



**Oregon Coast Community College
(NUR102)
Certified Nursing Assistant (CNA) Level 2 Training Program
APPLICATION PACKET
Summer 2019
Application Deadline June 14, 2019**

Program Description

The Oregon Coast Community College (OCCC) Certified Nursing Assistant Level 2 Training Program (NUR102) is an 88-hour course fulfilling the Oregon State Board of Nursing requirements for certification as a CNA Level 2. This program is open to those individuals who have a valid NA 1 certification with the Oregon State Board of Nursing. NUR 102 is a six (6) credit course.

The course combines classroom, online instruction, laboratory skill instruction, and supervised hands-on clinical experiences at OCCC Central Campus and Samaritan Hospitals in Lincoln County. This course builds on the skills learned in the NA 1 program and assists the student in learning theory content and mastering skills that are needed in the acute care setting. Students must also be able to meet physical requirements, engage in therapeutic communication, and deal with stressful interpersonal situations. The course consists of approximately 64 hours in the classroom and skills laboratory setting, (including an orientation) and 28 hours in the acute care setting.

At the successful completion of this course the student's name will be submitted to the Oregon State Board of Nursing with a recommendation that their name be placed on the CNA Level 2 Registry.

Application Process

Applicants must have a valid NA 1 certification through the Oregon State Board of Nursing (OSBN). Complete applications are required by the deadline, including immunizations (except for the Hepatitis B series), CPR, Background Check, and Drug Screening. Early, partial applications will be accepted but students will only receive conditional acceptance into the program until all components of the application are submitted.

Note: This program may be financial aid eligible, but you must see an academic advisor and set up an academic plan. You will also need to complete a (FAFSA application) Free Application for Federal Student Aid at <http://www.fafsa-application.com> for 2019-2020

Application Process Steps: Please initial that you have completed

Step 1. ____ Read through the entire application packet.

____ Participation in the CNA Level 2 Training Program requires passing a criminal background check. Please read the Oregon Department of Human Resources Potentially Disqualifying Crimes from Division 7. The website to read these documents is:

http://arcweb.sos.state.or.us/pages/rules/oars_400/oar_407/407_007.html

____ Also read the Oregon Board of Nursing's criminal history requirements and policies found in Division 1 of the Nurse Practice Act located at:

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=215762>

Step 2. ____ If not currently enrolled as an OCCC student, complete an OCCC online admissions form, @ <http://www.oregoncoastcc.org/getting-started/>

Step 3. ____ Meet with an academic advisor to determine program and financial aid eligibility.

Step 4. Complete a Criminal Background check (CBC) is required with Complio by American Databank. Results will be communicated directly to us. **The CBC needs to be completed prior to the application deadline.** A link to Complio is on the OCCC website on the same page as CNA Level 2 Application

Step 5. ____ Drug Screening is to be completed at Samaritan Health Services, Occupational Medicine, located at 740 SW 9th, next to the Samaritan Center for Health Education building. No appointment is needed. The cost for the drug screening and criminal background check is \$79.00. The phone number to Samaritan Health Services, Occupational Medicine is 541-574-4675. Hours are 8-11:30 and 1:00-4:30 Monday – Friday. Results will be communicated directly to us. **The drug screen must be completed prior to the application deadline.**

Step 7. ____ Submit a copy of all required immunizations to the Administrative Assistant for Health and Human Services (see attached form).

Step 8. ____ **Go to the OCCC College Website – Current Students – CNA2 and read:** The CNA Level 2 Training Program Policy Manual for 2019-2020

Step 9. ____ Complete the online application/enrollment agreement

**IF YOU HAVE ANY QUESTIONS ABOUT ANY PART OF THIS APPLICATION,
PLEASE CONTACT THE NURSING AND HEALTH OCCUPATIONS DEPARTMENT AT:**

541 867-8548

**Oregon Coast Community College
CNA Level 2 Training Program Application Form**

Instructions

1. Please complete all forms
2. All requested attachments are required and must be submitted with the application
3. Please submit your application during the application period for the term in which you wish to attend.
4. Incomplete applications will not be processed.

Applicant Information

Complete this section by filling in all blanks. If not applicable, indicate n/a. An inability to contact you will result in closure of the application process and re-application will be necessary.

Today's Date: _____

Applicant's Full Legal Name: _____

Past Legal Names: _____

Social Security #: _____ Birthdate: _____

Mailing Address: _____
PO Box or Number and Street *Apt/Lot #*

Address Continued

City *State* *Zip*

OCCC Email: _____

OCCC Student ID # _____ PCC G

Phone Number: _____ Cell Phone
Number: _____

Work Phone Number: _____

Do you hold a high school diploma or GED Yes No

Date Received and Name of School: _____

Oregon resident for the past 90 days? Yes No

Will you need any reasonable accommodations to perform the essential functions of the class? Yes No

If yes, please explain:

Acknowledgement and Agreement

I certify that the information set forth by my signature in this Application is true, complete, and accurate to the best of my knowledge. I understand that falsified statements on this application shall be considered sufficient cause for refusal of admission to the Oregon Coast Community College CNA Level 2 Training program

I hereby release all parties and persons connected with any request for information from all claims, liabilities, and damages for whatever reasons arising out of furnishing such information. If these requirements are not met by the deadline given, I understand that OCCC has the right to drop me from the program and I am not eligible for a refund for any fees related to the class.

Criminal History Requirements and Policies

Participation in the Nursing Assistant Training Program requires passing a criminal background check and drug screen. My signature below indicates that **"I have received and reviewed the Oregon Department of Human Services criminal history requirements and policies located in Division 7 located at http://arcweb.sos.state.or.us/pages/rules/oars_400/oar_407/407_007.html. I have also received and read the Oregon Board of Nursing's criminal history requirements and policies found in Division 1 of the Nurse Practice Act located at <https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=215762>."**

My signature below further indicates that I have read the following questions and that if there are any questions that I have responded "yes" to then I have included a written explanation on a separate sheet of paper with this application/enrollment agreement.

1.	Do you have a physical, mental or emotional condition that in any way impairs your ability to perform CNA duties with reasonable skill and safety:	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
2.	Have you ever been arrested, charged with, entered a plea of guilty, no contest, convicted of or been sentenced for any criminal offense either misdemeanor or felony, including driving under the influence, in any state?	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
3.	Have you ever been investigated for any type of abuse in any state?	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
4.	Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession?	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
5.	Are any disciplinary actions <u>pending</u> against your CNA certificate or nursing license in any state or US jurisdiction?	<input type="checkbox"/> YES Explain	<input type="checkbox"/> No

6.	Have any disciplinary <u>actions been taken</u> against your CNA certificate or nursing license in any state or US jurisdiction?	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
7.	Have you ever suffered any civil judgment for incompetence, negligence or malpractice concerning the practice of a health care professional?	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
8.	Do you use, or have you used in the last five years, chemical substance(s) in any way, which impairs or limits your ability to perform as a nursing assistant with reasonable skill and safety? "Chemical Substance" includes alcohol and drugs.	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
9.	Are you currently engaged in the illegal use of controlled substances? (Illegal use of controlled substances means the use of controlled substances obtained illegally (e.g. heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care provider).	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
10.	Have you ever been found in any civil, administrative or criminal proceeding to have: a) Possessed, used, prescribed for use or distributed controlled substances or prescription drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or prescription drugs, violated any drug law or prescribed controlled substances for yourself? b) Committed any act involving dishonesty or corruption? c) Violated any state or federal law or rule regulating the practice of a health care profession?	a) <input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
		b) <input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
		c) <input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
11.	Have you ever had any certificate, license, registration or other privilege to practice a health care profession denied, revoked, suspended, restricted, reprimanded, censured or placed on probation by a state, federal or foreign authority or have you ever surrendered such credential to avoid or in connection with action by such authority?	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO

Student Signature _____

Date: _____

Student Name _____

Oregon Coast Community College
CNA Level 2 Training Program
Enrollment Agreement
Summer Term 2019

A. Program Hours

The lecture and skills portion of the course will take place at the OCCC Central Campus, 400 SE College Way, Newport

Orientation: 4 hrs

Lecture and Skills Lab: 64 hours of class time; incorporate on-line and classroom learning.

Clinical Hours: 28 hours will be held at Samaritan Pacific Communities Hospital (SPCH)

B. Fees, tuition, and other program costs:

- The CNA Level 2 Program is 6 credits. The cost for this training is \$726.00. This includes \$630.00 for tuition and \$96.00 in fees.
- Students are responsible for completing required immunization, criminal background check and drug screen prior to the first day of class, otherwise they will not be allowed to continue in the program. The cost of the background check and drug screen is \$79.00.
- This course may be eligible for financial aid if you have established an education plan with an academic advisor. Please contact Student Services at 541-867-8501 for more information.
- Once you have been accepted into the CNA Level 2 Program you will be allowed to register for the course through your myOCCC account.

C. Associated Program Costs:

Students will also need to provide the following for use in these trainings:

Textbooks

- Sorrentino, S.A. Mosby's (2017) Mosby's Textbook for Nursing Assistants 9th Edition
- Lewis, Anna R. (2015) Just the Facts: CNA2 Acute Care Workbook 2nd Edition (only available at the OCCC College Bookstore "Your College Store")
- Students are required to have navy blue scrub tops and black scrub bottoms
- Students are required to have white or black shoes with rubber soles and minimal markings and no open toes or open heels
- Students are required to provide their own stethoscope

D. Registration, Credits Earned, Cancellation and Refund policy:

Oregon Coast Community College will award 6 credits upon successful completion of the CNA Level 2 Program (NUR 102)

- Students are required to pay for their course or set up a financial plan, (such as financial aid) with student services by the Thursday prior to the start of classes or will be automatically dropped from the class. Students will be required to register for NUR 102 through [myOCCC](#)
- Students may change their schedule by adding, dropping or withdrawing from classes. To make a change for a face-to-face course, students should login to their [myOCCC](#) and choose “Register for Classes” from the student resources menu.

Classes dropped prior to Friday of the first week of classes will receive a full refund and be removed from a student’s schedule. After the first week of classes students may withdraw from the course(s). No refund will be given and a grade of “W” will appear on a student’s report card.

- If the student chooses not to complete the course, an official “drop” must be completed through the Sharknet student registration system @ [myOCCC](#)
- If the student does not drop the course, he/she will receive an “F” grade in NUR 102 and failure to drop a class could impact future financial aid. Please look at the following website for deadline dates to drop a class so that it does not affect your standing at the college: <http://oregoncoastcc.org/adding-dropping-or-withdrawing-classes>
- If a course is cancelled because of low enrollment the student will receive a 100% refund for tuition paid.

E. CNA Level 2 Program Schedule

Day	Date	Time	On-line	Total hours
Wednesday	7/10/2019	1400-1600		Orientation Room 249
Monday	7/22/2019	0800-1630	2	10 Room 249
Tuesday	7/23/2019	0800-1630	2	10 Room 249
Wednesday	7/24/2019	0800-1630	2	10 Room 249
Monday	7/29/2019	0800-1630	2	10 Room 249
Tuesday	7/30/2019	0800-1630	2	10 Room 249
Wednesday	7/31/2019	0800-1630	2	10 Room 249
Monday	8/5/2019	0800-1200		4
Total Theory Hours				64
Clinical Hours				
Monday Clinical Orientation	8/5/2019	1300-1700		4
Group 1				
Tuesday	8/6/2019	0645-1845		12

Wednesday	8/7/2019	0645-1845		12
Total clinical hours				28
Group 2				
Monday	8/12/2019	0645-1845		12
Tuesday	8/13/2019	0645-1845		12
Total clinical hours				28

**Students are required to complete all schedule hours to complete this course.
There are no scheduled make-up days**

CNA Level 2 Curriculum

<p style="text-align: center;">Monday: 7/22/2019 Day 1: 0800-1630pm</p> <p>Course overview and commitment OSBN Scope of Practice Review of policies / procedures Syllabus/Course Outline/Schedule Canvas/On-line Web based program General information/questions Tour of skill lab</p> <p><u>Assigned Reading/Daily Focus:</u> Communication Safety</p>	<p><u>Skills/s of the Day:</u> Role play scenarios</p> <ol style="list-style-type: none"> 1. Communication 2. Variety of Dementia 3. Person-Centered Care
<p style="text-align: center;">Tuesday: 7/23/2019 Day 2: 0800 – 1630</p> <p><u>Daily Focus:</u> Cardiovascular Respiratory</p> <p><u>Skills/s of the Day:</u></p> <ol style="list-style-type: none"> 1. Vital signs review and skill check 2. Placing telemetry 4. Placing 12 leads and performing an ECG 5. Reinforce Incentive Spirometer 6. Suction oral and nasal pharynx 7. Adjusting oxygen rate of flow 8. Apply and removing delivery device and turning continuous positive airway pressure (CPAP) Or bilevel positive airway (BiPAP) on/off 	<p style="text-align: center;">Wednesday: 7/24/2019 Day 3: 0800 – 1630</p> <p><u>Daily Focus:</u></p> <ol style="list-style-type: none"> 1. Nervous System 2. Immune System 3. Endocrine System 4. Infection Prevention and Control <p><u>Skills/s of the Day:</u></p> <ol style="list-style-type: none"> 1. Fingerstick capillary blood glucose 2. Obtaining rectal swab 3. Obtaining nasal swab 4. Establish and maintain a sterile field 5. Casting

Monday: 7/29/2019

Day 4: 0800-1630

Daily Focus:

1. Urinary System
2. Gastrointestinal System
3. Promoting Nutrition and Hydration

Skills/s of the Day:

1. Bladder scanning
2. Obtain specimen from port of catheter
3. Urine dip stick testing
4. Discontinue foley catheter
5. Interrupting and re-establishing nasogastric tube
6. Testing stool for occult blood
7. Change dressing/appliance bag or established Ostomies
8. Pause and resume established post pyloric, Jejunostomy and gastrostomy tube feeding to Provide personal care
9. Adding fluid to established post pyloric, Jejunostomy and gastrostomy tube feedings
10. Changing established tube feeding bags

Tuesday: 7/30/2019

Day 5: 0800 – 1630

Daily Focus:

1. Integumentary System
2. Musculoskeletal System
3. Promoting Functional Abilities

Skills/s of the Day:

1. Changing wound vac canisters
2. Set up traction equipment
3. Removing casts in non-emergent situation
4. Assist persons in and out of passive motion machines
5. Assist with warm and cold therapies
6. Perform range of motion on persons with Complex medical problems:
 - a. Fragile skin
 - b. At risk for pathological fractures
 - c. Spasticity and contractures
7. Therapeutic positioning in a variety of situations and considering a person's condition
 - a. bridging
 - b. proning
8. Use of adaptive, assistive and therapeutic equipment
 - a. Ankle and foot orthotics, braces
 - b. established traction equipment: remove/reapply and foot lifter and split

Wednesday: 7/31/2019 Day 7: 0800 – 1630	Monday: 8/05/2019 Day 7: 0800 – 1200
Daily Focus: 1. Reproductive System 2. Pain 3. Mental Health 4. Care of the Person before/after surgery	Daily Focus: 1. End-of-Life 2. Documentation 3. Care-Giver-Self-Care 4. Priority Reporting in Class Activity
<u>Skills/s of the Day:</u> 1. Newborn hearing screening 2. Mental health role play 3. Review pain clinical competencies 4. Clipping hair in prep for surgical procedures 5. Discontinuing saline lock 6. Measuring, recording and/or emptying Output from drainage devices and closed Drainage system 7. Apply sequential compression devices	<u>Skills/s of the Day:</u> 1. Open skills lab assessment 2. Final Exam 3. Grief and Loss

Successful completion of required quizzes and a comprehensive written exam will be required prior to the start of the clinical orientation.

Monday: 8/05/2019
Day 7: 1300 -1700

Clinical Orientation

1. Caregiver Self-Care
2. Safety
3. Documentation
4. Samaritan Bedside Report
5. Tour of SPCH / Scavenger Hunt

Clinical Rotation Group 1	Clinical Schedule: 8/06 and 8/07 0645-1845
Clinical Rotation Group 2	Clinical Schedule: 8/12 and 8/13 0645-1845

Skills Lab and Clinical Competency Check Lists:

- The skills lab and clinical instructor will monitor your competency for required skills using the required skills competency checklists that are required by OSBN.
- You will be required to master all the required skills before being allowed to enter the clinical environment.
- In addition, all skills that are available within the acute care environment will then have to be achieved in the clinical environment in order to successfully complete the CNA Level-2 Program.

Disclosures and Agreements

A. Certification through the Oregon State Board of Nursing

Upon successful completion of all aspects of the OCCC CNA Level 2 program including 100% of the required hours, the student is eligible: to have their name submitted to the Oregon State Board of Nursing for eligibility to be placed on the registry for CNA Level -2. This process is outlined on the OSBN website: www.oregon.gov/OSBN

B. How the student can file a complaint about the program with the Board.

To make a complaint about the OCCC CNA contact the Oregon State Board of Nursing @ 17938 SW Upper Boones Ferry Rd, Portland, Oregon 97224-7012 Phone: 971-673-0685 www.oregon.gov/OSBN

C. Job placement assistance:

The Director of Nursing and Allied Health along with the CNA2 faculty will make every attempt to keep students informed of CNA2 positions open in the Samaritan System. In addition, we will notify the educational liaisons at both hospitals in Lincoln County when a class has completed to facilitate communication between a potential employer and one of our graduates.

D. Acknowledgement and Agreement

I certify that the information set forth by my signature in this Application is true, complete, and accurate to the best of my knowledge. I understand that falsified statements on this application shall be considered sufficient cause for refusal of admission to the Oregon Coast Community College CNA Level 2 Program I understand that acceptance into the program is dependent on successful completion of the following:

- Passing a Criminal Background Check and a Drug Test
- Showing proof of receiving required immunizations
- Showing proof of a valid NA 1 Certification from the Oregon State Board of Nursing

E. Disclosure and Release of Information

I hereby release all parties and persons connected with any request for information from all claims, liabilities, and damages for whatever reasons arising out of furnishing such information. If these requirements are not met by the deadline given, I understand that OCCC has the right to drop me from the program and I am not eligible for a refund for any fees related to the class.

F. CNA Level 2 Program Policy Manual

My signature below indicates that I have read the CNA Level 2 Program Policy Manual 2017-2018 and I agree to comply with the stated policies and procedures and I have asked for clarification if I had any questions on the material.

G. Confidentiality Agreement

I understand that medical records and hospital information are confidential for the protection of patients, families, employees, medical staff, students/interns, and the hospital. Confidential information includes any information that a student hears or sees while conducting evaluation, research, or educational activities at any health care facility. Patient privacy is to be respected always.

Breach of confidence is cause for immediate termination of the individual from the CNA Level 2 Program.

1. I agree not to repeat or discuss, with any unauthorized individuals, confidential information, which I may see or hear in conducting evaluation, research, or educational activities while at any healthcare facility.
2. I agree not to obtain or distribute any originals or copies of any health care facilities' documents that are considered confidential or part of a patient's medical record.
3. I understand that unauthorized release of confidential information may subject me to civil liability under the provisions of state and federal laws.
4. I understand that my OCCC college email address will be our primary way of communicating with me throughout the application process. I agree to check my email periodically to receive updates from us. I will ensure that my emails from the college are not going to my spam folder.

I have received, read, and understand the disclosure statement, enrollment agreement, and program policies available in this document and on the college website and agreed to abide by all.

Applicant Signature: _____ **Date:** _____

Printed Name _____