

# **2024–2025 Medical Assistant Program Handbook**

Accredited by the Commission on Accreditation of Allied Health Education Programs ([www.caahep.org](http://www.caahep.org)) upon the Recommendation of the Medical Assisting Education Review Board (MAERB)

## Western Iowa Tech Community College

It is the policy of Western Iowa Tech Community College not to discriminate on the basis of race, creed, color, sex, national origin, religion, age, disability, sexual orientation, gender identity, socioeconomic status, actual or potential parent, family or marital status, or other characteristic protected by law in its programs, activities, or employment practices as required by state and federal civil rights regulation.

If you have questions or complaints, please contact Dean of Human Resources (employees) 4647 Stone Avenue, Sioux City, IA 51106; [712.274.6400](tel:712.274.6400) ext. 1406; [equity@witcc.edu](mailto:equity@witcc.edu) or Dean of Opportunity and Engagement (students) 4647 Stone Avenue, Sioux City, IA 51106; [712.274.6400](tel:712.274.6400) ext. 2887; [equity@witcc.edu](mailto:equity@witcc.edu) or the Director of the Office for Civil Rights, U.S. Department of Education, John C. Kluczynski Federal Building, 230 S. Dearborn Street, 37th Floor, Chicago, IL 60604-7204, phone number [312.730.1560](tel:312.730.1560), fax 312.730.1576, TDD 800-877-8339; email: [OCR.Chicago@ed.gov](mailto:OCR.Chicago@ed.gov).

Individuals using assistive technology (such as a screen reader, Braille reader, etc.) who experience difficulty accessing information on this web site, should send an email to the Webmaster at [webmaster@witcc.edu](mailto:webmaster@witcc.edu). The e-mail should include the nature of the accessibility problem and the individual's e-mail address for a response. If the accessibility problem involves a particular Web page, the message should include the URL (Web address) of the page. We will contact individuals having accessibility problems within three business days to assist them and to provide them with the information being sought.

# Table of Contents

Absences, Excused .....	3
Academic Review Procedure .....	31-35
Admissions Criteria and Procedures .....	2
Advising, Role of the Student in .....	3
Background Checks – General Information .....	7
Cardiopulmonary Resuscitation .....	4
Clinical Participation Requirements .....	17
Confidentiality Agreement Form .....	19-20
Document of Informed Consent .....	25
Accreditation/Certification .....	3
Dress Code .....	4
Grading; Graduation .....	5
Hepatitis B Documentation .....	13
Hepatitis B Consent/Decline Forms .....	15-16
Injury Incident Policy .....	3
Iowa Core Performance Standards .....	9-10
Lab Safety Procedures .....	29
Mandatory Reporter Training .....	4
Program Goals .....	5
Program of Study .....	8
Program Practicum Policy .....	6
Requirements for the Medical Assistant Program .....	3
Signature Sheet of Understanding .....	37
Social Media Policy .....	27
Statement of Knowledge of the Policy and Protocol for Occupational Exposure to Bloodborne Pathogens .....	21
Statement of Knowledge of Occupational Risks .....	23
Tuberculosis Test .....	13
Uniform Purchase .....	5
Vaccinations .....	13
WITCC Clinical Health Evaluation Form .....	11-13

Students are encouraged to read the WITCC general catalog for information regarding student rights, services, activities, and special programs which may be available to them. A copy of the catalog is available by calling Enrollment Services, WITCC, 712-274-8733, Ext. 1325 or 800-352-4649 or on our Website at [www2.witcc.edu](http://www2.witcc.edu).

# Admissions Criteria and Procedure

## Medical Assistant Program

### Sioux City

#### Specific Admission Requirements:

- **All students** must submit a copy of their high school transcript (or equivalency diploma-GED) and all college transcripts to the Admissions Office for evaluation.

**All students** must meet the following criteria for admission/acceptance into the Medical Assistant Program:

- Verification of High School, GED or HSED Graduation

**All students** must meet one of the following criteria for admission/acceptance into the medical assistant program:

#### CRITERIA 1 FOR ACCEPTANCE

1. Submitted documentation of composite ACT score of at least 19

#### OR CRITERIA 2 FOR ACCEPTANCE

1. Associate Degree or higher from an accredited program.

#### OR CRITERIA 3 FOR ACCEPTANCE

1. Verification of high school official transcript of GPA 2.0 or higher AND
2. Completion of (1) year high school science equivalent with no grade lower than a C.

#### OR CRITERIA 4 FOR ACCEPTANCE

1. Completion of BIO 163 and HSC 114 with no grade lower than a C

## **Injury Incident Policy**

A student who incurs an injury during clinical or practicum should report it to the clinical site immediately and then notify their supervising instructor as soon as possible.

## **Excused Absences**

Military duty, jury duty, or if you are subpoenaed are considered excused absences.

## **Academic Advising**

Academic advising assists students in realizing the maximum educational benefits available by helping them to better understand themselves and to learn to use the resources available at WITCC to meet their specific educational needs.

## **Role of Student in Advising**

The student is to contact his or her advisor regarding all academic issues. It is necessary to make advance appointments with advisors for efficiency in scheduling. Faculty is available to meet new students taking either support courses or medical assistant courses prior to registering.

Faculty is available at the Sioux City Campus for advising and program inquiries. Contact your advisor to schedule an appointment.

Advisor signatures are required on all course schedules, drop/add slips, transfer of program and credit forms, and forms for withdrawal from programs or the college.

The student is ultimately responsible to meet **all** requirements for graduation.

## **Accreditation/Certification**

The medical assisting diploma program at Western Iowa Tech is accredited by the Commission on Accreditation of Allied Health Education Programs ([www.caahep.org](http://www.caahep.org)) upon the recommendation of the Medical Assisting Education Review Board (MAERB).

Graduates of the program are eligible to apply and sit for the CMA (AAMA) exam offered through the American Association of Medical Assistants ([www.aama-ntl.org](http://www.aama-ntl.org)).

## **Requirements for the Medical Assistant Program**

1. CPR/First Aid Certification – American Heart Association BLS Health Care Provider Course/First Aid
2. Child Abuse – Mandatory Reporter Training
3. Adult Abuse – Mandatory Reporter Training
4. Health Evaluations
5. Criminal and Abuse Background Checks

Photocopies of **CPR, First Aid, Child Abuse, and Adult Abuse certification** must be turned in to the instructor prior to the start of the practicum. (Students are responsible for obtaining their own photocopies.) If these requirements are not completed, students **cannot** be allowed to participate in the practicum.

## Cardiopulmonary Resuscitation/First Aid

You are required to have a current CPR/First Aid card and must have completed the American Heart Association BLS Health Care Provider course. This course is specifically for health professionals. If you now hold a card and it is due to expire halfway through the year, you should renew it early so that your card is current during the total medical assistant clinical externship. For information on CPR/First Aid courses offered at WITCC, contact WITCC EMS Office at 319-254-6772.

## Child and Dependent Adult Abuse — Mandatory Reporter Training

All health personnel are mandatory reporters of child and dependent adult abuse. You must complete the Iowa Department of Human Services (DHS) mandatory reporting training courses. You can access the two-hour child abuse and the two-hour dependent adult abuse courses on the DHS website free of charge using following link: <https://dhs.iowa.gov/child-welfare/mandatoryreporter>

## Health Evaluation

Completed health evaluation forms must be turned in a minimum of two weeks prior to the start of MAP 609. Upload completed health evaluation forms to the online health compliance tracker.

## Clinical Dress Code

Students in the practicum and lab courses will be required to wear the following uniform while caring for patients.

1. Students are required to wear the WITCC forest green scrub top/pants at the WITCC Bookstore.
2. The matching forest green lab coats are optional.
3. A black or white short- or long-sleeved undershirt may be worn under the scrub top.
4. Black or white socks will be accepted.
5. Shoes must be black or white, nonporous, clean, and be worn only for work/practicum duties. No open toe shoes allowed.
6. Students must wear a WITCC name badge provided by the institution. If lost, a fee will be charged for replacement.
7. A watch with a second hand, a stethoscope, bandage scissors **are required**.
8. Hair must be clean, off the collar, pulled back, and secure when a student is on duty. Only natural hair colors will be allowed (i.e., no pink, green, orange, purple, etc.). Hair accessories must be white or the same color as the student's hair. Beards, mustaches, and sideburns need to be clean, well-manicured and closely trimmed to the face.
9. Fingernails must be clean, short, and neatly filed. No artificial nails. Colored nail polish is not permitted. If clear nail polish is worn, it must not be chipped. Makeup should be moderate.
10. A uniformed student may wear rings on no more than one finger. One pair of pierced earrings (one earring in each ear) is allowed in white, gold, or silver and no larger than ¼ inch in diameter or dangling. No bracelets or neck chains may be worn. No other visible piercing (i.e., brow, lip, nose, ear, tongue).
11. Visible tattoos must be covered.
12. Gum chewing, eating, and cell phones are not acceptable in clinical/lab areas.
13. Offensive body odor and bad breath will be dealt with by the clinical instructor on an individual basis. No perfume or cologne.
14. Students may not use tobacco or vaping products at any time during their work shifts. This includes meal periods and rest breaks, on or off campus. Clothing worn during clinical/labs must be free of the odor of tobacco.

## Uniform Purchase

Uniforms for Western Iowa Tech Community College’s Medical Assistant program are available at the WITCC Bookstore. Students should order uniforms ahead of time and are asked to be sized at the store.

*\*Uniforms are required for client care and lab sessions which begins immediately after the start of Fall semester.*

## Grading

The specific grading scale for all courses is determined by the course instructors. The grading scale, and requirements to achieve desired grades, will be explained at the beginning of each course. Theory and clinical lab activities are considered as one grade. Students must complete the course with at least an 80% (C) in both clinical lab and theory. Students must pass the clinical lab final with at least an 80% (C) to pass the course and be eligible to progress and participate in the practicum (MAP 609). If the student is not successful in both theory and clinical lab activities, the course must be repeated.

All students accepted into the medical assisting program **may re-enroll only once** in one medical assisting course in the medical assisting program to continue. Failure to comply will result in program dismissal. Medical assisting courses included are:

MAP 333	Fundamentals of Medical Assisting I
MAP 338	Fundamentals of Medical Assisting II
MAP 215	Medical Laboratory Techniques
MAP 609	Medical Assistant Practicum

## Graduation

WITCC students must meet the graduation requirements as set forth in the general WITCC College Catalog and the WITCC Student Handbook. Students must achieve a final grade of “C” (2.0) or better in all program courses to be eligible for graduation.

## Program Goals

1. Sixty (60) percent or higher of the program graduates will pass a national credentialing examination in Medical Assisting.
2. Annual program retention rate for students will be 60% or above.
3. Graduate satisfaction rate will be 80% or above.
4. Employer satisfaction rate will be 80% or above.
5. Positive job placement for program graduates will be at 60% or above.
6. To prepare competent entry-level medical assistants in the cognitive (knowledge), psychomotor (skills) and affective (behavior) learning domains.

# Policy for Practicum (MAP 609)

## Program Practicum Policy and Requirements

All enrolled and eligible students for practicum will work with the Practicum Coordinator on campus to complete the practicum experience. Guidelines for the practicum experience are listed below.

- Students must achieve a final grade of 'C' (2.0) or better in all support and core classes to be eligible for the practicum experience.
- Students are to select their own practicum site with approval from the practicum coordinator. Students are responsible for providing site contact information to the practicum coordinator. If the student does not select a site, a site may be assigned by the practicum coordinator to ensure that all contractual agreements are in place and valid.
- The practicum coordinator completes an initial assessment of the practicum site prior to student placement. Practicum sites are required to complete site training with the practicum coordinator.
- Students are required to have health clearance prior to placement at a practicum site.
- Students will be given a course syllabus at the beginning of the semester in which the practicum experience is completed.
- The number of required hours for completion of the practicum experience is 160 (UNPAID) hours completed on location at the assigned practicum site. Work schedule is set up between the student and the clinical preceptor/site supervisor.
- Students are required to complete ALL required program coursework prior to enrolling in and completing the practicum experience.
- Attendance/promptness is required. It is the student's responsibility to report any unexpected/emergent absences to the practicum site supervisor and the program practicum coordinator as soon as possible.
- Clinical lab dress code is required. You are a representative of WIT and will be required to dress as per the clinical lab dress code that is explained in the program booklet.
- Professionalism is required. Students are expected to work efficiently, keep busy, adhere to privacy standards in place, work safely, display a professional appearance and behavior and have a positive attitude.
- The practicum coordinator will send weekly contact emails to the student and site supervisor to follow up as needed on the student's progress. Site visits are completed by the practicum coordinator on an 'as needed' basis.
- Students are required to submit a weekly timesheet/log regarding time/duties performed while in the practicum experience. Your site supervisor is required to sign submitted logs before they are given to the practicum coordinator. The practicum coordinator will review all logs and discuss any concerns/deficiencies with the affected student.
- All students will be given a blank copy of the site evaluation tool that the site supervisor will complete regarding the student's work. The practicum coordinator will review these and discuss any concerns/deficiencies with the affected student.
- The grading scale for the practicum experience is Pass/Fail. Student are allowed to re-enroll only once in the practicum experience.

# Criminal Background - General Information

## **Pre Clinical**

WITCC will complete criminal background checks on all health students. Based on the findings, a determination will be made if the student is eligible to participate in clinical activities. See the program handbook for additional information. After the background check has been run and approved, the student must self-report all potential violations of misconduct, abuse, or any pending charges. Failure to self-disclose may result in being removed from the program.

## **Post Graduation Exams**

Criminal charges/convictions, abuse charges (adult or child), or a substance abuse history may impact a graduate's ability to obtain registration or licensure in the graduate's profession. Each licensing board will make the determination if a criminal background check will be completed before the graduate is eligible to write licensing/registration exams.

## **Employment in Health Care Professions**

Employers have varied hiring policies based on their review of an applicant's criminal background history. Graduates/students need to be aware that:

- \* Clearance for clinical while a student
- \* Graduation from the program
- \* Successful passage of licensing or registration exams

does not guarantee graduates will be eligible for employment at some agencies. Employment eligibility is determined by the hiring policies at each health care agency.

Accepted Fall 2015  
Revised January 2024

# Western Iowa Tech Community College

## Program of Study

### Medical Assistant Program

#### Semester I

Catalog Number	Course Title	Semester Hours
SDV-108	The College Experience	1
HSC-114	Medical Terminology	3
BIO-163	Essentials of Anatomy & Physiology	4
ADM-105	Introduction to Keyboarding	1
MAP-123	Administrative Medical Office Procedures	3
HIT-248	Essentials of Medical Coding	2
MAP-333*	Fundamentals of Medical Assisting I	4
	<b>Total First Semester</b>	<b>18</b>

#### Semester II

Catalog Number	Course Title	Semester Hours
HSC-143	Pharmacology	3
HSC-218	Clinical Pathology for Allied Health	3
MAP-141	Medical Insurance	3
MAP-215**	Medical Lab Techniques	4
MAP-338**	Fundamentals of Medical Assisting II	4
HIT-313	Medical Office Computer Applications	1
	<b>Total Second Semester</b>	<b>18</b>

#### Summer Semester

Catalog Number	Course Title	Semester Hours
PSY-102	Human and Work Relations	3
ADM-154	Business Communication	3
MAP-402	Medical Law and Ethics	2
MAP-609***	Medical Assistant Practicum	3
	<b>Total Summer Semester</b>	<b>11</b>
	<b>Program Total</b>	<b>47</b>

Course descriptions may be found in the WITCC Catalog.  
 Students may take support courses prior to entering medical assisting courses.

\* only offered in the fall semesters

\*\* only offered in the spring semesters

\*\*\* ALL PROGRAM COURSE WORK MUST BE COMPLETED PRIOR TO STARTING PRACTICUM.

## IOWA CORE PERFORMANCE STANDARDS

Iowa Community colleges have developed the following Core Performance Standards for all applicants to Health Care Career Programs. These standards are based upon required abilities that are compatible with effective performance in health care careers. Applicants unable to meet the Core Performance Standards are responsible for discussing the possibility of reasonable accommodations with the designated institutional office. Before final admission into a health career program, applicants are responsible for providing medical and other documentation related to any disability and the appropriate accommodations needed to meet the Core Performance Standards. These materials must be submitted in accordance with the institution's ADA Policy.

CAPABILITY	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)
Cognitive-Perception	The ability to gather and interpret data and events, to think clearly and rationally, and to respond appropriately in routine and stressful situations.	<ul style="list-style-type: none"> <li>• Identify changes in patient/client health status</li> <li>• Handle multiple priorities in stressful situations</li> </ul>
Critical Thinking	Utilize critical thinking to analyze the problem and devise effective plans to address the problem.	<ul style="list-style-type: none"> <li>• Identify cause-effect relationships in clinical situations</li> <li>• Develop plans of care as required</li> </ul>
Interpersonal	Have interpersonal and collaborative abilities to interact appropriately with members of the healthcare team as well as individuals, families and groups. Demonstrate the ability to avoid barriers to positive interaction in relation to cultural and/or diversity differences.	<ul style="list-style-type: none"> <li>• Establish rapport with patients/clients and members of the healthcare team</li> <li>• Demonstrate a high level of patience and respect</li> <li>• Respond to a variety of behaviors (anger, fear, hostility) in a calm manner</li> <li>• Nonjudgmental behavior</li> </ul>
Communication	Utilize communication strategies in English to communicate health information accurately and with legal and regulatory guidelines, upholding the strictest standards of confidentiality.	<ul style="list-style-type: none"> <li>• Read, understand, write and speak English competently</li> <li>• Communicate thoughts, ideas and action plans with clarity, using written, verbal and/or visual methods</li> <li>• Explain treatment procedures</li> <li>• Initiate health teaching</li> <li>• Document patient/client responses</li> <li>• Validate responses/messages with others</li> </ul>
Technology Literacy	Demonstrate the ability to perform a variety of technological skills that are essential for providing safe patient care.	<ul style="list-style-type: none"> <li>• Retrieve and document patient information using a variety of methods</li> <li>• Employ communication technologies</li> <li>• to coordinate confidential patient care</li> </ul>

*Reviewed and Approved April 2018*

CAPABILITY	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)
Mobility	Ambulatory capability to sufficiently maintain a center of gravity when met with an opposing force as in lifting, supporting, and/or transferring a patient/client.	<ul style="list-style-type: none"> <li>• The ability to propel wheelchairs, stretchers, etc. alone or with assistance as available</li> </ul>
Motor Skills	Gross and fine motor abilities to provide safe and effective care and documentation	<ul style="list-style-type: none"> <li>• Position patients/clients</li> <li>• Reach, manipulate, and operate equipment, instruments and supplies</li> <li>• Electronic documentation/ keyboarding</li> <li>• Lift, carry, push and pull</li> <li>• Perform CPR</li> </ul>
Hearing	Auditory ability to monitor and assess, or document health needs	<ul style="list-style-type: none"> <li>• Hears monitor alarms, emergency signals, auscultatory sounds, cries for help</li> </ul>
Visual	Visual ability sufficient for observations and assessment necessary in patient/client care, accurate color discrimination	<ul style="list-style-type: none"> <li>• Observes patient/client responses</li> <li>• Discriminates color changes</li> <li>• Accurately reads measurement on patient client related equipment</li> </ul>
Tactile	Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture	<ul style="list-style-type: none"> <li>• Performs palpation</li> <li>• Performs functions of physical examination and/or those related to therapeutic intervention</li> </ul>
Activity Tolerance	The ability to tolerate lengthy periods of physical activity	<ul style="list-style-type: none"> <li>• Move quickly and/or continuously</li> <li>• Tolerate long periods of standing and/or sitting as required</li> </ul>
Environmental	Ability to tolerate environmental stressors	<ul style="list-style-type: none"> <li>• Adapt to rotating shifts</li> <li>• Work with chemicals and detergents</li> <li>• Tolerate exposure to fumes and odors</li> <li>• Work in areas that are close and crowded</li> <li>• Work in areas of potential physical violence</li> <li>• Work with patients with communicable diseases or conditions</li> </ul>

*Reviewed and Approved April 2018*

# WITCC Clinical Health Evaluation

Name: \_\_\_\_\_

Last Name (Please Print)  
Middle Initial

First Name

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail: \_\_\_\_\_ Program of Study: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Health Care Provider Complete The Following:

### Immunizations: Electronic Proof of Vaccination Record Required.

MMR #1:		MMR #2:	
Measles titre results:	Mumps titre results:	Rubella titre results:	
Tetanus/Diphtheria/Pertusis (Tdap)		Date Given:	
Hepatitis B #1:	#2:	#3:	Hepatitis B *titre results:
Chickenpox #1:	#2:	Chickenpox *titre results:	

### \*Titre results must include numerical value – not just “positive, negative, immune”.

#1 Tuberculin Skin Test-Mantoux 5 TU/PPD (valid if within one year) Given: \_\_\_\_\_ Read: \_\_\_\_\_

PPD result (state reaction in mm): \_\_\_\_\_ Professional Signature: \_\_\_\_\_

#2 Tuberculin Skin Test-Mantoux 5 TU/PPD (valid if within one year) Given: \_\_\_\_\_ Read: \_\_\_\_\_

PPD result (state reaction in mm): \_\_\_\_\_ Professional Signature: \_\_\_\_\_

**OR** Results of a negative QuantiFERON test: \_\_\_\_\_ **OR** Chest X-ray Date: \_\_\_\_\_ Chest X-ray Results: \_\_\_\_\_

### Core Performance Standards:

Please refer to the attached **Iowa Core Performance Standards for Health Career Programs** and indicate if the above named student may have difficulty meeting any of the standards outlined.

**At this time, this individual is capable of meeting the performance standards:**

\_\_\_\_\_ Agree

\_\_\_\_\_ Disagree. The following limitations are present: \_\_\_\_\_

\_\_\_\_\_ Additional evaluation suggested: \_\_\_\_\_

### Questions:

1 - Have recommendations for limited physical activity been made? Yes No

If “Yes,” for how long and why? \_\_\_\_\_

2 - Do you recommend this individual for full participation in clinical? Yes No

If “No,” please comment: \_\_\_\_\_

3 - Date of Last Physical Exam: \_\_\_\_\_ (current upon program entry or as needed by program)

mm/dd/yyyy

Health Care Provider Name (please print): \_\_\_\_\_

Health Care Provider Signature (MD, DO, ARNP, PA): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

## IOWA CORE PERFORMANCE STANDARDS

Iowa Community colleges have developed the following Core Performance Standards for all applicants to Health Care Career Programs. These standards are based upon required abilities that are compatible with effective performance in health care careers. Applicants unable to meet the Core Performance Standards are responsible for discussing the possibility of reasonable accommodations with the designated institutional office. Before final admission into a health career program, applicants are responsible for providing medical and other documentation related to any disability and the appropriate accommodations needed to meet the Core Performance Standards. These materials must be submitted in accordance with the institution's ADA Policy.

CAPABILITY	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)
<b>Cognitive-Perception</b>	The ability to gather and interpret data and events, to think clearly and rationally, and to respond appropriately in routine and stressful situations.	<ul style="list-style-type: none"> <li>• Identify changes in patient/client health status</li> <li>• Handle multiple priorities in stressful situations</li> </ul>
<b>Critical Thinking</b>	Utilize critical thinking to analyze the problem and devise effective plans to address the problem.	<ul style="list-style-type: none"> <li>• Identify cause-effect relationships in clinical situations</li> <li>• Develop plans of care as required</li> </ul>
<b>Interpersonal</b>	Have interpersonal and collaborative abilities to interact appropriately with members of the healthcare team as well as individuals, families and groups. Demonstrate the ability to avoid barriers to positive interaction in relation to cultural and/or diversity differences.	<ul style="list-style-type: none"> <li>• Establish rapport with patients/clients and members of the healthcare team</li> <li>• Demonstrate a high level of patience and respect</li> <li>• Respond to a variety of behaviors (anger, fear, hostility) in a calm manner</li> <li>• Nonjudgmental behavior</li> </ul>
<b>Communication</b>	Utilize communication strategies in English to communicate health information accurately and with legal and regulatory guidelines, upholding the strictest standards of confidentiality.	<ul style="list-style-type: none"> <li>• Read, understand, write and speak English competently</li> <li>• Communicate thoughts, ideas and action plans with clarity, using written, verbal and/or visual methods</li> <li>• Explain treatment procedures</li> <li>• Initiate health teaching</li> <li>• Document patient/client responses</li> <li>• Validate responses/messages with others</li> </ul>
<b>Technology Literacy</b>	Demonstrate the ability to perform a variety of technological skills that are essential for providing safe patient care.	<ul style="list-style-type: none"> <li>• Retrieve and document patient information using a variety of methods</li> <li>• Employ communication technologies to coordinate confidential patient care</li> </ul>
<b>Mobility</b>	Ambulatory capability to sufficiently maintain a center of gravity when met with an opposing force as in lifting, supporting, and/or transferring a patient/client.	<ul style="list-style-type: none"> <li>• The ability to propel wheelchairs, stretchers, etc. alone or with assistance as available</li> </ul>
<b>Motor Skills</b>	Gross and fine motor abilities to provide safe and effective care and documentation	<ul style="list-style-type: none"> <li>• Position patients/clients</li> <li>• Reach, manipulate, and operate equipment, instruments and supplies</li> <li>• Electronic documentation/keyboarding</li> <li>• Lift, carry, push and pull</li> <li>• Perform CPR</li> </ul>
<b>Hearing</b>	Auditory ability to monitor and assess, or document health needs	<ul style="list-style-type: none"> <li>• Hears monitor alarms, emergency signals, auscultatory sounds, cries for help</li> </ul>
<b>Visual</b>	Visual ability sufficient for observations and assessment necessary in patient/client care, accurate color discrimination	<ul style="list-style-type: none"> <li>• Observes patient/client responses</li> <li>• Discriminates color changes</li> <li>• Accurately reads measurement on patient client related equipment</li> </ul>
<b>Tactile</b>	Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture	<ul style="list-style-type: none"> <li>• Performs palpation</li> <li>• Performs functions of physical examination and/or those related to therapeutic intervention</li> </ul>
<b>Activity Tolerance</b>	The ability to tolerate lengthy periods of physical activity	<ul style="list-style-type: none"> <li>• Move quickly and/or continuously</li> <li>• Tolerate long periods of standing and/or sitting as required</li> </ul>
<b>Environmental</b>	Ability to tolerate environmental stressors	<ul style="list-style-type: none"> <li>• Adapt to rotating shifts</li> <li>• Work with chemicals and detergents</li> <li>• Tolerate exposure to fumes and odors</li> <li>• Work in areas that are close and crowded</li> <li>• Work in areas of potential physical violence</li> <li>• Work with patients with communicable diseases or conditions</li> </ul>

*Reviewed and Approved April 2018*

### **Student Information**

Be sure to answer and then sign all personal information on the top of the WITCC Clinical Health Evaluation.

### **Health Care Provider Completes The Following:**

This part of your WITCC Clinical Health Evaluation is to be completed by a medical doctor, a nurse practitioner or a physician's assistant. **No other forms will be accepted.**

#### **Flu:**

- Required to be uploaded during flu season, September through March (optional for Dental Assisting students)

**Covid-19** – May be required by clinical affiliates. You will need to provide one of the following:

- vaccination dates
- signed decline form, which will be approved or declined by affiliate

**Measles/Mumps/Rubella (MMR)** – You will need to provide one of the following:

- two vaccination dates
- positive titre for measles, positive titre for mumps and a positive titre for rubella

**Tetanus/Diphtheria/Pertussis (Tdap)** – A Tdap is current for 10 years.

**Chickenpox** – You will need to provide one of the following:

- two vaccination dates
- positive titre

**Hepatitis B (Hep B)** – You will need to provide one of the following:

- vaccination dates
- positive titre
- signed decline form, which will be approved or declined by affiliate

**Tuberculosis** – You will need to provide one of the following:

- Tuberculosis Skin Test (TST) – An initial baseline two-step TST is required. The second TST can be given one week to one year after the first TST, as long as the first TST has not expired. A TST is current for one year. The first and second TST must be turned in before the start of clinical.
- If you have had a past positive TST, you will need to provide documentation of a negative chest x-ray. If the negative chest x-ray is more than one year old, you will also need to turn in a TB Symptom Assessment form.
- Negative TB QuantiFeron

**Students: Please upload completed health forms to the electronic health tracking compliance system.**



## Information About Hepatitis B Vaccine

**NOTE:** This form should be discussed with the physician of your choice, *signed and returned with all other health forms.*

### The Disease

Hepatitis B is a viral infection caused by Hepatitis B virus (HBV) which causes death in 1-2% of infected patients. Most people with Hepatitis B recover completely, but approximately 5-10% become chronic carriers of the virus. Most of these people develop chronic active hepatitis and cirrhosis. HBV also appears to be associated with the development of liver cancer.

### The Vaccine

Hepatitis B vaccine is produced from the plasma of chronic HBV carriers. The vaccine consists of purified, inactivated Hepatitis B antigen. It has been extensively tested for safety and efficiency in large scale clinical trials with human subjects. A high percentage of healthy people who receive three doses of vaccine achieve protection against Hepatitis B. Persons with immune-system abnormalities, such as dialysis patients, have less response to the vaccine. Full immunization requires 3 doses of vaccine over a six-month period, although some persons may not develop immunity even after 3 doses. There is no evidence that the vaccine has ever caused Hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of immunization. The duration of immunity is unknown at this time.

### Possible Vaccine Side Effects

The incidence of reported side effects is low. A small percentage of persons receiving the vaccine experience tenderness and redness at the site of injection. Low grade fever may occur. Rash, nausea, joint pain, and mild fatigue have also been reported. Few cases of serious side effects have been reported with the vaccine, including Guillain-Barre Syndrome, although the possibility exists that more serious side effects may be identified with more extensive use.

You may check with your insurance company concerning coverage.

**If you have any questions about Hepatitis B or the Hepatitis B vaccine, please discuss with your physician.**

## Consent Form

I have discussed with my physician and have read the above statement about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccination. I understand that I must have 3 doses of vaccine to confer immunity. However, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I **request** that it be given to me. My decision is voluntary. I understand that all arrangements for receiving the vaccine are my responsibility.

	Date	Lot #	Site	Nurse
_____ Name of Person to Receive Vaccine (Please Print)	(1) _____	_____	_____	_____
_____ Signature of Person Receiving Vaccine	(2) _____	_____	_____	_____
_____ Date Signed	(3) _____	_____	_____	_____

## Information About Hepatitis B Vaccine

**NOTE:** This form should be discussed with the physician of your choice, *signed and returned with all other health forms.*

### The Disease

Hepatitis B is a viral infection caused by Hepatitis B virus (HBV) which causes death in 1-2% of infected patients. Most people with Hepatitis B recover completely, but approximately 5-10% become chronic carriers of the virus. Most of these people develop chronic active hepatitis and cirrhosis. HBV also appears to be associated with the development of liver cancer.

### The Vaccine

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You may check with your insurance company concerning coverage.

**If you have any questions about Hepatitis B or the Hepatitis B vaccine, please discuss with your physician.**

## Decline to Accept

I have discussed with my physician and have read the above statement about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccination. I understand the benefits and risks of the Hepatitis B vaccine and **I do not** wish to receive the vaccine.

Name of Person Declining Vaccine (Please Print)

Signature of Person Declining Vaccine

Date Signed

**UPLOAD TO THE ONLINE HEALTH COMPLIANCE TRACKER**

# Clinical Participation Requirements

WITCC uses external affiliated agencies for clinical experiences for our students. Affiliated agencies may impose requirements for students in order that they be allowed access to clinical experience. Additional expenses will be the student's responsibility.

**Students may be required to provide the following information to external affiliated agencies:**

- Health Screening/Immunizations
- CPR—BLS American Heart Association
- Mandatory Reporter—Adult and Child
- Criminal and Abuse Background Checks
- Drug Test: Students may need to consent for drug testing and release of that information to external affiliating agencies for clinical experience. Western Iowa Tech Community College is uncertain of what drugs may be screened.

The **student should maintain copies** of the documents listed above. *Affiliating agencies may require the student to provide a copy of the documentation.*

Revised January 2023

## NOTICE AND RELEASE - READ CAREFULLY BEFORE SIGNING

**I, the undersigned student in a health occupations program at Western Iowa Tech Community College, understand that participation in a clinical experience is part of the health occupations program and that participation in a clinical experience includes working at an affiliating agency. I further understand that affiliating agencies have the right to establish requirements for participation in clinical experience. I understand that I am responsible for providing copies of the documentation requested by the affiliated agency. I understand and agree that if I am rejected for participation in a clinical experience by an affiliating agency or if I refuse to submit to checks or tests that are required by an affiliating agency in order to participate in a clinical experience, I may be unable to complete my program of study and graduate from a health occupations program. I hereby release Western Iowa Tech Community College, its employees, and all affiliating agencies from any liability with regard to my participation in a clinical experience and decisions made concerning my participation in a clinical experience.**

Print name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student's Name

Program

Date

Revised January 2023



# Confidentiality Agreement

## Please read and sign the following statement

In accordance with the Health Insurance Portability and Accountability Act (HIPAA), it is the policy of WITCC that confidentiality and privacy of information is of utmost importance for health occupations students. Confidential information is any client, physician, employee, and business information obtained during the course of your clinical experiences associated with WITCC. Please read and sign the following confidentiality statement.

I will treat all confidential information as strictly confidential, and will not reveal or discuss confidential information with anyone who does not have a legitimate medical and/or business reason to know the information. I understand that I am only permitted to access confidential information to the extent necessary for client care and to perform my duties. Information that may be construed as a breach of confidentiality includes but is not limited to:

- 1) client's name and other identifying information
- 2) client's diagnosis
- 3) type of care being provided
- 4) reason for seeking health care services, treatment, and response to treatment
- 5) personal problems or actions

I will not access, use or disclose confidential information in electronic, paper, or oral forms for personal reasons, or for any purpose not permitted by agency policy, including information about co-workers, family members, friends, neighbors, celebrities, or myself. I will follow the required procedures at all agencies to gain access to my own confidential patient information.

In preparing papers, presentations, and other course work I will de-identify protected health information. I will not remove any individually identifiable health information from the facilities in which I am completing my clinical experience. The following are guidelines to be followed in order to be compliant with standards.

- The HIPAA Privacy Rule allows health care providers to use and disclose Protected Health Information (PHI) without a patient's written authorization for purposes related to treatment, payment, and health care operations. It further defines "health care operations" to include *"to conduct training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers."*
- **Minimal Information:** The amount of PHI used must be the minimum amount necessary to conduct the training. Allowable information can include race, age, other medical conditions, prior medical conditions, and other background information only if necessary to accomplish the prescribed assignment. **Do not include the patient's name and medical record number. In addition, do not talk about other identifying characteristics, for example the patient's job, job title, where they work, where they live, their community activities, etc.**

I agree to use all confidential information and the information systems of the facilities I am assigned in accordance with facility policy and procedure. I also understand that I may use my access security codes or passwords only to perform my duties and will not breach the security of the information systems or disclose or misuse security access codes or passwords. I will also make no attempt to misuse or alter the information systems of the facilities in any way.

I understand that I will be held accountable for any and all work performed or changes made to the information systems or databases under my security codes, and that I am responsible for the accuracy of the information I input into the system. I understand that violation of such policies and procedures may subject me to immediate termination of association with any facility, as well as civil sanctions and/or criminal penalties.

Any student who fails to maintain confidentiality and/or directly violates confidentiality may risk expulsion from the program in which they are enrolled.

*I have read and understand the WITCC confidentiality policy and agree to abide by the policy as written above.*

Student ID: \_\_\_\_\_

Print name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

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

Reviewed 2/2022

**Western Iowa Tech Community College**  
**Health Science Programs**  
**Statement of Knowledge of the Policy and Protocol**  
**for Occupational Exposure to Bloodborne Pathogens**

I, \_\_\_\_\_, have been informed of the potential for exposure to bloodborne pathogens and the risk for disease transmissibility while I am a student in a health occupations program at Western Iowa Tech Community College. I am also knowledgeable of the policies and protocol for an occupational exposure to bloodborne pathogens and hereby agree to abide by them.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature: \_\_\_\_\_

Program: \_\_\_\_\_



**Western Iowa Tech Community College**  
**Medical Assistant Program**  
**Statement of Knowledge of Occupational Risks**

OCCUPATIONAL RISKS

Medical Assisting is a profession with many rewards, as practitioners can perform administrative and clinical services, filling several roles in various healthcare environments. The Bureau of Labor Statistics clearly outlines that it is a growth field, with an anticipated 18% growth from 2020 to 2030.

Medical Assistants work directly with providers and patients, with the goal of providing healthcare and ensuring patient safety. It is a position with a great deal of responsibility. As with any healthcare position, certain occupational risks come into play with being a medical assistant, and those hazards include the following:

Exposure to infectious diseases

Sharps injuries

Bloodborne pathogens and biological hazards

Chemical and drug exposure

Ergonomic hazards from lifting, sitting, and repetitive tasks, back injury

Latex allergies

Stress

At the same time, there are protections set up with the Occupational Safety and Health Act (OSHA), and those protections are particularly important within a healthcare environment. OSHA has a series of standards that protect the safety of healthcare workers and patients.

I, \_\_\_\_\_, have been informed of the potential for occupational risks while I am a student in the medical assistant program at Western Iowa Tech Community College.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature: \_\_\_\_\_

Program: \_\_\_\_\_



# WITCC Medical Assisting Program

## Document of Informed Consent

Students Participating as Subjects or as Patient Simulators (client/patient)

In simulated labs, students are expected to serve both as the clinician and the client/patient. Students are advised that in participating in a course of this nature, there may be a need to expose the body to enhance learning. The dignity of students and faculty will be protected at all times.

- A safe environment must be maintained at all times.
- Respect, dignity and confidentiality must be maintained at all times.
- If a student is unable to perform as either a clinician or client/patient due to medical reasons, it is the student's responsibility to inform the lab instructor. The student will still be responsible for learning the requisite material.

Student Signature: \_\_\_\_\_

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

***(Document must be signed)***



# Social Media Policy

Western Iowa Tech Community College supports the use of technology inside and outside the classroom. This support comes with the expectation that students in WITCC programs will uphold the legal and ethical standards of their prospective professions and the WITCC Health Science programs when using such technology, including social media. State and Federal laws regarding privacy, such as HIPAA and FERPA, apply to all communication, whether educational or personal.

Students may not post or otherwise publish confidential or protected information. No information identifying a patient, patient situation, or clinical facility may be posted on any social media platform. Social media platforms include, but are not limited to: Facebook, LinkedIn, Snapchat, YouTube, Twitter, Instagram, TikTok, or any other social media platform in the future. Student use of photography and/or recording devices is prohibited in all classroom, laboratory and clinical sites, unless formal permission from the instructor of record is granted in advance.

Students are expected to maintain professional boundaries in their communication with others. Students should not give healthcare advice on social media platforms. Students should not “follow” or become a patient’s “friend” on a social media platform.

Any violation of this policy must be promptly reported to the program faculty. Disciplinary actions, up to and including student removal, will be taken accordingly. Students may be banned from the clinical facility, and/or subject to immediate expulsion from the Health Science Program. Students may also be subject to civil and/or criminal actions.

Student ID: \_\_\_\_\_

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Reviewed 2/2022



# Western Iowa Tech Community College

## Lab Safety Procedures-Medical Assisting Program

TO: All students enrolled in Medical Assisting program

FROM: Carmen Monk CMA (AAMA)

Students enrolled in lab classes in the Medical Assisting Program are required to follow basic safety rules during lab times. Please read the following safety rules and sign the bottom acknowledgement statement.

1. Food, drink and chewing gum are prohibited in the lab work area at all times.
2. Backpacks, books, phones, etc. are to be left near the desk area and not in the work areas of the lab.
3. Wash your hands before and after lab sessions.
4. Wipe the work area benches with disinfectant before and after lab.
5. Never pour anything down the sink that has come in contact with microorganisms. Leave contaminated liquid waste in containers for disposal by course personnel.
6. Dispose of all solid materials in the proper waste container. There are 3 types of containers:
  - a. Biohazard sharps: All glass, razor blades, used slides, syringes, needles or other sharp or breakable objects.
  - b. Biohazard: All non-sharp and unbreakable contaminated and possible contaminated items are placed here. E.g. plates, pipet tips, dressings, etc.
  - c. Regular waste: Other items certain to be uncontaminated go here. When in doubt, dispose of the item in the higher hazard container.
7. If you spill, inform the instructor immediately and follow with proper clean up and disposal.
8. If you have any kind of accident, inform the instructor immediately. In consultation with him/her, take appropriate action as directed by your instructor.
9. Know the locations of the first aid kit, eyewash, fire extinguisher and know how to use them.
10. All cuts and abrasions or other open skin lesions must be covered at all times during lab to minimize the chance of infection.
11. Restrain long hair and keep it away from the work area. Students must be in proper lab attire to participate in lab sessions.
12. Wear personal protective equipment as required during lab sessions.
13. All supplies, medications, solutions, etc. are to be checked for expiration dates BEFORE using. No expired date items are to be used for invasive procedures during lab sessions.
14. Instructors and students have the right to be treated with respect. Students are responsible for conducting themselves in a manner that is conducive to learning and to following all safety rules. Any student who commits misconduct, as outlined in the college catalog, will be subject to disciplinary action. Refer to the College Catalog and Program booklet for information regarding Code of Conduct and the Student Appeal process

**These rules will be posted and enforced by the course instructors.**

NAME: \_\_\_\_\_ COURSE: \_\_\_\_\_

I have read, understand and have had a chance to ask questions regarding these safety rules/policy and agree to Abide by them. I understand that I may be subject to disciplinary action, point reduction or removal from the lab Are for any violations of the lab safety policies.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



***Academic Review Procedure  
Program/Course Appeal Process  
Health Sciences Programs***

This process provides students with a mechanism to channel concerns related to departmental/program policies and procedures within the Health Sciences Department. These may include concerns and/or violations of department, program, course, laboratory, and/or clinical policies and procedures.

***Step 1: Informal Process:***

- Students are encouraged to discuss specific concerns with the course instructor involved within five (5) instructional days of occurrence of the issue. This is in an effort to resolve issue(s) by a prompt and effective means with free and informal communications.
- If at this point, the issue(s) is/are not resolved to the mutual satisfaction of both parties, the student should proceed to the formal process **Step 2**.
- Documentation of the discussion will be generated. (i.e. email, verbal, phone, etc.)

**Step 2: Formal Process:** (Student, Course Instructor)

- Student may initiate a formal appeal process by submitting the “Student Appeal Process Form”-detailing the policy they’re appealing, as well as the reason for their appeal request, to the appropriate instructor.
  - Appeal process form must be submitted within five (5) instructional days of the informal process meeting.
- Instructor will initiate a formal conference with a student to discuss and develop a plan of action related to academic performance, behavior, or discipline.
  - Schedule meeting with student within five (5) instructional days of receiving written notification.
  - Documentation will be completed on the “Student Conference Form”
  - Instructor will submit completed “Student Appeal Process Form” to the Associate Dean of Health Sciences or the designated program administrator.
- If the issue is not resolved, the student may initiate **Step 3** of the appeal process.

**Step 3: Formal Process:** (Student, Department Administrator, or Associate Dean of Health Sciences)

- If issue is not resolved between student and instructor, the student will request an appointment with the Associate Dean of Health Sciences or designated program administrator within five (5) instructional days.
  - The student will submit a “Student Appeal Process Form” detailing the policy they’re appealing, as well as the reason for their appeal to the Associate Dean of Health Sciences.
  - Associate Dean of Health Sciences or designated program administrator will provide appeal decision within five (5) instructional days.
  - Associate Dean or designated program administrator will review all documentation.
  - Associate Dean or program administrator will send formal written notice to student within five (5) days from step 2.
- If the issue is not resolved, the student may initiate **Step 4** of the appeal process.

**Step 4: Formal Process:** (Health Sciences Review Committee)

- If the issue is not resolved, the student may petition to meet with the Health Sciences Review Committee within five (5) instructional days of appeal decision notice from Associate Dean of Health Sciences or designated program administrator.
  - Student will email request to the Associate Dean of Health Sciences to schedule a meeting with the Health Sciences Review Committee within five (5) instructional days of appeal decision notice.
  - Student will submit all documentation related to the issue for the Health Sciences Review team to the Associate Dean of Health Sciences or designated program.
- Health Sciences Review Committee (Associate Dean of Health Sciences and/or Health Administrator; 2 health instructors; 1 student)
  - Committee will convene meeting within five (5) instructional days of request.
  - Committee will review documentation and receive testimony from all parties.
  - Committee will render a decision and/or resolution within five (5) days
  - If the student is not satisfied with the resolution, they may initiate the college “Academic Review Procedure.”

**Step 5: Formal Process:** (College Academic Review Procedure)

- Students may initiate the college “Academic Review Procedure.” For procedural steps, refer to the “College Catalog” and/or “Student Handbook.”

Adopted 12/10/2018  
Approved Academic Council 11/24/2015  
Revised January 2024

**WESTERN IOWA TECH COMMUNITY COLLEGE  
HEALTH SERVICES PROGRAMS  
STUDENT – INSTRUCTOR CONFERENCE RECORD**

**Student Name** \_\_\_\_\_ **STUDENT ID** \_\_\_\_\_

**Program** \_\_\_\_\_ **Course** \_\_\_\_\_ **Date** \_\_\_\_\_

**SUMMARY OF CONFERENCE**

\_\_\_\_\_ **Academic (GPA)** \_\_\_\_\_ **Laboratory** \_\_\_\_\_ **Clinical** \_\_\_\_\_ **Personal**

**WITCC Instructor Summary of Conference:**

**Plan of Action and/or Referrals:**

**WITCC Instructor Plan of Action and/or Referrals:**

**Student Comments: (Use back of sheet if needed):**

\_\_\_\_\_  
**Instructor Signature (if necessary) Date**

\_\_\_\_\_  
**Signature of Student Date**

Revised January 2024  
Reviewed and approved 2020



**WESTERN IOWA TECH COMMUNITY COLLEGE  
HEALTH SCIENCE PROGRAMS  
STUDENT APPEAL PROCESS FORM**

**Student Name:** \_\_\_\_\_ **Student ID** \_\_\_\_\_

**Program** \_\_\_\_\_ **Course** \_\_\_\_\_ **Date** \_\_\_\_\_

**Statement of the issue (policy or procedure) must address the following (attach the following):**

- State which policy or procedure you are appealing.
- Clearly and concisely state/describe the resolution you are seeking.
- When did you first become aware of the issue?
- Identify any extenuating circumstances related to the issue.
- What steps have you already taken to address the issue?
- Identify resources or supports that may help you improve or correct the issue.

**Resolution (check one):**

- Issue resolved
- Issue not resolved; student advised to move to next step – Program Administrator or Associate Dean of Health Sciences.
- Issue not resolved; student advised to move to next step – Health Science Review Committee.
- Issue not resolved; student advised of the College Academic Review Procedure.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Indicates only that student has prepared the documentation and consulted with the instructor.

**\*Instructor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*Administrator Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Indicates only that student has consulted with Instructor and/or Program Administrator or Associate Dean of Health Sciences and does not indicate, express, or imply approval.

Revised January 2024  
Adopted 12/10/2018  
Approved Academic Council 11/24/2015



# Signature Sheet of Understanding

**I have reviewed and understand the Medical Assistant Program Admission Information Booklet and agree to abide by these policies.**

**I have also reviewed and understand the WITCC Student Handbook and agree to abide by these policies.**

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Student ID: \_\_\_\_\_

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

