

**Oregon Coast Community College
Nursing Assisting Program
Application Checklist
2019-2020**

The following must be completed as part of the application process

1. Apply to Oregon Coast Community College <https://www.oregoncoastcc.org/apply/>

2. Make an Academic Advising Appointment with an Advisor who specializes in Nursing and Allied Health at <http://www.oregoncoastcc.org/advising-appointments/>. **Advising appointments are mandatory.**
 - If you are not in the Central Coast area, your initial appointment can occur over the phone. Be sure to state this on the appointment page.
 - Bring all unofficial transcripts to the advising appointment. If this is a phone appointment, send transcripts via email to the Academic Advisor before the appointment.
 - At the advising appointment, you may be scheduled to attend an Orientation session, where you will register for classes. Please bring your OCCC log in and password to the session.

3. Complete the Online Application for the Nursing Assistant Program

4. Register for NUR101 once cleared by your academic advisor

ATTENTION

Once you have completed steps 1 – 4, you will be contacted about continuing with the application process

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:

https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OAR D=6uvulRyE8-Q0Gt_fu8WfXjAVrSEu1VO9nmOBGvtT1FD8etvcSQFr!-1969788327?selectedDivision=1626; specifically, **OAR 407-007-0200 to 407-007-0640**.

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>."

5. Create your account in Complio by American DataBank. The link is on the OCCC NA website on the right side of the page. You will request a background check and drug screen. The cost is approximately \$79.00. Results will be communicated directly to the OCCC allied health department.

The drug screening must be completed at Samaritan Health Services, Occupational Medicine. They are located at 740 SW 9th Street, Newport (next door to the Samaritan Center for Health Education building) in a temporary trailer with the Walk-In Clinic. No appointment is necessary. The phone number to Samaritan Health Services, Occupational Medicine is 541-574-4675 and their hours are 8:00 am - 11:30 am and 1:00 pm - 4:30 pm.

6. Students must show proof of all required immunizations and a current TB test before the class begins. Please see the OCCC Health Form below. The 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.

7. Students are required to have a current CPR certification through the American Heart Association "Health Care Provider: BLS: Basic Life Support". You may check the Samaritan Hospital website for available classes at: <https://www.samhealth.org/health-services/classes-and-events> or call the Yachats Fire Department at 541-547-3266 for class information.

8. Order scrubs and medical devices. All scrubs (top/bottom) must be ordered from AllHeart at: <http://group.allheart.com/occc> . Look under the CNA tab for scrubs and medical devices. The password is **occcscrubs**. Medical devices and shoes may be ordered from any site. If you will be using financial aid for payment of these items, please call Vickie Jones-Briggs at 541-867-8548 with size and color options.

If you have any questions regarding the above information, please call Vickie Jones-Briggs at 541-867-8548

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> Required immunizations must include mm/dd/yyyy if available.</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.</p>	
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__ <input type="checkbox"/> <input type="checkbox"/> B. QuantiFERON (QFT) Date_____ Result: _____ <input type="checkbox"/> OR <input type="checkbox"/> C. If New Positive/Exam/X-ray Date: _____ OR D. Positive TST/Negative X-ray Date: _____	INFLUENZA A. Proof of 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)	