samples for testing.
   b. Take ECG’s.
   c. Give certain medications and injections.
4. Assist the doctor with patient examination, treatment, and minor surgery. Sterile Technique.
5. Explain the nature of examination, diagnostic tests, and/or treatment to the patient, at the doctor’s request.
6. Assist in the collection of specimens (blood or body fluid) for culture or other testing.
7. Perform simple routine laboratory procedures (urinalysis, simple blood tests).
8. Instruct patients regarding proper preparation for tests ordered by the doctor.
9. Sterilize instruments and assume maintenance of diagnostic equipment.
10. Dispose of contaminated and disposable items.
11. Receive and organize medication samples.
12. Handle emergencies:
   a. Know how to reach the doctor when she/he is out of the office.
   b. Seek help from qualified nurse or another physician.
   c. Describe nature of patient’s illness or injury.
   d. Position patient in safe and comfortable position.
   e. Apply first aid if necessary.
   f. Call poison control center.
   g. Arrange for hospital emergency room treatment.
   h. Explain doctor’s unavailability to patients in reception room.
13. ICD 9 and ICD 10 coding. CPT coding
Student Resources and Support Services

Financial Aid/Scholarships
The Financial Aid Office at WVC is available to assist students in finding and applying for all types of financial assistance, including grants, work study opportunities, veteran benefits, scholarships, and student loans. The Financial Aid Office is located on the first floor of Wenatchi Hall. Office hours are Monday through Friday from 8:00 a.m. to 5:00 p.m.

To apply for financial aid, the student simply completes the FAFSA (Free Application for Federal Student Aid) online at http://www.fafsa.ed.gov/. Students will need the WVC school code, which is 003801. Also, the student should check out the Application Checklist on the WVC Financial Aid website for the three basic steps in applying for financial aid. Eligibility for several Washington State financial aid programs has expanded to include students who are ineligible for federal financial aid due to immigration status. Students who meet individual program, income, or residency requirements for the State Need Grant, the College Bound Scholarship, State Work Study, or Passport Scholarship should complete the free WASFA (Washington Application for State Financial Aid) to apply for state financial aid at www.readysetgrad.org/wasfa.

Most types of aid are based on financial need and a student’s successful academic progress as monitored by the Financial Aid Office. Once the student has completed the FAFSA, the Financial Aid Office will contact him/her by either mail or WVC email regarding eligibility and status.

March 15 is the deadline for priority consideration for financial aid for the following school year, which begins with the summer quarter. If the student misses that deadline, s/he may still use the FAFSA to apply for student loans and any remaining grant funds. Processing time for financial aid is usually three (3) to six (6) weeks. Please allow sufficient time for the processing of financial aid and tuition due dates. During peak times, processing times may increase.

Loans, unlike grants or work study, are borrowed money that must be repaid, with interest. To apply for a loan, a student loan application must be completed and submitted to the Financial Aid Office. The student must also have a completed FAFSA in addition to the loan worksheet.

Bookstore
The WVC Bookstore is located in Van Tassell Center on the Wenatchee campus. Textbooks, school supplies, art supplies, clothing, snacks, greeting cards, and computer software are among the items available for purchase. Books can also be ordered online for in-store pick-up or home delivery at www.wvc.bncollege.com. Please refer to the WVC Student Planner/Handbook for the textbook return policy.

Computer Lab
Computer labs on both campuses are available for use by students for either independent, group, and/or assigned activities. Computer labs may be used during posted hours. Students should be conscientious about logging on and logging off when utilizing computers.

Counseling
WVC counselors provide academic, career, and personal counseling services, which are free, voluntary, and confidential for WVC students. Please see the WVC Student Planner/Handbook for further information about counseling services.
Disability and Support Services/Reasonable Accommodations
Whether the student is taking classes on campus or online, there may be issues of access to direct and
to web-based instruction and to participation that should be explored as early as possible. Individuals
who have a disability which might affect their ability to perform in classes are encouraged to contact
Carla Boyd, Student Access Coordinator (509.682.6854, TTY/TTD 509.682.6853, cboyd@wvc.edu); or
Vicki Turner, Faculty/Adviser on the Omak Campus (509.422-7812, vturner@wvc.edu). Reasonable
accommodations for qualified students with disability will be provided in accordance with Section 504
of the Americans with Disabilities Act law, the Rehabilitation ACT of 1973, and Washington State Law
SDS 102. Canvas is a web-based course management system that is ADA compliant
(https://www.canvaslms.com/accessibility).

For reasonable accommodations to be considered, it is first necessary for the student to obtain a
current (within one to three years) evaluation of the disability from a licensed/certified professional
counselor, psychiatrist/ psychologist, or diagnosing physician (with experience in the disability
identified), and if appropriate, an ARNP. The specific disability and recommendations should be
described in the documentation submitted.

If reasonable accommodations are in place, the student is responsible for any necessary scheduling at
the Testing Center. Please refer to the current WVC Student Planner/Handbook, Disability and Support
Services, for additional information.

Library Services
Each campus has a library with full library resources. In addition, the WVC library web site
(http://commons.wvc.edu/library) offers access to a variety of information resources. They include
access to databases with peer-reviewed journal articles, an online catalog of the libraries’ holdings, an
online reference collection, over 70,000 electronic books, streaming instructional films, Films on
Demand, Academic onefile, and other resources. Services available online include tutoring, study room
reservations (Wenatchee campus), 24/7 “ask a librarian” service, and basic information about the
libraries. Students are encouraged to utilize the libraries. Please refer to the WVC Student
Planner/Handbook for further information about the libraries.

Office of Diversity, Equity & Inclusion
This office works with other departments to ensure that the needs of diverse students are fulfilled in
counseling, financial aid, registration, learning skills, and student programs. The office also promotes
appreciation and awareness of diverse student experiences and offers a diversity center in Van Tassell.
For further information about the Office of Diversity, Equity & Inclusion, please contact the Director in
Wenatchee (Erin Tofte-Nordvik, 509.682.6868, etofte@wvc.edu) or the coordinator in Omak (Livia
Millard, 509.422.7814, lmillard@wvc.edu).

Sim Labs
The Allied Health programs of WVC are housed on the Wenatchee campus in Wenatchi Hall, and on the
Omak campus in Mary Henrie Friendship Hall. Both campuses pride themselves on maintaining clean,
state of the art, realistic simulation environments for effective skills practice. There are two labs on both
the Wenatchee Campus and the Omak Campus. On the Wenatchee Campus, the Sim Lab is located in
Wenatchi 2145 and 2147, and the CNA Lab is located in Wells 1028. On the Omak Campus, the Sim Lab
is located in Mary Henrie Friendship Hall 208, and the CNA Lab is located in the Classroom/Science Lab
Building, room 302.
Simulation labs provide an active learning environment that replicates the healthcare setting in which healthcare graduates will find employment. Please refer to the WVC Sim Lab Policy (Section 3.7), for further information.

**Tutoring Services**
Tutoring services are available, free of charge, to all enrolled WVC students on both campuses. A variety of services are provided at each center. For further information about tutoring services, please refer to the current WVC Student Planner/Handbook or contact the appropriate tutor center.

**Veterans Services**
Students who are eligible to receive VA educational benefits should contact the WVC Financial Aid office for comprehensive information. Further information is also available in the current WVC Student Planner/Handbook.
Medical Assistant Program Policies

Immunization/Documentation Policy

It is the student’s responsibility to ensure that adequate documentation of the listed requirements is provided for the student’s file through Complio® (instructions for which are included in the new student information packet) during each quarter of the Program. The student should keep his/her original documents in his/her personal records.

Any expiring documentation must be renewed and posted to Complio® by 0800 on the last day of each academic quarter, except Quarter One, as listed below:

- Quarter One: September 25, 2017
- Quarter Two: December 14, 2017
- Quarter Three: March 21, 2018
- Quarter Four: June 15, 2018

Lack of compliance with any of these requirements will prevent a student from entering the clinical area and completing his/her clinical training. Subsequent updates require that the student submit documentation with the document manager. Lapses in renewal or updating of required documentation, immunizations, and health testing (i.e., PPD) during enrollment in the Program will lead to issuance of a Deficiency Notice and prevent the student from entering the clinical area, which will jeopardize the student’s enrollment in the Program. WVC reserves the right to modify these requirements as needed.

Criminal History Check

Washington State law (RCW 43.43.832) permits businesses or organizations that provide services to children, vulnerable adults, or developmentally disabled persons to request criminal history records. Facilities used for clinical work experience require clearance prior to the student being allowed to work in the facility. Prior to beginning any clinical work experience, criminal record checks (Complio®) are required of all students accepted into the health science programs at WVC, dated not more than forty-five (45) days prior to the beginning of the Program. The forms and instructions to initiate these background checks are included in the new MA student information packet.

Students need to be aware that conviction of certain crimes may prevent completion of the clinical course requirements of the Program (thereby preventing completion of the MA Program) and may also prevent future licensing and employment in the healthcare field.

Negative Drug Screen

Students must provide results of a standard, ten-panel drug screen, either urine-based or oral swab, dated not more than forty-five (45) days prior to the beginning of the Program. WVC has chosen Complio® as an approved source for drug screening. After students have set up their Complio® account, they must:

- Obtain a Chain of Custody form (COC), which will be sent to the student by Complio®.
- Take the COC to Confluence Health (either the Wenatchee Valley Clinic or the Omak Clinic) and provide the sample.
- Refrain from consuming large amounts of liquids just prior to the test.
Confluence Health will forward the results directly to Complio® and they will be posted to the appropriate student account.

Any positive drug result may be reviewed by a certified Medical Review Officer (MRO). This review will require an additional fee. If the MRO deems that the positive drug result is due to the use of illegal drugs, the student will not be allowed to begin his/her clinical experience and will be dismissed from the Program.

**Immunization Records**

Official copies of immunizations are to be submitted with the documentation tracker for review by Complio®. Official documentation will include (when at all possible) the healthcare provider’s letterhead, the student’s name, date of immunization, signature of person administering the immunization, and the lot number of the vaccine (mandatory for all PPD tests). Students are required to purchase the document manager, at a cost of $20 annually.

Documentation of student immunization status is essential to ensure the health and safety of students and patients/residents in healthcare agencies that provide clinical learning experiences.

**Two-Step PPD (Tuberculin Skin Tests)**

An initial negative two-step PPD is required, which means that two (2) separate tuberculin skin tests have been placed one to three weeks apart. Each test is read 48 to 72 hours after it has been placed. This is a four-visit procedure. Documentation must show the dates and results of the tests, as well as the lot numbers of the vaccine. Students should not get any other vaccination with the first PPD.

Students with a positive PPD must provide documentation of a chest x-ray, treatment (if necessary), and a release to work in a healthcare setting from a doctor or healthcare provider.

Tuberculin skin tests are required each year (annual renewal) and must be placed and read within one year following the initial two-step PPD.

As some facilities now utilize the QuantiFERON® TB Gold Test in place of the PPD, WVC will accept this method. This does not require a two-step initial skin test; however, the test must be performed annually. If the student goes back to the PPD the year after having had the QuantiFERON® TB Fold, the two-step process is required.
### PPD Timeline:

<table>
<thead>
<tr>
<th>Appointment with Healthcare Provider</th>
<th>Action</th>
<th>Time Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>First appointment</td>
<td>Initial injection</td>
<td>48 to 72 hours from date/time of injection; cannot be prior to 48 hours or later than 72 hours.</td>
</tr>
<tr>
<td>Second appointment</td>
<td>Read results</td>
<td>One to three weeks after initial injection; cannot be less than one week or more than three weeks.</td>
</tr>
<tr>
<td>Third appointment</td>
<td>Second injection</td>
<td></td>
</tr>
<tr>
<td>Fourth appointment</td>
<td>Read results</td>
<td>48 to 72 hours from date/time of injection; cannot be prior to 48 hours or later than 72 hours.</td>
</tr>
</tbody>
</table>

### Hepatitis B Vaccines (complete series of three [3] injections)

Students must have the first and second injections prior to entering the Program. Adults getting Hepatitis B vaccine should get three (3) doses, with the second dose given four (4) weeks after the first and the third dose five (5) months after the second. Your healthcare provider can tell you about other dosing schedules that might be used in certain circumstances. Positive titer (blood test for immunity) is acceptable.

### Measles, Mumps, Rubella (MMR) Vaccines, or Titer

Students must provide presumptive evidence of immunity to measles, rubella, and mumps. Presumptive evidence includes documented administration of two doses of live virus vaccine or positive titers (blood test for immunity of Mumps, Rubella, and Rubeola).

### Tetanus/Diphtheria/Pertussis (Tdap) Immunization

Students must have had a Tetanus/Diphtheria/Pertussis injection, or booster, within the last ten (10) years.

### Chickenpox (Varicella) Immunization

Students must have had two (2) Chickenpox injections or a positive Varicella titer (blood test for immunity).

### Flu Vaccine

Depending on the availability of flu vaccine, each student is required to be vaccinated by the announced date.

### Medical Insurance

Clinical affiliates associated with the MA Program of WVC require that students provide proof of accident insurance. Students refusing to provide proof of accident insurance will not be allowed access to clinical agencies to complete clinical course work. Students must maintain this coverage throughout the Program to cover any accident that might occur while at a clinical site. Even though a clinical facility may provide necessary emergency care or first aid for an accident (i.e., needle stick), a clinical facility
has no obligation to furnish medical or surgical care to any student. The student bears responsibility for the cost of such care, as well as for any follow-up care.

For students who do not have insurance, the ADN Program recommends the carrier approved by the Washington State Board of Community and Technical Colleges. The cost is approximately $45 per quarter. The student may enroll online at www.4studenthealth.ascensionsins.com. A copy of the student’s current personal medical insurance card OR a copy of the student’s Ascension Insurance receipt is to be submitted with the document manager. If the student is using personal insurance through a plan at work, etc., it is advisable to check with the insurance carrier to make sure it will cover an accident incurred by a student at a clinical site.

**CPR Certification and HIV/AIDS Certificate**
A copy of the student’s CPR card and HIV/AIDS Certificate must be submitted with the document manager.

**CPR for Healthcare Providers**
The CPR card must be issued by a person or facility qualified specifically to instruct CPR for healthcare providers (i.e., American Heart Association, American Red Cross, Central Washington Hospital [662.1511], and the WVC Health 051 class).

Students are required to maintain CPR Certification for Healthcare Providers, and the card must be renewed every two years.

**HIV/AIDS Certificate**
Seven (7) hours of HIV/AIDS training is required. This may be obtained by taking HCA 113 (HIV/AIDS Education) for one (1) credit at WVC. Also, an online course is offered through Wild Iris at www.nursingceu.com.

**Attendance Policy**
Attendance in the MA theory courses is highly encouraged and may be required, at the instructor’s discretion, to fulfill the requirements for a unit grade. It is the student’s responsibility to obtain the information provided by the instructor. **Attendance is required for quizzes, examinations, and other activities required in a specific unit of study.** The student must notify the instructor if s/he will be absent for a quiz or exam. A percentage of the total grade may be deducted for late completion of exams, quizzes, or assignments, at the discretion of the instructor. Permission must be granted before leaving the room during an exam.

*Attendance is mandatory at CLINICAL PROCEDURES CLASSES I, II, III and the PRACTICUM/EXTERNSHIP.*

Successful completion of coursework is dependent on consistent attendance. A maximum of one absence per quarter from a clinical procedures class, for any reason, is all that a student can experience in one quarter. A student is in jeopardy of being dismissed from the Program if s/he misses more than one clinical day per quarter.

The MA Program will require out of class time to practice skills in the simulation lab, involvement in other school functions, and/or MASK (Medical Assistant Student Knights club) functions.
Travel to distant facilities within the WVC district may be required. Students will be assigned to day and evening shifts for practicum/externship experiences. A limited number of practicum/externship experiences on weekends may also be expected within the required clinical courses.

Procedure for Notification of Absence from Clinical Procedures Class
If a student is unable to attend clinical procedures class, s/he must notify the instructor in person, by phone or email, prior to the class.

If a student is unable to attend a scheduled practicum/externship day, s/he must notify the preceptor in person, by phone, or email prior to the start of the scheduled shift. The student must then contact instructor. (This may vary, depending on the clinical site and their requirements. The clinic policy will be provided in your practicum paperwork, prior to your practicum start date.)

If the student fails to follow through with the procedure outlined above, the student will receive a clinical failure. Two clinical failures during the Program will result in dismissal from the Program (see page 14 for description of clinical failures).

Uniform Policy
Scrubs are required for the Saturday clinical classes (and when asked by the instructor) and for the Practicum/Externship:
- **Saturday classes**: Student may wear any color or print scrubs, both tops and bottoms. Closed toe shoes, stethoscope, watch (with second hand), and name badge are required.
- **Practicum/Externship**: Student must be solid color top, white pants, whitish shoes; student must also have a watch (with a second hand), stethoscope, name badge, and pen.

If above policies are not followed, the student will be sent home to change and return to class. During Practicum/Externship, the student will be sent home and given a clinical failure.

Dress Code and Appearance Policy
Students are expected to maintain a professional appearance when representing the WVC MA Program.

- General Grooming requirements include hair that is clean, of a natural color (i.e., not blue, orange, etc.), well groomed, and effectively restrained so that it does not fall into or contaminate the workspace. Beards and/or mustaches must be clean, neatly groomed, no longer than ¾ inch, and not interfere with personal protective equipment.
- Nails must be short (nails should not be visible when looking at palm of hand), clean, and well-rounded. Nail polish, artificial nails, and any type of nail enhancement are not allowed.
- Use of fragrances (lotions, colognes, perfumes, etc.) is not allowed. Students shall be respectful of the fact that colleagues and/or patients may be sensitive to fragrances
- Daily bathing and the use of deodorants are expected.
- Gum chewing is prohibited.
- The use of any tobacco product or smoking device is prohibited on WVC campuses and property (WVC Policy #000.240, effective June 17, 2013). The use of any tobacco product or smoking device is prohibited while wearing the WVC MA student uniform.
Jewelry/Adornments
Jewelry and adornments may not interfere with clinical performance and personal or patient safety; acceptable jewelry and adornments include:
• No more than two simple rings (small stones).
• Earrings must be small studs, with no more than two earrings per ear.
• No other piercings may be visible (e.g. nose, tongue, eyebrow, navel, etc.).
• Tattoos must be covered or not visible/noticeable.

Professional Equipment
• Wristwatch with second hand or digital watch marking seconds is required.
• Stethoscope (without cloth cover, unless a physician-documented allergy exists and documentation is on file in the Allied Health Office).
• Name badge.
• Pen.

Provision of Care Policy
Students may not discriminate in their provision of care by refusing to be assigned to a patient who has been diagnosed with a communicable disease, including HIV infection, with or without symptoms.

Academic Standards Policy
Once a student has been accepted into the WVC MA Program and course work has begun, a minimum cumulative grade point average of 2.3 must be maintained. Any student receiving less than a cumulative GPA of 2.3 is dismissed from the Program. To remain in good standing in the MA Program, a student shall maintain a 2.3 or above in all courses required in the program of study.

Grading Policy
Grading for the theory courses will be a compilation of points from the required activities (quizzes, written papers, and other assignments), at the discretion of the instructor. Comprehensive evaluation of learning by exam occurs at the end of most theory courses to determine student outcomes. The following percentages to letter equivalents have been established for the MA Program courses:

<table>
<thead>
<tr>
<th>Letter Grade</th>
<th>Percentage</th>
<th>Grade Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>95-100</td>
<td>4.0</td>
</tr>
<tr>
<td>A-</td>
<td>90-94</td>
<td>3.7</td>
</tr>
<tr>
<td>B+</td>
<td>86-89</td>
<td>3.3</td>
</tr>
<tr>
<td>B</td>
<td>83-85</td>
<td>3.0</td>
</tr>
<tr>
<td>B-</td>
<td>80-82</td>
<td>2.7</td>
</tr>
<tr>
<td>C+</td>
<td>76-79</td>
<td>2.3</td>
</tr>
<tr>
<td>C</td>
<td>73-75</td>
<td>2.0</td>
</tr>
<tr>
<td>C-</td>
<td>70-72</td>
<td>1.7</td>
</tr>
<tr>
<td>D+</td>
<td>66-69</td>
<td>1.3</td>
</tr>
<tr>
<td>D</td>
<td>60-62</td>
<td>1.0</td>
</tr>
<tr>
<td>F</td>
<td>59 and Below</td>
<td>0.0</td>
</tr>
</tbody>
</table>

At the end of the quarter, student grades are obtained when all scores and the comprehensive final exam score (if there is one in the quarter) are averaged. A final grade in any course...
(required by the MA Program) of less than a C is considered unacceptable, and the student will not be permitted to continue in the Program.

In calculating the final score, the following procedure is utilized by the entire faculty. Scores are recorded as they are awarded without any rounding; the final score average is rounded up to the next highest number for anything .5 or higher and rounded down to the next lowest number for anything .4 or lower. For example, a final score of 84.5 becomes 85; a final score of 84.4 becomes 84.

**Clinical Course Requirements and Evaluation Policy**

**Outcomes Evaluation (Practicum/Externship)**

Using the clinical evaluation tool, outcomes are evaluated at the end of the course as follows:

**SATISFACTORY (SAT):** Outcomes have been achieved at the level indicated by the following numerical scale.

The student demonstrates:

- **5 =** Exemplary performance; meets and exceeds standard.
- **4 =** Independent skill performance; meets standard unaided.
- **3 =** Satisfactory performance for this level; meets standard of performance with minimal cueing.

**NEEDS IMPROVEMENT (NI):** Outcomes marginally achieved, requiring additional practice.

The student:

- **2 =** Requires extreme cueing and guidance at this level;
  - a. Unable to integrate rationale for Medical Assistant actions
  - b. Does not demonstrate accountability consistently

**NOT SATISFACTORY (NS):** Outcomes have not been achieved.

The student:

- **1 =** Is unable to function at this level despite cueing.
- **J =** By omission or commission demonstrates significant errors in judgment and/or safety.

**Clinical Evaluation**

Refer to the syllabus for specific guidelines for grading clinical performance.

The student earns a failing grade for the course when one or more of the following are present:

- a. A grade of C- or lower is earned for any clinical outcome.
- b. Clinical judgments, decisions, or actions that actually or potentially jeopardize the patient’s wellbeing. The student does not have to have advanced notification in order to be immediately removed from the clinical area if s/he demonstrates actual or potential injurious acts to clients.
- c. Student exceeds allowable clinical absences.
- d. Clinical failure incident: (Deficiency Notice) Students who earn two (2) clinical failures (during the four [4] quarter Program) will be dismissed from the MA Program.*
Deficiency Notice Policy
The Deficiency Notice form (Clinical failure) is completed by the appropriate instructor and placed into the student’s school file in the Allied Health Department. The student will also get a copy. The MA Program Director and Allied Health Dean will also be notified of this action.

A deficiency notice will be given when, in the judgment of the clinical instructor:

a. The student is not prepared for the clinical experience.
b. The student’s act of omission or commission endangers the patient’s safety and/or welfare.
c. The student has an unexcused absence from the clinical experience, orientation, or required meeting.
d. The student fails to maintain competencies from prior quarters.
e. The student demonstrates impaired function due to the use of drugs, alcohol, or other chemical substances, or physical or mental exhaustion or illness. Student’s behavior actually or potentially could jeopardize the patient’s safety and/or welfare.
f. The student fails to follow through with instruction regarding client safety.
g. Other behaviors that could jeopardize the patient’s wellbeing
h. HIPAA (Health Insurance Portability and Accountability Act) must be maintained at all times in healthcare. Failure to comply will result in a clinical failure and could be cause for immediate removal from the MA Program.

Practicum/Externship Policy
The practicum/externship is a one hundred sixty (160) hour, unpaid, supervised work experience, which allows the student to gain practical experience in a medical setting. The student will be required to complete the 160 hours of practicum/externship during the fourth quarter of clinical training. Clinical training days are assigned by the MA Program Director and will require day time hours.

Practicum/Externship Experience
Students are required to adhere to institutional policies of each affiliated practicum/externship facility in which they are scheduled.

As required by law, each student must hold in strict confidence medical and personal information pertaining to patients. Any violation of confidentiality may result in the student’s dismissal from the Program.

Failure of a student to practice in a safe manner in a practicum/externship facility may be cause for immediate removal from the clinical setting and dismissal from the Program.

Externship Grading
The student must maintain a passing grade in the practicum/externship to progress in the Program. The practicum/externship grade is determined by written documentation of performance. Instructors and preceptors communicate with students during the practicum/externship experience about the students’ performance. Mid-quarter conferences may be planned with students, as necessary. Guidelines are provided to the student about the objectives to be achieved and assignments to be completed. Attendance is mandatory and is included in the grade.
Clinical Procedure Coursework Grading

The student must maintain a passing grade in clinical courses to progress in the MA Program. The clinical grade is determined by a combination of written documentation, skill checklists, and successful completion of exams, projects, quizzes and other assignments in their clinical performance, both on campus and during their practicum. Students receive feedback from their preceptors regarding their performance in the clinical area. Mid-quarter conferences are planned with students, as necessary. Refer to each class syllabus for grading guidelines, as they can differ from class to class.

Admission, Exit, and Re-Entry Policy

Admission

The WVC MA Program is a limited enrollment program that prepares individuals to support health care professionals in a variety of health care settings.

Exit and Re-entry

A student may exit any quarter and return to the Program the following year, for one additional enrollment, on a space-available basis. Any returning student must complete a new application (WVC Supplemental Application for Admission to Health Care Programs, available on the WVC website) for admission and submit the application to the Allied Health Educational Planner. The student must fulfill all requirements for entrance into the MA Program (refer to the WVC catalog and the supplemental application form for specific information).

A student may repeat an MA course only once throughout the MA Program, on a space-available basis. In the event of a failure, the student may apply for readmission and will be admitted, on a space-available basis. If the student fails an MA course the second time, the student will not be readmitted.

A student may re-enter the MA Program once. Exception to this policy is rare and made only when exits from the Program were based on extreme, non-academic reasons. A committee of Program faculty, the Dean of Allied Health, and the Vice President of Student Services will review the petitions for re-entry. Returning students must notify the Allied Health Educational Planner of their intent to return and provide a completed application to the MA Program.

Time Limit for Completion of the Program

The Program must be completed within two (2) years of the student’s official start acceptance into the Program) in the MA Program.

Graduation Policy

Application for summer quarter Wenatchee campus graduation must be made by the student no later than August 2nd of each year. Application for graduation is required for the Medical Assistant Certificate to appear on the student’s official transcript. This certificate of completion must appear on your transcript in order for the Department of Health for Washington State to complete documentation for your MA license.

Student Appeal, Withdrawal, and/or Dismissal Policy

Line of Authority

In an effort to articulate and cultivate habits for being a member of the healthcare community and for a professional career in medical assisting, the following statements are a guide for students with interactions within the Program:
• Assume good will; approach situations positively.
• Communicate respectfully; listen actively, and be timely with communication.
• Be purposeful with your communication; take the problem to the person involved without going around or behind the person involved.

The due process procedure in the current WVC Student Planner/Handbook will be utilized for all MA student appeals. Often, the instructor is also the Program Director; in that case, the student should discuss the issue with the Program Director, in a professional manner, and then meet with the Associate Dean of Allied Health, if needed. Following is an organizational chart detailing the flow of the due process procedure:

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**Dismissal and Appeal Process**

Dismissals and appeals are handled through the office of the Vice President of Student Services in the Administration office. Students may initiate an appeal when they perceive that they have been subjected to unjust action or denied their rights. Refer to the WVC Student Planner/Handbook for the procedure to appeal.
Judicial Procedure for Academic Dishonesty
Refer to the WVC Student Planner/Handbook for information related to academic dishonesty. Cheating and/or academic dishonesty, in any way, is cause for dismissal from the MA Program and will result in an “F” for the class.
Medical Assistant Agreements and Forms
When you have finished reading the Wenatchee Valley College Medical Assistant Program Student Handbook, please sign the following agreements/forms and submit one copy of each to the Allied Health Office.

Maintain one completed copy in this Student Handbook, for your records.
STUDENT AGREEMENT

I understand that it is my responsibility to monitor my academic and clinical progress in the Program.

I understand that travel to distant clinical facilities within the district is required by students in the Wenatchee Valley College Medical Assistant Program. I further understand that it is my responsibility to provide my own transportation to externship facilities.

I have read, understand and agree to abide by the policies of the Wenatchee Valley College Medical Assistant Program.

Name ____________________________________________________________
(Please print legibly)

Address __________________________________________________________

Phone ____________________________________________________________
(Home) (Work)

Student Signature ___________________________ Date ____________

(Please sign and date and submit to the Allied Health Office)
STUDENT AGREEMENT

I understand that it is my responsibility to monitor my academic and clinical progress in the Program.

I understand that travel to distant clinical facilities within the district is required by students in the Wenatchee Valley College Medical Assistant Program. I further understand that it is my responsibility to provide my own transportation to externship facilities.

I have read, understand and agree to abide by the policies of the Wenatchee Valley College Medical Assistant Program.

Name: ________________________________________________________________
(Please print legibly)

Address:
________________________________________________________________
________________________________________________________________

Phone: _____________________________________________________________
(Home) (Work)

Student Signature: ________________________________ Date: __________

(Please sign and date and keep in your Student Handbook)
STUDENT RELEASE

The clinical facilities you will be working in may require copies of your abuse statement, police check and immunization records. Please sign and return this form to the WVC Allied Health and Safety Department as your approval for releasing this information.

Please know that you have unlimited access to your immunization records. If you are asked by the clinical facility for your records, please log into Complio® and obtain them.

If requested by the clinical facility to which I have been assigned, you have my permission to release my abuse statement, background check, and immunization records to that clinical facility.

Name: ______________________________________________________
(Please print legibly)

Program: .........................................................................................................

Student Signature: ___________________________ Date: __________

(Please sign and date and submit to the Allied Health Office)
STUDENT RELEASE

The clinical facilities you will be working in may require copies of your abuse statement, police check and immunization records. Please sign and return this form to the WVC Allied Health and Safety Department as your approval for releasing this information.

Please know that you have unlimited access to your immunization records. If you are asked by the clinical facility for your records, please log into Complio® and obtain them.

If requested by the clinical facility to which I have been assigned, you have my permission to release my abuse statement, background check, and immunization records to that clinical facility.

Name: ______________________________________________________
(Please print legibly)

Program: ____________________________________________________

Student Signature: __________________________ Date: ____________

(Please sign and date and keep in your Student Handbook)
STUDENT CONFIDENTIALITY STATEMENT

Name: __________________________________________________________
(Please print legibly)

Program: _______________________________________________________

Address: _______________________________________________________

Cell Phone: ____________________ Alternate Phone: ________________

CONFIDENTIALITY STATEMENT: I understand that, as an Allied Health student at Wenatchee Valley College, I am not considered to be an employee of the clinical agency where I may participate in clinical learning experiences. I agree to abide by all Wenatchee Valley College policies, procedures, standards, and regulations that guide my conduct. I understand and agree that in the performance of my duties as a student at Wenatchee Valley College, I must hold medical information in confidence. Further, I understand that intentional or involuntary violation of confidentiality may result in punitive action, immediate termination of access to further data, and the immediate termination of my participation in any clinical learning experience at Wenatchee Valley College.

______________________________________________________________
Signature of Student

______________________________________________________________
Date

(Please sign and date and submit to the Allied Health Office)

2017-2018 Medical Assistant Student Handbook
Name: ____________________________________________________________
(Please print legibly)

Program: _________________________________________________________

Address: ______________________________________________________________________

Cell Phone: ____________________ Alternate Phone: _____________ ____

CONFIDENTIALITY STATEMENT: I understand that, as an Allied Health student at Wenatchee Valley College, I am not considered to be an employee of the clinical agency where I may participate in clinical learning experiences. I agree to abide by all Wenatchee Valley College policies, procedures, standards, and regulations that guide my conduct. I understand and agree that in the performance of my duties as a student at Wenatchee Valley College, I must hold medical information in confidence. Further, I understand that intentional or involuntary violation of confidentiality may result in punitive action, immediate termination of access to further data, and the immediate termination of my participation in any clinical learning experience at Wenatchee Valley College.

______________________________________________________________
Signature of Student

______________________________________________________________
Date

(Please sign and date and keep in your Student Handbook)
PHOTO RELEASE

Wenatchee Valley College (WVC) may take and use photographs of me or excerpts of statements I provided to be used for promotional purposes, such as college publications, the Web site, displays, video presentations, and advertisements, with the understanding that my image and statements will be used to promote WVC only. I do this willingly, expecting no compensation or gratuity of any kind from WVC.

Name: ________________________________________________________________
(Please print legibly)

Address: _____________________________________________________________

Phone: ________________________ E-mail: ________________________________

_________________________________________    _________________________
Signature of individual or parent/guardian Date

(Please sign and date and submit to the Allied Health Office)
PHOTO RELEASE

Wenatchee Valley College (WVC) may take and use photographs of me or excerpts of statements I provided to be used for promotional purposes, such as college publications, the Web site, displays, video presentations, and advertisements, with the understanding that my image and statements will be used to promote WVC only. I do this willingly, expecting no compensation or gratuity of any kind from WVC.

Name: ____________________________________________________
(Please print legibly)

Address: __________________________________________________

Phone: ____________________________  E-mail: ____________________________

_________________________________________    ______ _____________
Signature of individual or parent/guardian  Date

(Please sign and date and keep in your Student Handbook)
Wenatchee Valley College

Student Reference Request and FERPA Release

In accordance with FERPA (Family Educational Rights and Privacy Act) regulations, any student wishing a recommendation from Medical Assistant faculty will provide the following information.

Student name (please print): ________________________________________________________

I request (please print Medical Assistant faculty name[s]; you may write ‘any faculty’ or ‘all faculty’) ________________________________ to serve as a reference for me and to provide requested reference in written form.

The purpose of the reference is (check all applicable spaces):

☐ Application for employment

☐ All forms of scholarship or honorary award

☐ Admission to another education institution

I authorize the above person(s) to release information and provide an evaluation about any and all information from my education records at WVC, including information pertaining to my education at other institutions I have previously attended which is a part of my education records at WVC, to the following agency(ies) (please print; you may list each facility individually, or you may write ‘any/all prospective employer[s]’ or ‘any/all educational facilities’):

1. ____________________________________________________________
   (Name and Address)

2. ____________________________________________________________
   (Name and Address)

3. ____________________________________________________________
   (Name and Address)

4. ____________________________________________________________
   (Name and Address)

I understand that I have the right not to consent to the release of my education records; I have a right to receive a copy of any written reference upon request; and that this consent shall remain in effect until revoked by me, in writing, and delivered to the above faculty member, but that any such revocation shall not affect disclosures previously made by said faculty member prior to the faculty member’s receipt of any such written revocation.

__________________________________________________________   __________ __________
Student Signature                                      Date

This Student Reference Request and FERPA Release will be attached to a copy of each reference sent on behalf of the requesting student and will be maintained in the Allied Health Office.

(Student may make photocopies, as necessary)
Wenatchee Valley College Medical Assistant Program

Student Affirmation Form

I understand that, as a Medical Assistant student, I am a member of a profession which places me in a position of confidence, requiring the utmost discretion and professionalism to protect those with and for whom I work. I acknowledge that, as a member of a healthcare profession, I have a responsibility to act in a manner consistent with the essential attributes of the profession. In this regard:

_____ I agree to protect the privacy of faculty, peers, patients, and family members of patients by not inappropriately disclosing confidential information about faculty, peers, patients or their family members that is disclosed to me in my capacity as a WVC Medical Assistant student.

_____ I have/will read the syllabi of the Medical Assistant courses I am taking this year, and I understand the criteria established for grading my course work.

_____ I agree that I will conduct myself in a manner that exhibits professional values.

_____ I will maintain and uphold the policies of the Medical Assistant Program and will not condone or participate in any activities of academic dishonesty, including, but not limited to, plagiarism, cheating, stealing, or copying another’s assigned work, or lying about any situation.

_____ I will not recreate any items or portions of any exam for my own use, or for use by others, during my enrollment in the Medical Assistant Program.

_____ I will not divulge or accept or access any unauthorized information related to any quiz, exam, scenario, or clinical testing administered during my enrollment in the Medical Assistant Program. ‘Unauthorized information’ includes sharing any information about testing other than ‘I passed’ or ‘I did not pass.’

_____ I will sign my own papers and other documents and will not sign any other student’s name to anything, including class rolls.

_____ I will not allow any student access to any of my paperwork for the purpose of copying.

_____ I will not discuss or post any information about faculty, peers, patients, family members, or any clinical facility on any electronic venue (i.e., social media, cell phones, etc.). Nor will I leave/save any patient, patient family, faculty, clinical facility, or student information on any open access desktop or hard drive.

___________________________________________       ____________________________
Student Printed Name                            Date

___________________________________________
Student Signature

(Please sign and date and submit to the Allied Health Office)
Wenatchee Valley College Medical Assistant Program

Student Affirmation Form

I understand that, as a Medical Assistant student, I am a member of a profession which places me in a position of confidence, requiring the utmost discretion and professionalism to protect those with and for whom I work. I acknowledge that, as a member of a healthcare profession, I have a responsibility to act in a manner consistent with the essential attributes of the profession. In this regard:

_____ I agree to protect the privacy of faculty, peers, patients, and family members of patients by not inappropriately disclosing confidential information about faculty, peers, patients or their family members that is disclosed to me in my capacity as a WVC Medical Assistant student.

_____ I have/will read the syllabi of the Medical Assistant courses I am taking this year, and I understand the criteria established for grading my course work.

_____ I agree that I will conduct myself in a manner that exhibits professional values.

_____ I will maintain and uphold the policies of the Medical Assistant Program and will not condone or participate in any activities of academic dishonesty, including, but not limited to, plagiarism, cheating, stealing, or copying another’s assigned work, or lying about any situation.

_____ I will not recreate any items or portions of any exam for my own use, or for use by others, during my enrollment in the Medical Assistant Program.

_____ I will not divulge or accept or access any unauthorized information related to any quiz, exam, scenario, or clinical testing administered during my enrollment in the Medical Assistant Program. ‘Unauthorized information’ includes sharing any information about testing other than ‘I passed’ or ‘I did not pass.’

_____ I will sign my own papers and other documents and will not sign any other student’s name to anything, including class rolls.

_____ I will not allow any student access to any of my paperwork for the purpose of copying.

_____ I will not discuss or post any information about faculty, peers, patients, family members, or any clinical facility on any electronic venue (i.e., social media, cell phones, etc.). Nor will I leave/save any patient, patient family, faculty, clinical facility, or student information on any open access desktop or hard drive.

________________________________________________________________________

Student Printed Name

________________________________________________________________________

Student Signature

(Please sign and date and keep in your Student Handbook)
Verification of Student Information

I certify with my signature that I have read and understand the requirements listed on pages 5 through 9 of this Handbook and that the information I have provided and pertaining to my immunizations, CPR certification, insurances, drug screening, and identity is complete and accurate.

Signed this ________________ Day of ____________________ in the Year ________________

Signature ________________________________________________________________________

(Please date and sign and return to the Allied Health Office)