# Medical Assistant-
# CNA Bridge Program

Name _____

*(Your name as it will appear on your name tag)*

**This noncredit "bridge" course provides training for medical assistants to transition to Certified Nursing Assistant (CNA).** Upon successful completion of the course, this 32-hour training will allow the medical assistant to become eligible to take the Nursing Assistant Certified exam.

****This bridge program is available to medical assistants who have graduated from an accredited medical assistant program. Proof of graduation from an accredited program is required.****

## ADMISSION REQUIREMENTS

### Please INITIAL in each box:

☐ **Proof of graduation**

- **Attach proof** of graduation from an accredited Medical Assistant program.

☐ **Current CPR (Healthcare Provider) Certification**

- **Attach a copy of** your current Healthcare Provider CPR card.

☐ **HIV/AIDS Certification**

- **Attach a copy** of your HIV/AIDS training certification (Washington State 7-hour training requirement).

☐ **2-step PPD**

- **Attach official documentation** of **2 separate tuberculin skin tests placed 1-3 weeks apart** with negative results within the last year with your application. If it expires during the class is being taken, it needs to be renewed BEFORE acceptance into the class.
- **Please note:** The 2-Step PPD test requires **FOUR visits** to your healthcare provider to complete.
- The QuantiFERON® TB Gold Test will be accepted in place of the two-step PPD. This TB blood test must not be more than one year old for the duration of the clinical experience. If it expires during the class being taken, it needs to be renewed BEFORE acceptance into the class.
- You will not be allowed to attend the clinical portion of the class without a current 2-step PPD or QuantiFERON® blood test, therefore, not completing the class.

☐ **Hepatitis B vaccination**

- **Attach official documentation** of at least your first Hepatitis B vaccination.
- Your second HepB vaccination should be done 30 days after the first injection, and your third HepB vaccination should be done 4-6 months after your second injection.
- You will not be allowed to attend the clinical portion of the class without the first Hepatitis B vaccination, therefore not completing the class.

☐ **Flu Vaccine**

- Depending on the availability of the flu vaccine, each student is required to be vaccinated by the announced date, prior to clinical experience. The flu vaccine is required for all fall, winter and early spring classes. Attach proof of vaccination.

☐ **Background check**

- **Purchase a criminal background check.** You must create an account and purchase the background check at: http://www.wenatcheevalleycompliance.com.
- The background check is valid for 45 days. **Do not complete the background check more than 45 days prior to class, or you will have to complete it again.**
- Conviction of certain crimes may prevent completion of the clinical course requirements of the program and may also prevent future licensing and employment in the health field.
- You will not be allowed to attend the clinical portion of the class without the background check, therefore not completing the class.

☐ **Major medical insurance**

- **Attach** verification (a copy of your current insurance card) of major medical insurance. This insurance must cover you in case of an injury at the clinical facility.
- If you do not have medical insurance you may purchase a short-term policy through **www.ehealthinsurance.com.**
- You will not be allowed to attend the clinical portion of the class without injury insurance, therefore not completing the class.

☐ **White scrub pants and clean white shoes**

($20-$40)

- High-quality, white uniform pants are required for clinical days. A WVC clinical scrub top will be checked out to each student for use during clinicals. The top **MUST** be returned at the end of the class. If your scrub top is lost or damaged, you will be charged $75 and your certificate will be withheld until full payment is made.
- Students must be in full uniform in the clinical area. Students who arrive for clinical experiences lacking full uniform requirements will be sent from the clinical area, therefore not completing the class.

☐ **Attendance is mandatory**

- There will be NO makeup days. This is a fast-paced, intensive course. Full-time attendance is critical to student success and a **requirement for completion**.

## COURSE CONTENT

The nursing assistant bridge course consists of classroom hours and hours of clinical instruction that will take place in the college lab and in one of the long-term care facilities that contract with Wenatchee Valley College for this purpose. The times for clinical training will generally be the same as the classroom hours.

- The student must demonstrate competency of knowledge at a passing rate of 80% -- compiled score on exams, quizzes, clinical competency and written skills/personal learning skills.
- The student must demonstrate competency of skills in the practice lab and in the clinical setting.
- **Attendance is mandatory** for successful completion of the course. There will be NO makeup days.
- A certificate will be provided upon successful completion of this course.

## COURSE SUPPLIES

Students will need to provide:

- "Journal" type notebook and pen/pencil
- Watch with a second hand

## CLINICAL EXPERIENCE

The student must be in full uniform in the clinical area. Students who arrive for clinical experiences lacking full uniform requirements will be sent from the clinical area and therefore, not able to complete the class.

- Clean, white uniform (top and pants). The uniform is to be washed daily to control cross infection and odors.
- Clean white shoes. No open-toed or open-heeled shoes. Clogs must have a back strap. Neutral socks/hose/undergarments. White athletic shoes are acceptable as long as the laces are white and the shoes are kept clean.
- Jewelry is to be kept to a minimum as a safety measure.
- Pierced body parts are considered a hazardous risk to the student in the clinical setting and are unacceptable, with the exception of one small stud-like earring on each earlobe.
- Tattoos must be covered.
- No artificial nails; nails should be short and without polish.
- Hair should be clean and secured in a manner to prevent it from falling into the face.

Clean scrubs or lab coats and closed toe shoes must be worn in the simulation lab.

***Students are expected to maintain a professional appearance as representatives of the WVC Nursing Assistant Program.***

***Refunds will not be issued less than 72 hours before the first class day. If at the end of the course you do not pass the clinical portion you will not receive a certificate of completion from the State of Washington and no refund will be given.***

***I certify with my signature that I have read and understand the above requirements and that the information above, and documentation submitted pertaining to me, is complete and accurate.***

Print Name _____

Signature _____

Date _____

# STUDENT RELEASE

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

**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.**

**By signing the below, I agree to the above statements regarding records release.**

Student Signature: _____Date: _____

# CONFIDENTIATLIY 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.

**By signing the below, I agree to the above statements regarding confidentiality.**

Student Signature: _____Date: _____

**Wenatchee Valley College**

# ALLIED HEALTH PROGRAMS

## PART I: GENERAL INFORMATION

Full Name _____ DOB _____
(Please print)

Home Address _____
Street City State Zip

Home Phone _____ Cell Phone _____

E-mail _____ Gender: ☐ Male ☐ Female

In case of emergency please notify:

Name _____ Phone _____

## PART II: HEALTH HISTORY

Date of last health examination: _____

Name of health care provider: _____ *(Optional)*

Do you have any allergies? If yes, please specify.

Please list all medications that you take regularly.

Please identify any health conditions/illnesses or injuries that required medical treatment – please check all those that apply.

- ☐ Heart Defect/Disease
- ☐ Hypertension
- ☐ Asthma or other respiratory condition
- ☐ Diabetes or other endocrine condition
- ☐ Seizure Disorder
- ☐ Neurological problem
- ☐ Bleeding or clotting disorder
- ☐ Musculoskeletal problem/condition
- ☐ Any infection within last year
- ☐ Any traumatic injury within last year
- ☐ Mental and/or emotional condition
- ☐ Substance abuse
- ☐ Other

Further explanation of any items that are checked:

## PART III: Statement of ability to function as a student in an Allied Health program.

**PERSONAL MEDICAL RECORD**

| | | |
|---|---|---|
| Do you have a visual impairment? | Yes ☐ | No ☐ |
| *If YES, is it corrected?* | Yes ☐ | No ☐ |
| Do you have a hearing impairment? | Yes ☐ | No ☐ |
| *If YES, is it corrected?* | Yes ☐ | No ☐ |
| Can you lift up to 50 lbs.? | Yes ☐ | No ☐ |
| Can you carry up to 20 lbs.? | Yes ☐ | No ☐ |

Can you sit for 4 hours? Yes ☐ No ☐

Can you stand and/or walk unassisted for up to 12 hours? Yes ☐ No ☐

Can you use both hands? Yes ☐ No ☐

Please rate your ability to cope with stressful situations.

| I am able to cope with stress: | **Always** | **Usually** | **Not always** | **Seldom** |
|---|---|---|---|---|
| | ☐ | ☐ | ☐ | ☐ |

***I certify with my signature that I have read and understand the above requirements and that the information above, and documentation submitted pertaining to me, is complete and accurate.***

Print Name _____

Signature _____

Date _____

**WENATCHEE VALLEY COLLEGE - ALLIED HEALTH PROGRAMS**
**CHILD AND ADULT ABUSE INFORMATION ACT DISCLOSURE PURSUANT TO RCW 43.43.834**

Answer each item. If the answer is YES to any item, indicate the charge or finding, the date, and the court(s) involved.

1. Have you ever been convicted of any crimes against children or other persons, as follows: aggravated murder; first or second degree murder; first or second degree kidnapping, first, second, or third degree assault; first, second or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation, first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution? ANSWER _____

If YES, explain

2. Have you ever been convicted of crimes relating to the financial exploitation if the victim was a vulnerable adult, as follows: first, second, or third degree theft; first or second degree robbery:, forgery? ANSWER _____

If YES, explain

3. Have you ever been found guilty in any dependency action under RCW 13.34.030(2)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor? ANSWER _____

If YES, explain

4. Have you ever been found in any domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor? ANSWER _____

If YES, explain

5. Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?

ANSWER _____

If YES, explain

6. Have you ever been found in any protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult? ANSWER _____

If YES, explain

**Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.**

Nursing Assistant Fast Track Course

_____

NAME (*Please Print)* SIGNATURE DATE

_____

*WITNESS SIGNATURE BUSINESS OR ORGANIZATION ADDRESS

*PLEASE HAVE YOUR SIGNATURE WITNESSED BY A NON-FAMILY MEMBER

## Student Disclosure Form

1. Have you ever been convicted of a crime?

   Yes_____ No_____

2. If yes, please list the crimes for which you have been convicted and the level of those convictions.

   _____

3. Do you understand that some criminal convictions may prevent you from completing a program of study?

   Yes_____ No_____

4. Do you understand that you need to provide documentation of specified immunizations or evidence of immunity to specified diseases in order to participate in most programs in Allied Health?

   Yes_____ No_____

5. Are you aware that you must provide a negative drug screen for most Allied Health programs?

   Yes_____ No_____

6. Do you understand that your behavior during the time of training for a particular occupation needs to comply with both the Wenatchee Valley College Student Code of Conduct (see the WVC Student Handbook) and the code of conduct/ethics/standards that regulate the occupation for which you will be trained?

   Yes_____ No_____

7. Do you understand that by breaking the code of conduct for an occupation or the WVC Student Code of Conduct you may be subjected to disciplinary action including suspension from the program?

   Yes_____ No_____

8. Do you understand that there are procedures and policies at Wenatchee Valley College that govern student grievances and disciplinary actions?

   Yes_____ No_____

**Student Name**_____
(Please Print)

**Student Signature**_____ **Date**_____

Community Relations / P: 509.682.6420 / F: 509.682.6401 / 1300 Fifth Street / Wenatchee, WA 98801

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:_____

Address:_____

Phone: _____

E-mail:_____

Signature _____

Date_____