



Oregon Coast Community College
Nurse Assistant Level 1 Training Program (NUR101)
Application Packet – Summer Term 2019
Due by 5/31/2019

Program Description

The Oregon Coast Community College Nurse Assistant Training Program (NUR101) is an eight (8) credit: **174-hour** course fulfilling the Oregon State Board of Nursing requirements for certification as a nursing assistant. The lecture portion of this course is taught on-line through independent study. It takes **53** or more hours to complete. Students spend **42** hours in the skills lab and **76** hours in a licensed health care facility gaining hands-on clinical experience. Students will learn basic bedside nursing skills, basic restorative skills, mental health and social service needs, personal care skills, and knowledge of client rights. Students will learn the knowledge and skills necessary to care for patients in long-term care and acute care facilities. This course requires both time and a “personal caring” commitment from the students. Students must also be able to meet physical requirements, engage in therapeutic communication, and deal with stressful interpersonal situations. Acceptance into this program also requires enrollment into a **three-hour orientation course**.

At the completion of the course, the student must apply to the Oregon State Board of Nursing (OSBN) to be eligible to take the certification exam and become certified as a Nursing Assistant.

Course Description: Introduces foundational knowledge and skills necessary to deliver routine patient care to residents of long-term care and other care facilities. Covers personal care nursing skills, restorative services, mental health services, social needs and patient rights. Includes an introduction to anatomy and physiology. This course meets the Oregon State Board of Nursing requirements for eligibility to apply for Nursing Assistant Level 1 certification.

Intended Outcomes for the course

1. Utilize appropriate infection control measures while providing patient care, including hand hygiene, disposal of contaminated articles, and hazardous wastes.
2. Utilize proper body mechanics and safety transfer to prevent injury to self and client.
3. Implement basic principles of personal care, including bathing, hair care, dressing/undressing, oral care, shaving and nail care.

4. Utilize basic communication and interpersonal skills with patients as well as staff members, family members, and other health care team members.
5. Provide safe and effective patient care to include meeting basic needs, personal care, restorative services, mental health services, social needs and patient rights.
6. Distinguish between personal and professional values and legal/ethical responsibilities in practice.

Course Activities and Design

1. Lecture: online skills modules
2. Skills practice lab with patient scenario simulation
3. Clinical practice
4. Clinical post-conference

Eligibility & General Information

Complete applications are required by the deadline, including the immunizations (with the exception of 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.

If your application is accepted, you will be notified to begin the criminal background and drug screening process through American Databank/Complio (link on the Oregon Coast Community College website). This process must begin within 72 hours after notification by the department administrative assistant.

Nursing Assistant Program

The **lecture portion** of the course will be **online**. It must be completed by the end of the third week of the term. Students who fail to complete the lecture materials and pass a proctored exam will not be able to progress to the skills and clinical portions of the course.

The **skills portion** of the course will be **4** days and will take place at the OCCC Nursing Assistant Skills Lab at the Waldport Campus. The skills lab class will be **9** hours per day from **7:00 am – 4:30 pm** with one half-hour meal break and two fifteen-minute breaks.

The **clinical experience** is **8** clinical days in length and will be held at **Newport Rehabilitation Center (NRSC)**. Each clinical day is **10 hours per day** with one half-hour meal break and two fifteen-minute breaks, from **6:00 am - 4:30 pm**.

Application Process

- Step 1.** Participation in the Nursing Assistant 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.** Complete an OCCC online admissions form (if not currently enrolled as an OCCC student) <http://www.oregoncoastcc.org/getting-started/>
- Step 3.** Meet with an Oregon Coast Community College academic adviser regarding math, reading, and writing placement. This must be completed to be cleared to register for the class.
- Step 4.** This Nursing Assistant Course NUR 101 course may be eligible for financial aid if you have established an education plan with an academic advisor. Please contact the Financial Aid Department at 541-867-8501 for more information.
- Step 5.** Complete a Criminal Background Check (CBC). This is located on the OCCC website, under Nursing Assistant, American Data Bank – Complio. Results will be communicated directly to OCCC. Complete Drug Screening at Samaritan Health Services, Occupational Medicine, located at 740 SW 9th Street, Newport. They are housed in a temporary trailer located next to the Samaritan Center for Health Education building. No appointment is necessary. The phone number to Samaritan Health Services, Occupational Medicine is 541-574-4675. Their hours are 8:00 am - 11:30 am and 1:00 pm - 4:30 pm. Results will be communicated directly to OCCC. **If your application is accepted, you will be notified to begin the criminal background and drug screening process through American Databank/Complio (link on the Oregon Coast Community College website). This process must begin within 72 hours after notification by the department administrative assistant and completed before you are formally accepted into the program.**
- Step 6.** Go to the OCCC website under “Nursing Assistant” look at the “more details” tab and read: The Nursing Assistant Training Program Policy Manual.

Note: This course is eligible for scholarships through Workforce Investment Act from Community Services Consortium (CSC) for qualified applicants.



WIOA (Workforce Innovation and Opportunity Act) provides TRAINING services for job seekers upon eligibility. Training can include:

Healthcare (Pharm Tech, Medical Asst., Dental Asst.)
Business (Accounting, Legal)
Welding

Eligibility may include research, online assessments and workshops. All eligible job seekers must reside, work, or have been laid off from Columbia, Clatsop, Tillamook, Lincoln or Benton Counties.

Contact Your Local WorkSource Center Below:

WorkSource Oregon- Newport 120 NE Avery St. Newport, OR 97365
(541) 265-8891

WorkSource Oregon- Tillamook 2101 5th St. Tillamook, OR 97141
(541) 842-4488

WorkSource Oregon-Lincoln City 801 SW Hwy 101 Ste. 102 Lincoln City, OR 97367
(541) 994-6992

**Oregon Coast Community College
Nurse Assistant Level 1 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: _____ Place of Birth: _____

OCCC Student Number: _____ PCC Student Number: _____

Applicant's Full Legal Name: _____

Past Legal Names: _____

Social Security #: _____ Birthdate: _____

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

City *State* *Zip*

OCCC Email: _____

Phone Number: _____

Work Phone Number: _____

Emergency Contact Information: _____

Do you hold a high school diploma or GED: Yes No

Date Received and Name of School: _____

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

If yes, please explain: _____

Please tell us about yourself and why you want to enroll in the Nursing Assistant Level 1 Program?

Disclosure and Release of Information

*The OCCC email address will be our primary way of communicating with you throughout the application process. Please check your email periodically to receive updates from us. Make sure that emails from the college are not going to your spam folder.

I certify that the above information is thorough and accurate to the best of my knowledge and that I understand and agree to comply with the disclosure statement.

Applicant Signature: _____ Date: _____

Printed Name _____

Enrollment Agreement Summer 2019

A. Dates of Program

- The lecture portion of the course is **53** hours on-line (computer and internet access is required) and will take place during the first three weeks of **Summer Term**. Students who fail to complete the lecture materials and pass a proctored exam will not be able to progress to the skills and clinical portions of the course. The online portion must be completed by **7/15/2019 at 9am**, which is when final proctored exam will be given from **9am-11am** at the OCCC Newport Campus
- The skills portion of the course is **36** hours in length will take place at **OCCC Waldport Nursing Skills Lab**
- The clinical experience is **76** hours in length and will be held at **Newport Rehabilitation Center (NRSC)**. Please see the below for specific days and times. Mock Testing will occur after the clinical experience to solidify skill acquisition prior to the state exam.

Date /Day	Time	On-line	Total hours	Activity/Location
6/11/2019	9am-12am		3	Mandatory Information Session @ OCCC Newport Campus – Room 61
		51 hours		Online independent learning
7/08/2019	9am-12 noon	3		Theory Final Exam @ OCCC Newport Campus – Room 70
Total Theory Hours			53	
Skills Lab				
7/09/2019	0700-1630		9	OCCC Waldport Center Nursing Skills Lab
7/10/2019	0700-1630		9	OCCC Waldport Center Nursing Skills Lab
7/16/2019	0700-1630		9	OCCC Waldport Center Nursing Skills Lab
7/17/2019	0700-1630		9	OCCC Waldport Center Nursing Skills Lab
Total Skills Lab Hours			36	Each day 30 min lunch break

Day / Date	Time	Clinical Rotations		Activity/Location
7/23/2019	0600-1630	NRSC	10	Clinical at NRSC
7/24/2019	0600-1630	NRSC	10	Clinical at NRSC
7/30/2019	0600-1630	NRSC	10	Clinical at NRSC
7/31/2019	0600-1630	NRSC	10	Clinical at NRSC
8/06/2019	0600-1630	NRSC	10	Clinical at NRSC
8/07/2019	0600-1630	NRSC	10	Clinical at NRSC
8/13/2019	0600-1630	NRSC	10	Clinical at NRSC
8/14/2019	0600-1630	NRSC	10	Clinical at NRSC
Total clinical hours			76 hrs. (total) 30 min lunch break	
Mock Testing				
8/20/2019	9am-3:00pm	OCCC	6 hrs.	OCCC Newport Campus Nursing Skills Lab
TBA	8:30am	OCCC		OCCC Newport Campus Nursing Skills Lab

All scheduled hours are required to complete the course and to be able to apply to the Oregon State Board of Nursing for certification

B. Fees, tuition, and other Program Requirements

Students are responsible for completing required immunizations, criminal background check and drug screen prior to the application deadline, otherwise they will not be allowed to continue in the program. The cost of the background checks and drug screen is approximately \$119.00. Cost of immunizations is dependent on the individual’s immunization history.

Steps to providing current Immunization documentation:

- Your parent or guardian may have a copy of your childhood records
- Contact the most recent school you have attended
- Contact your medical provider

If none of these suggestions provide the information you need, schedule an appointment at:

**Lincoln Community Health Center FQHC
1010 Coast Highway 101, Newport OR 97365 Office: 541-265-4947**

They will be able to access the ALERT IIS system and provide required immunizations at a reduced cost.

Students are also required to have current CPR certification through the American Heart Association “Health Care Provider: BLS: Basic Life Support”.

Costs for Nursing Assistant Level 1 Class - Summer 2019

Item	Cost
OCCC Tuition and Fees	\$968.00
Online course access for required theory component of the course through Insitute for Professional Care Education	\$250.00
Textbook for Nursing Assistant Class (Sorrentino, S.A. Mosby's (2016) Textbook for Nursing Assistants 9 th Edition)	\$100.00 (approximately)
Criminal Background and Drug screen	\$119.00
BLS CPR Class at OCCC	\$90.00
Uniforms and Supplies (Scrubs, (2 sets) Stethoscope, Gait Belt and BP Cuff	\$150.00 (approximately)
Watch with a second a hand	\$20.00 (approximately)
White or black rubber sole shoes	\$30.00 (approximately)
Oregon State Board of Nursing Fees	
State application fee to the Oregon state Board of Nursing	\$106.00
Fingerprint Criminal Background processing fee for the Oregon State Board of Nursing	\$64.50
Total Student Responsibility	\$ 1897.50 (approximately)

C. Potential Reimbursement for Associated Program Costs

Students should keep track of all proof of payment for training and testing costs and present these receipts to future nursing facility employers for potential reimbursement if hired within twelve months from the date of program completion.

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

Oregon Coast Community College will award 8 credits upon successful completion of the Nursing Assistant Training Program: NUR 101

- After you have been accepted into the Nursing Assistant Training Program you will be required to register for the course through your myOCCC account. Students who have not taken classes at OCCC will need to apply to OCCC via the website. This is where you will receive your student ID# and set up your OCCC email account.
- Students will be dropped for nonpayment on the Thursday prior to the start of term.
- 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.
- If the student chooses not to complete the course, an official "drop" must be completed through the Sharknet student registration system @ Classes dropped prior to Friday of the first week of classes will be removed from a myOCCC student's schedule. After the first week of classes, students may withdraw from course(s). A grade of "W" will appear on a student's report card.
- If the student does not drop the course, he/she will receive an "F" grade in NUR 101. Failure to drop a class could impact future financial aid. Please follow the deadline dates to drop a class so that it does not affect your standing at the college:

Outline of the Level One Nursing Assistant Program

Required Orientation—mandatory 3 hours

- Introductions
- Review binder
- Online access to IPCed and Canvas
- Expectations, overview, homework

Skills Lab Classroom

Communication and Interpersonal Skills

Patient Centered Care

- Practice therapeutic and professional communication techniques
- Practice the elements of patient-centered care

Infection-Control and Standard/Transmission Based Precautions

- Standard precautions according to the Centers for Disease Control and Prevention
- Wash hands/hand hygiene
- Put on and remove Personal Protective Equipment (PPE) gloves
- Put on and remove Personal Protective Equipment (PPE) gown
- Put on and remove Personal Protective Equipment (PPE) mask
- Handle Linen and disposal of contaminated materials and linens
- Caring for the Environment and Client cleanliness and grooming
- Implementing neutropenic precautions
- Putting on and releasing Bed Brakes
- Managing side rails
- Make an occupied bed
- Make an unoccupied bed

Restorative Care

Vital Signs Procedures

- Take and record Oral, Axillary, Tympanic Temperature Readings
- Take and record Radial and Apical Pulses
- Count Respirations
- Take and record blood pressure with manual: upper arm; forearm, lower leg and thigh devices
- Take an electronic blood pressure
- Take and record Orthostatic Blood Pressures
- Record pain levels
- Measure and record oxygenation levels using pulse oximetry device

Infection-Control and Standard/Transmission Based Precautions

- Assist with coughing and deep breathing

Intake and Output

- Measure and record heights and weights

Restorative Care

- Reinforce use of incentive spirometer

Safety and Emergency Procedures

- Switch between wall and Administering a tank unit
- Apply O2 safety concepts; turning O2 off and on

Personal Care

- Bathing, assisting to the shower and giving a bed bath
- Assist with hair care and shampooing
- Dressing/Undressing
- General Grooming
- Application and care of eyeglasses, hearing aids, dentures,
- Provide mouth care
- Provide denture care
- Provide mouth care of a comatose patient
- Shaving with an electric razor and safety razor
- Provide fingernail care
- Provide Skin care
- Provide Foot care
- Provide Perineal Care/Incontinence: male and female
- Putting on and removing briefs
- Apply topical barrier creams and ointments for skin care
- Application of non-prescription Pediculicides
- Application and removing of anti-embolism elastic stockings

Safety/Emergency Procedures

- Administer abdominal thrust (Heimlich Maneuver)
- Ambulate using a gait belt
- Ambulate with a cane
- Ambulate with a walker
- Apply a wrist restraint
- Apply position/alignment techniques for clients using safe client handling devices
- Implement bleeding precautions
- Implement cervical precautions
- Implement hip precautions
- Implement sternal precautions
- Position/alignment techniques in chairs and wheelchairs using client handling devices
- Transfer a person from a bed to wheelchair
- Transfer a person from wheelchair to bed
- Use safe client transfer and handling techniques with lift equipment
- Use safe client transfer and handling techniques with seated transfers

Restorative Care

- Apply, turn on and off sequential compression devices
- Apply warm therapy
- Apply cold therapy
- Assist with lower extremity range of motion
- Assist with upper extremity range of motion

Elimination

- Assist with the use of a fracture bedpan
- Assist with the use of a regular bedpan
- Assist with the use of a urinal
- Assist with use of a toilet
- Change a disposable brief
- Change from a drainage bag to a leg bag
- Change from a leg bag to a drainage bag
- Clean ostomy site for established non-acute ostomy
- Change ostomy bag
- Empty ostomy bag
- Give an enema
- Insert a bowel evacuation suppository
- Provide catheter care
- Application and removal of external urinary catheters
- Collect a clean catch urine specimen
- Collect a sputum specimen
- Collect a stool specimen

Measure and Record: Measure urine and stool output

Nutrition and Hydration

Measure and Record

- Assist with maintaining hydration
- Present food in an appetizing manner
- Position for eating/feeding
- Demonstrate feeding techniques
- Utilize thicken liquids
- Assist the client with meal choices
- Measure and record Intake and Output
- Review food in percentages and liquids in mL.

Communication and Interpersonal Skills

Patient Centered Care

- Role play communicating with the cognitively-impaired client
- Practice approaches to the cognitively-impaired client
- Review Vital sign procedures as adapted to clients with unique needs
- Review positioning and safety procedures as adapted to clients with unique needs
- Role play to promote physical activity
- Practice care of the body of the deceased client
- Role play involvement of family in care of the dying client
- Role play providing comfort measures for the dying client
- Role play observing, reporting and identifying to whom to report what
- Discuss what is meant by a “baseline” and how to distinguish deviations from baseline

Skills Lab and Clinical Competency Check Lists

The skills lab and clinical instructor will monitor your competency for required skills using the required skill 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, skills will then have to be achieved in the clinical environment to successfully complete the Nursing Assistant Training Program.
- Following the **completion** of the required theory, skill, and the long- term care clinical hours, the students will be required to participate in **Mock Testing** to evaluate the student's overall knowledge and readiness to participate in the state exam

Certification through the Oregon State Board of Nursing

Upon successful completion of all aspects of the OCCC Nursing Assistant program including 100% of the required hours, the student is eligible to apply to the Oregon State Board of Nursing (OSBN) to be eligible to take the certification exam and become certified as a Nursing Assistant. This process is outlined on the OSBN website: www.oregon.gov/OSBN OSBN Final Exam: 9/06/2018

- Proper identification is required to test, originals only, no photocopies
- You must bring two (2) forms of ID with signatures and one (1) must contain your photograph
- The name on your two (2) forms of ID must match the packet submitted to OSBN
- Examples of accepted ID include a current, not expired:
 - Driver's License
 - State issued identification card
 - Passport
 - Alien registration card
 - Tribal identification card
 - Social Security card
 - Credit or debit card
 - 1st aid or CPR card
 - High School ID for current year with a signature

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

To make a complaint about the OCCC Nursing Assistant program 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

Job placement assistance

The Director of CTE Education for Health and Human Services along with the Nursing Assistant faculty will be every attempt to keep students informed of nursing assistant positions open in Lincoln County and in addition notify the educational liaison our local long- term care facility when a class has completed in order to facilitate communication between a potential employer and one of our graduates.

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 Nursing Assistant Training 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 immunization

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. My signature below indicates that I have read and understand the Oregon Department of Human Resources and the Oregon State Board of Nursing Lists of Potentially Disqualifying Crimes and 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 .

I have 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>

My signature below further indicates that I have read the following questions that I will have to respond to when completing my application for the OSBN certification as a Certified Nursing Assistant at the end of the program 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 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 skills 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

Nursing Assistant Training Program Policy Manual

My signature below indicates that I have read Nursing Assistant Training Program Policy Manual which is located on the college website under Nursing Assistant 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.

Disclosure and Release of Information

Providing your social security number is voluntary. If you provide it, the college will use your social security number for keeping records, doing research, aggregate reporting, extending credit and collecting debts. Your social security number will not be given to the public. If you choose not to provide your social security number, you will not be denied any rights as a student. Once accepted, you will need to provide your social security number for a criminal background check for submission to the Oregon State Board of Nursing.

Confidentiality Agreement

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 Nursing Assistant Training Program

My signature below indicates the following:

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 breach of confidence is cause for immediate termination of my enrollment in the OCCC Nursing Assistant Training Program.
4. I understand that unauthorized release of confidential information may subject me to civil liability under the provisions of state and federal laws.
5. I have received, read this entire enrollment agreement and understand the contents along with the disclosure statement and program policies available in this document and on the college website.
6. **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> .**

Applicant Signature: _____ Date: _____

Applicant Name: _____

Oregon Coast Community College Health Form	Student/Faculty Name:
	Program:
	These requirements are in place for the health and safety of students, faculty and their patients.
<p>By contract with your academic institution, all students and faculty participating in patient care experiences must meet the following health and safety requirements. The academic institution is responsible for ensuring that requirements have been met prior to participation in patient care/clinical experience. Records will be kept at the academic institution and random review by the clinical affiliates will occur on a regular basis. <i>Documentation must meet requirements at all times.</i></p> <p>If you obtained your vaccine through an Oregon Public Health Department or through a school district in Oregon, after 1980 then you are probably in the ALERT system that is maintained by Public Health. Please call or visit your local Public Health Department as they may help you in obtaining the needed documentation. Please have your medical provider complete this form or attach required documentation.</p>	
SUBMITTED ONCE	SUBMITTED EVERY YEAR
<p>TUBERCULIN STATUS</p> <ul style="list-style-type: none"> ▪ If no previous records or more than 12 months since last TST → OR ☐ ▪ QuantiFERON (QFT) TB Gold test within 12 months OR ☐ ▪ If newly positive TST → F/U by healthcare provider (chest X-ray, symptoms check and possible treatment documentation of absence of active M. TB disease) and need to complete health questionnaire ▪ If history of positive TST → provide documentation of TST reading, provide proof of chest X-ray documenting absence of M. TB, medical treatment and negative symptom check OR ▪ If history of BCG vaccine → QFT. If negative → OK; If positive → do Chest X-Ray, and symptom check by healthcare provider in 12 months <p>HEPATITIS B</p> <ul style="list-style-type: none"> ▪ Series of 3 vaccines completed at appropriate time intervals OR ▪ Provide documentation of positive titer (anti-HBs) OR ▪ If titer is negative or equivocal Proof of vaccinations (3 doses at appropriate intervals dated AFTER the titer) <p>MEASLES, MUMPS, AND RUBELLA</p> <ul style="list-style-type: none"> • Proof of vaccination (2 doses at 28 days apart) OR • Proof of immunity by titer • If titer is negative or equivocal Proof of vaccinations (2 doses at appropriate intervals dated AFTER the titer) <p>VARICELLA (Chicken Pox)</p> <ul style="list-style-type: none"> ▪ Proof of vaccination (2 doses at appropriate intervals) OR ▪ Proof of immunity by titer or ▪ Physician documentation of proof of disease <p>TETANUS, DIPHTHERIA, PERTUSSIS (Tdap)</p> <ul style="list-style-type: none"> ▪ Tdap required every 10 years OR ▪ Td (dated within the last 24 months) and Pertussis. <p>CPR</p> <ul style="list-style-type: none"> ▪ American Heart Association BCLS Healthcare Provider Certificate 	<p>TUBERCULIN STATUS</p> <ul style="list-style-type: none"> ▪ Previously documented +TST results and prior negative chest X-ray results: submit annual symptom check completed within one year from healthcare provider. <p>INFLUENZA</p> <ul style="list-style-type: none"> ▪ Proof of a annual vaccination(s)

Oregon Coast Community College Health Form

Student/Faculty Name:

Program:

These requirements are in place for the health and safety of students, faculty and their patients.

By contract with your academic institution, all students and faculty participating in patient care experiences must meet the following health and safety requirements. The academic institution is responsible for ensuring that requirements have been met **prior** to participation in patient care/clinical experience. Records will be kept at the academic institution and random review by the clinical affiliates will occur on a regular basis. *Documentation must meet requirements at all times.* Required immunizations must include mm/dd/yyyy if available.

If you obtained your vaccine through an Oregon Public Health Department or through a school district in Oregon, after 1980 then you are probably in the ALERT system that is maintained by Public Health. Please call or visit your local Public Health Department as they may help you in obtaining the needed documentation.

SUBMITTED ONCE

Check the applicable letter in each box

SUBMITTED EVERY YEAR

Check the applicable letter in each box

TUBERCULIN STATUS

A. One-step TST: Skin Test Date _____ Result:

Neg _____ Pos _____ mm _____

B. QuantiFERON (QFT) Date _____ Result: _____

OR

C. If New Positive/Exam/X-ray Date: _____

OR

D. Positive TST/Negative X-ray Date: _____

INFLUENZA

A. Proof of an annual vaccination(s)

Date _____

HEPATITIS B (3 primary series shots: (at 0,1,6, mo) plus titer confirmation (6-8 weeks later) A. Vaccination Dates

1) _____

2) _____

3) _____

B. Immunity confirmed by titer Date _____

CPR AHA BCLS Healthcare Provider Certificate

Expiration Date _____

MMR (Measles, Mumps, Rubella)

A. Vaccination Dates

1) _____ 2) _____ **OR**

B. Immunity by titers: Measles Date _____

Mumps Date _____ Rubella Date _____

VARICELLA (Chicken Pox)

A. Vaccination Dates

1) _____ 2) _____ **OR**

B. Immunity by titer Date _____

TETANUS, DIPHTHERIA, PERTUSSIS (Tdap)

A. Tdap Date _____

B. Td Date _____

C. Pertussis: Date: _____ (if you obtained a Td)