
Medical Administrative Assistant Program

Spring 2018

February 12 – July 8, 2018

Program Information:

Thank you for your interest in the Medical Administrative Assistant (MAA) Program at Tunxis Community College. This 340 hour, five-and-a-half month program has been approved by the National Healthcareer Association and is limited to 15 students who are accepted on a first come, first served basis. Upon successful completion, students are eligible to sit for the National Healthcareer Association's MAA National Examination. Classroom instruction and computer labs are held at the college. Internship experiences are held at physicians' offices and clinics within our college service area.

Program Requirements:

You must be at least 18 years old and complete the following:

- Fill out the enclosed MAA application, Physical Verification form, Questionnaire, Policies and Health Form (health form **due Thursday, March 29**)
- Submit a copy of your high school diploma or GED
- Mail or bring the application and forms along with the non-refundable \$35 administrative fee (credit card, check or money order payable to TCC, **no cash please**), to Continuing Education, Tunxis Community College, 271 Scott Swamp Road, Farmington, CT 06032.

It is the applicant's responsibility to make sure all materials have been received. Only completed applications will be reviewed.

Your application will be forwarded to the Allied Health Coordinator for consideration. If accepted, you will be notified in writing and given further instructions to complete your enrollment.

Required Uniform:

- Royal blue scrub top and pants
- Black sneakers, shoes or Crocs (cannot be open-toed)
- A watch with a second hand



Tuition Payment:

Once you are accepted, full tuition must be paid to the College within seven business days of notification. **Refunds may be obtained only if your written withdrawal is received by the Continuing Education Office three business days prior to the Mandatory Orientation Session on Monday, February 12.**

Students will not be allowed in to the classroom until they have started the payment plan or paid the full course tuition.

Your tuition includes the cost of malpractice insurance.
Additional costs include textbooks, uniforms, and National Examination fee
(See “Associated Costs” sheet).

Health Requirements:

Each student accepted into the program must have a health examination along with required immunizations. See “MAA Checklist” sheet for details. No student can be permitted to participate without these requirements. Completed **original** forms may be dropped off in the Continuing Education office prior to the course start date or given to the Allied Health Coordinator by Thursday, March 29. **No faxes** will be accepted.

Online Requirements:

This program contains an online portion. An Internet access point, like the Tunxis Library or your home service provider, is required for successful completion. Online classes are listed in the schedule portion of this packet.

Students who successfully complete the program are eligible to receive college credit through the Connecticut Credit Assessment Program administered by Charter Oak State College. Credits may be used at Charter Oak State College or transferred to another school by setting up a credit registry with Charter Oak (any transfer credit is at the discretion of the institution). For information visit

<http://www.charteroak.edu/current/programs/creditregistry.cfm>

Please be advised that if you have been convicted of a felony or misdemeanor, you may not be eligible for clinical experiences, internships, externships or certifications associated with certain Allied Health courses or programs. Those with previous convictions may also find it difficult to secure employment within a health care agency or institution.

**COSTS ASSOCIATED WITH THE
TUNXIS MAA PROGRAM – SRING 2018**

Fees Due Directly to Tunxis Community College:

\$35 non-refundable administrative fee
(paid at the time of registration)

\$3110 total tuition:

\$387 out of pocket student expense for Ed2Go online classes

\$2,753 tuition (due within five business days of acceptance)
(includes malpractice insurance)

Payment Plan Option: (includes a \$25 installment fee)

\$1,500 – due within five business days of acceptance

\$1,278– due April 26

Please note: online course fees are not included in the payment plan.

***Please notify the Continuing Education office (Bldg 700 or 860.773.1448)
before setting up your payment plan in person at the Business Office (Founders Hall).***

Costs Associated With the Program but Not Payable to TCC:

\$387 three Ed2Go classes (\$129 each); must be paid for in full at the Mandatory session.

\$115 (approximate) National Healthcareer Association National Examination fee

\$200 (estimated) for uniform and shoes

\$30 (estimated) 16GB flash drive (payable to the Follett Bookstore at Tunxis)

\$645 (estimated) textbooks (payable to the Follett Bookstore at Tunxis)

\$75-100 (estimated) background check fee for UCONN internship

Workforce Innovation and Opportunity Act (WIOA) approved programs are funded through the CT Dept. of Labor. To see if you qualify, call New Britain CT Works at 860.899.3500. This program is not eligible for Federal Financial aid.

TUNXIS COMMUNITY COLLEGE

MEDICAL ADMINISTRATIVE ASSISTANT PROGRAM

CHECKLIST

Application deadline is Thursday, February 8; program begins Monday, February 12, 2018.

Checklist:

- ✓ **Step 1:** All applicants must complete and submit an **application packet** along with a \$35 non-refundable administrative fee and a copy of your high school diploma or GED. Completed applications should be submitted to the Continuing Education office.
- ✓ **Step 2:** Once you receive your acceptance packet, you must pay the full **tuition** or the first payment plan installment within five business days of acceptance.
- ✓ **Step 3:** Bring the **health form** (included in this application packet) to your physician and have it completed and signed. Completed forms cannot be submitted by fax; only original completed forms will be accepted. Completed forms may be dropped off in the Continuing Education office prior to the course start date or given to the Allied Health Coordinator by **Thursday, March 29.**

Continuing Education Office Hours

860.773.1450

Building 700

Mon, Tues, Wed, Fri

9AM-5PM

Thursday

9AM-6:30PM

Cheryl Conaty, RN, Allied Health Coordinator Office Hours

860.773.1453

Room 6-216

Monday-Friday

7AM-2:30PM by appointment

Medical Administrative Assistant **Spring 2018 Schedule**

Mandatory Orientation
Monday, February 12, 2018
9AM-12PM Room 205

[Ed2Go.com/Tunxis online courses:](http://Ed2Go.com/Tunxis_online_courses:)

Computer Skills for the Workplace

February 14 – April 6

Medical Terminology I

February 14 – April 6

Medical Terminology II

March 14 – May 14

All courses below are located in ROOM 205

Introduction to Healthcare

February 20, 22, 26 (T/TH/M) 10AM-1PM

Seeking Employment

February 27 & March 1 (TU/TH) 9AM-12:30PM

Therapeutic Communication Skills

March 5-12 (M/TU/TH) 1:30-4PM

March 13 (TU) 9-11AM

Law & Ethics for Health Care Professionals

March 15 – April 2 (M/TH) 1:30-4PM

March 20 & 27 (T) 9AM-12:30PM

Medical Administrative Procedures

April 3 – April 19 (TU/TH) 9AM-1PM

April 9 & 16 (M) 1:30-4PM

April 23 – 26 (M/TU/TH) 9AM-1PM

Medical Billing & Coding

April 17 - 26 (M/TU/TH) 1:30-4PM

April 30 – May 15 (M/TU/TH) 9AM-1:15PM

May 17 (TH) 9:45AM-1:15PM

Medical Office Finances

April 30 – May 17 (M/TU/TH) 1:45-4:15PM

Internship Dates/Times to be Scheduled Individually

All courses above must be completed with a passing grade of 70 or above for students to be eligible to attend an internship.

NHA Exam Review

July 9 (M) 9AM-12PM

TUNXIS COMMUNITY COLLEGE
MEDICAL ADMINISTRATIVE ASSISTANT PROGRAM
SPRING 2018

Name _____ Date of Birth _____
last first middle

Home Address _____
street city state zip

E-mail Address _____

Phone _____ Work / Cell Phone _____ SSN# _____

Gender: Male Female Primary Language _____

Ethnic/Racial (optional): White Black Hispanic Asian Native American Other

Emergency Contact Name _____ Phone # _____

Are you a U.S. Citizen? Yes No If no, are you an alien who has the legal right to work? Yes No

Have you ever been convicted of a felony or misdemeanor? No Yes—briefly explain below.

*An arrest record could affect your ability to obtain employment as a RMA.

EDUCATIONAL INFORMATION

High School or GED Certification _____
(school attended and year graduated or certified)

College or University _____
(school attended, degree, and year graduated)

Are you competent in reading comprehension and able to do math computation? Yes No
 If no, please explain.

List employment history below.

Tuition Payment Source Self Agency (agency name, caseworker and phone number **required** below):

Application Fee Paid By: Check Number _____ Money Order _____ Agency

MasterCard/Visa/Discover: _____ Exp. Date _____

I understand the refund policy means I must contact the CE office FIVE business days prior to the start of the mandatory class, and that no refunds will be issued after that time under any circumstances.

The information provided on this registration form is complete and accurate.

Signed _____ Date _____

**TUNXIS COMMUNITY COLLEGE
MEDICAL ADMINISTRATIVE ASSISTANT PROGRAM**

Name: _____

Do you have transportation? Yes No

Tell us about yourself.

Five qualities you possess that would make you a good candidate for the program:

Do you know what being an M.A.A. entails? Briefly describe.

Why do you want to take this program?

How can Tunxis be assured that you will be committed to the program?

Do you have any physical limitations? If yes, please describe.

Have you ever been arrested? If yes, please explain.

How did you hear about this course?

Student Signature: _____ Date: _____

**MEDICAL ADMINISTRATIVE ASSISTANT PROGRAM
PHYSICAL VERIFICATION FORM**

Name of Student _____

Address _____

City _____ State _____ Zip Code _____

Check the appropriate answer.

Please answer as honestly as possible. **If yes is checked, please provide an explanation.**

Allergies? Yes No

Pregnant? Yes No

On Medication? Yes No

Please list any medications here:

Mental Health Concerns? Yes No

Hearing Problems? Yes No

Back Problems? Yes No

Knee Problems? Yes No

Recent Surgeries? Yes No

Lifting Restrictions? Yes No
(i.e. arthritis, injury, surgeries, etc.)

Latex Allergy? Yes No

If you are pregnant, have any back problems/lifting restrictions, or a medical condition that is being monitored by a physician, a form will be provided by the College that must be completed by your physician along with your signature.

Please list any other conditions that you feel may present a risk for you or that your Instructor should be aware of to protect your well-being and safety.

Student Signature _____ Date: _____

Name (please print): _____

TUNXIS COMMUNITY COLLEGE MEDICAL ADMINISTRATIVE ASSISTANT PROGRAM

IMMUNIZATIONS

I understand that I am required to have a completed health form submitted by the due date.

CLINICAL SITES

I understand that clinical learning experiences are planned as an integral part of the medical administrative assistant courses and are held at a variety of health care settings, such as hospitals, clinics, private doctors' offices and selected community health care centers. I am responsible for arranging my own transportation to and from assigned clinical sites. Internships are assigned during the daytime, between the hours of 8AM and 5PM. Assignment of clinical sites is at the discretion of the Tunxis Medical Assistant faculty. All scheduled courses must be completed with a passing grade of at least 70% before the student is allowed to participate in internship.

If I refuse to go to an assigned internship site, I must find my own site. If I attend an evening MA program and cannot do days, I must find my own clinical site. The internship experience must be completed before I graduate from the program. It is part of the curriculum through the National Healthcareer Association.

CRIMINAL BACKGROUND CHECKS

I understand that some clinical learning sites require students to undergo a background check for felony convictions or misdemeanor's. If I do not pass the background check, I will be excluded from the clinical site and may not be able to meet the competencies required for the program. If there's a concern, have a background check prior to taking the program.

FELONY CONVICTION/MISDEMEANORS

I understand that if I have been convicted of a felony or misdemeanor, I may not be eligible for clinical experiences, internships, or certifications associated with this program. I also understand that a previous conviction or incident may make it difficult for me to secure employment within a health care agency or institution.

OTHER REQUIREMENTS

As a student, I understand that I am at an increased risk for contracting blood-borne infectious diseases. The Medical Administrative Assistant Program at Tunxis Community College is not responsible for any medical cost associated with my contracting any communicable disease during or prior to my education and/or participation in Tunxis Community College Medical Assistant Program sponsored functions. If I contract a blood borne infectious disease before or during my enrollment, appropriate health experts **must** be consulted to determine my ability to assist with patient care.

I have read and understand the above information.

Sign

Date

Name (please print): _____

TUNXIS COMMUNITY COLLEGE MEDICAL ADMINISTRATIVE ASSISTANT PROGRAM

SPECIAL REQUIREMENTS

The following additional essential functions are also expected of all students with or without academic adjustments. Students with disabilities may be eligible for academic adjustments.

Students must have the following abilities:

Near Vision — The ability to see details at close range (within a few feet of the observer).

Oral Comprehension — The ability to listen to and understand information and ideas in English presented through spoken words and sentences.

Oral Expression — The ability to communicate information and ideas in English and speaking so others will understand.

Speech Recognition — The ability to identify and understand the speech of another person in English.

Information Ordering — The ability to arrange things or actions in a certain order or pattern according to a specific rule or set of rules (e.g., patterns of numbers, letters, words, pictures, mathematical operations).

Written Comprehension — The ability to read and understand information and ideas presented in writing in English.

Category Flexibility — The ability to generate or use different sets of rules for combining or grouping things in different ways.

Speech Clarity — The ability to speak in English clearly so others can understand you.

Professional Appearance – Present a professional appearance, maintain personal health and be emotionally stable.

Deductive Reasoning — The ability to apply general rules to specific problems to produce answers that make sense.

Finger Dexterity — The ability to make precisely coordinated movements of the fingers of one or both hands to lift, position, grasp, manipulate, or assemble very small objects, operate equipment.

Interpersonal skills — Capable of interacting with faculty, colleagues, health care workers, individuals, families and groups from a variety of social, economic and ethical backgrounds.

Basic knowledge of computers and electronics.

I have read and understand the above information.

Sign

Date

Name (please print): _____

TUNXIS COMMUNITY COLLEGE MEDICAL ADMINISTRATIVE ASSISTANT PROGRAM

OTHER POLICIES and PROCEDURES:

In order to complete the required number of hours to graduate, a student must make up any missed time from the Medical Administrative Assistant Program. Students **MUST** call Shaina Hamel, RMA, LPN at 860.773.1454 to let her know of any absence/lateness from lectures. If hours are not made up, the student is withdrawn from the program per the Allied Health Coordinator's decision. The student is still responsible for full tuition. A student may reapply to the next available program, once again paying full tuition. Please note, excused absences are at the discretion of the Allied Health Coordinator.

Students must achieve a 70% or higher in all courses to progress in the program, participate in the internship experience and graduate from the program. For additional assistance, students having difficulty with course material should contact Shaina Hamel, LPN.

Students have two months' time after program completion to finish their internship experience. Once this time passes, you will be considered withdrawn from the program paying full tuition.

Students are responsible to pay the entire program tuition even if they fail a course. Opportunities to make-up courses are at the Allied Health Coordinator's discretion.

Students must complete all of the quizzes for the Ed2Go classes before taking the Final Examination. Any student who fails to do so will have to take the next available class and pay the course tuition again. If a student fails an Ed2Go class, they must take the next available class and pay the course tuition again.

If a student has an emergency and cannot make it to lecture/lab/clinical, he/she must contact the Shaina Hamel, RMA, LPN so arrangements can be made within the same week to make up lost time. An emergency situation is determined by the Allied Health Coordinator. This policy also applies to any student who has missed any portion of the lecture or lab experience, including lateness and unexcused time.

Computers in the MAA Program are only to be used for educational purposes, even during breaks or down time. All computer stations are monitored by the college. Any student observed "surfing" the internet, on Facebook or other social networking sites, or checking personal emails will be asked to leave the class. The student will receive a zero (0) for the day. If it happens a second time, the student will be withdrawn from the program. Tuition is non-refundable.

Tunxis Community College has a strict policy on a Student's Code of Conduct. A copy of this document can be found on the Tunxis website, (tunxis.edu). If a student requires disciplinary action, they will be required to meet with the Allied Health Coordinator, the Dean of Student Affairs and the instructor. If necessary, other outside agencies may be involved in this discussion. A student is expected to abide by this Code of Conduct.

I have read and understand the above information.

Sign

Date

Tunxis Community College
Non-Credit Allied Health Programs
Health Form Requirements Checklist

Please use this checklist to guide you through the process of submitting an accurate and fully-completed health form.

Fill out Page 1

- | | |
|---|-------------|
| Check which program you're in | Check _____ |
| Last 4 digits of your Social Security Number | Check _____ |
| Under <u>personal history</u> , if you check yes, please explain. | Check _____ |
| Banner ID# on EVERY PAGE SUBMITTED | Check _____ |

Page 2 – must be filled out by your physician, PA or APRN

All students are required to provide either proof of immunization or laboratory results of immunity. TITERS chosen for proof of immunization MUST BE POSITIVE and the LABORATORY REPORT MUST ACCOMPANY THE HEALTH FORM.

1. **MMR** – dates of immunization or blood titer that shows immunity written on health form – attach document to show proof. Check _____

2. **Polio** – date(s) of immunization or blood titers that show immunity written on health form - attach document to show proof. Check _____

3. **Chickenpox** - dates of immunization, date of illness, or lab report that shows immunity written on the health form – attach document to show proof. Check _____

4. **Tetanus booster** – must be within the last 10 years, written on health form, attach proof of injection to the health form. Check _____

5. **Flu vaccine** (spring and fall applicants only) - date of vaccine written on the health form. Check _____ If declination, your health care provider must provide a note. Attach document to show proof.

6. **Hepatitis B series** - date(s) of injection or lab report written on the health form. Check _____
If a student hasn't received all 3 injections or refuses the series, a Hepatitis B waiver form (included in application packet) must be signed. Attach document to show proof. Check _____

7. **Tuberculin Test/PPD (Mantoux or QF-G)** – date given, date read, and results written on the health form. Attach document to show proof.
Check _____
A positive PPD or previous inoculation of BCG, must be accompanied by a chest x-ray with the appropriate follow-up. Check _____

Health Form Requirements (continued)

Physical Examination- All areas must be filled out in this section. Heart rate and Blood Pressure must be done. Nothing can be deferred. Check _____

A **Urinalysis** and **Hematocrit or Hemoglobin** must be documented with a number on the health form. Attach document to show proof. Check _____

Date, Examining MD, PA, or APRN's signature must be completed along with the address completely filled out and a phone number. Check _____

Submit to the classroom instructor or Allied Health Coordinator Cheryl Conaty, R.N. (Room 6-216).

****Please make sure the entire health form is completed before submitting it.****

****Make a copy of your health form for your own personal records before handing it in.****

****Please do not staple forms together; paper clip them or use an envelope.****

Thank You.

Cheryl Conaty, RN

Allied Health Coordinator

Tunxis Community College

Continuing Education and Workforce Development

860-773-1453



STUDENT HEALTH FORM

Banner ID: _____



Board of Regents for Higher Education

TUNXIS COMMUNITY COLLEGE, Attention: Cheryl Conaty, RN
271 Scott Swamp Road • Farmington, Connecticut 06032-3187

- MAA**
- MA**
- CNA**
- PHLEBOTOMY**

APPLICANT: Please print. Complete this side.

EXAMINING PHYSICIAN: Please print. Complete reverse side ASAP and return to address above.

APPLICANT	Name (last, first, middle)		Social Security #	
				<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
	Permanent Home Address (number & street, city or town, state, zip code)			Telephone # (include area code)

Sex	Marital Status	Date of Birth (month, day, year)
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	

IN CASE OF EMERGENCY	Name (last, first, middle)		Relationship
	Address (number & street, city or town, state, zip code)		Telephone # (include area code)

FAMILY HISTORY	Has any family member ever had the following:				
	<input type="checkbox"/> CANCER	<input type="checkbox"/> TUBERCULOSIS	<input type="checkbox"/> DIABETES	<input type="checkbox"/> ALLERGY OR ASTHMA	<input type="checkbox"/> EPILEPSY OR CONVULSIONS
	<input type="checkbox"/> HEART DISEASE	<input type="checkbox"/> NERVOUS OR MENTAL ILLNESS	<input type="checkbox"/> MIGRAINE HEADACHES	<input type="checkbox"/> HIGH BLOOD PRESSURE	

Have you ever had:	YES	NO	ITEMS 6-15 <i>All "Yes" answers must be explained below.</i>	Have you ever had:	YES	NO	Have you ever had:	YES	NO
1. MEASLES				6. RHEUMATIC FEVER			11. CONVULSIONS		
2. MUMPS				7. HEART DISEASE			12. HIGH BLOOD PRESSURE		
3. CHICKEN POX				8. HEART MURMUR			13. ALLERGIES		
4. GERMAN MEASLES				9. DIABETES			14. FAINTING SPELLS		
5. WHOOPING COUGH				10. TUBERCULOSIS			15. HEPATITIS		

PERSONAL HISTORY	QUESTION			YES	NO	If "YES," please explain:
	1. Have you ever had any operations and/or significant injuries?					
	2. Do you have any physical impairment? (eg., paralysis, loss of hearing, vision)					
	3. Have you had any emotional problems requiring treatment?					
	4. Do you take any medications regularly?					
	5. Have you reacted unfavorably to any medication? (eg., penicillin, aspirin)					
	6. Has your physical activity ever been limited?					

SIGNATURE(S)	Date	Student's Signature (if under the age of 18, parent or guardian must also sign)

PERMISSION TO TREAT MINOR INJURY OR ILLNESS	I hereby grant permission to the medical staff of the college to render or secure proper treatment for my daughter, son or ward (named above). It is my understanding that I will be notified in case of any illness or injury of major proportion. In addition, I grant permission to the college physician to hospitalize this student in case of a surgical emergency requiring the administration of anaesthesia provided that the physician is unable to communicate with me and that, in his/her judgement, delay might endanger the life of the student.	
	Date	Parent's or Guardian's Signature

IMMUNIZATION HISTORY

ALL students are required to provide proof of either immunization or laboratory results of immunity. **TITERS** chosen for proof of immunization **MUST BE POSITIVE** and the **LABORATORY REPORT MUST ACCOMPANY THIS FORM.**

MEASLES 1st dose: _____ or Titer Immune? YES NO
 date/given on or after 1st birthday & after Jan. 1, 1969

MEASLES 2nd dose: _____
 date/given after Jan. 1, 1980

MUMPS: _____ or Titer Immune? YES NO
 date/given on or after 1st birthday

RUBELLA: _____ or Titer Immune? YES NO
 date/given on or after 1st birthday

POLIO: _____ or Titer Immune? YES NO
 date(s) of immunization

VARICELLA (Chicken Pox): _____ or Titer Immune? YES NO
 date(s) of immunization

Td (TETANUS booster): _____
 date/must have been given within the last 10 years

FLU VACCINE (spring and fall applicants only) _____
 date given

HEPATITIS B SERIES: _____ date/1st dose _____ date/2nd dose _____ date/3rd dose Risk Form _____ initial

***TUBERCULIN TEST/PPD** (Mantoux or QFT-G): _____ date given _____ date read _____ results

IMPORTANT!
 Attach lab reports or immunization records for everything listed.

PHYSICAL EXAMINATION

HEIGHT	WEIGHT	COMMENTS and RECOMMENDATIONS			
EYES	VISION (R)	(L)	CORRECTION (R)	(L)	
EARS	DRUMS	HEARING (R)		(L)	
NASOPHARYNX	SEPTUM		TONSILS		
TEETH	OCCLUSION		CARIES	GINGIVITIS	
NECK	CERVICAL NODES		THYROID		
CHEST	BREASTS		LUNGS		
	HEART (Rate)	(Rhythm)	(Murmurs)	(Blood Pressure)	
ABDOMEN	LIVER	SPLEEN	HERNIA		
SKELETAL	SPINE		JOINTS	FEET	
CNS	REFLEXES				
LABORATORY	URINALYSIS (<i>Lab Reports Required</i>)		HEMATOCRIT OR HEMOGLOBIN (<i>Lab Reports Required</i>)		

I believe this student is able to participate in a full academic and clinical program (unless otherwise noted above).

DATE	EXAMINING PHYSICIAN'S SIGNATURE	ADDRESS	TELEPHONE
	M.D.		

THIS SIDE TO BE COMPLETED BY EXAMINING PHYSICIAN ONLY



HEPATITIS B RISK FORM

I understand that, due to my potential exposure to blood, body fluids and other potential infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I understand that, because I have waived or not completed the Hepatitis B vaccination series, I continue to be at risk of acquiring Hepatitis B, a serious disease.

I understand that if I experience an exposure to blood, body fluids or other infectious materials, I must notify my preceptor and/or instructor immediately. I will be directed to the Emergency Department, where I will be offered the Hepatitis B virus immune globulin (HBIG) injection(s). This injection provides temporary passive immunity from Hepatitis B. I will need to continue or start the Hepatitis B vaccination series.

By my signature below I acknowledge understanding that I (the student) am solely responsible for payment of all services, injections, vaccinations and other costs associated with my exposure to blood, bodily fluids or other infectious materials while in the Program, even though I have not completed the Hepatitis B vaccination series. I further understand that the College, its employees and clinical sites, will not be responsible for any services, injections, vaccinations or other costs associated with my exposure to blood, bodily fluids or other infectious materials while in the Program, even though I have waived or not completed the Hepatitis B vaccination series.

I have received information about Hepatitis B and the risks of exposure to blood, body fluids and other potentially infectious materials and my responsibility in reporting any incident of possible exposure.

I waive Hepatitis B vaccination at this time.

Student's name – please print

Student's signature

Date