

Nursing Assistant Information Packet

This 164+ hour training course is approved by the Oregon State Board of Nursing (OSBN). It consists of 80 hours on-campus classroom and lab and 80 hours of clinical in a long term care facility. Successful completion qualifies individuals to take the Nursing Assistant Competency Evaluation test for state certification as a Nursing Assistant. Course subjects include: instruction in basic bedside nursing skills, basic restorative skills, mental health and social service needs, personal care skills, and knowledge of clients' rights. Students will gain the knowledge and skills necessary to care for clients in long-term care and acute care facilities that are under direct care of a licensed nurse.

Low enrollment may require cancelation of class. Students will be contacted!!

Estimate Cost of Class:	Tuition - \$940.50, Non-Refundable Fee - \$175. Estimate Cost of Class:			
\$1,115.50	\$1,115.50 Tuition - \$940.50, Non-Refundable Fee - \$175. Course tuition or fees			
	are not refundable beyond the first week of class. Other course costs are non-			
	refundable.			
Additional Costs:	Oregon State Board of Nursing Test for Certification - \$106 Fingerprinting			
Variable	for OSBN - \$52			
	Criminal Background Check – approx. \$45			
	Drug Screening - \$45			
	Healthcare Provider Training and immunizations – (costs vary)			
	Textbooks & Clinical Supplies – approx. \$200			
Directions: Submit the following documentation to the	New students (16 yrs. of age or older) must apply to UCC for			
office of the Nursing Dept.	Admission. http://www.umpqua.edu/getting-started			
Administrative Secretary located	2 Number Assistant Student Information Form (1997)			
in HNSC 114 to reserve a spot.	Nursing Assistant Student Information Form (see attached)			
This is a limited-enrollmen	3. Proof of Course Placement – A copy of the applicant's placement test			
consent course. Only 10	scores indicating reading skills at Reading 90 or higher, Writing 90 or higher,			
students are accepted on a firs come, first serve basis.	and Math 20 or higher. Alternatively, a copy of the applicant's transcripts			
corne, mat serve basis.	(Official or Unofficial) that confirms that the applicant has completed courses			
	at or above these placement scores.			
	at of above these placement scores.			
Only complete decoments	4. Copy of Healthcare Provider CPR Certification – CPR card must be valid.			
Only complete document s will be accepted.	7 N N N N N N N N N N N N N N N N N N N			
	Training must have been completed within the last year.			
	5. Upon receipt of completed packet, you will receive the form to register for the			
	course and information regarding the drug screen from the Nursing Dept.			
	Administrative Secretary.			
	All required information must be complete and submitted 3 WEEKS prior to the first day of class to the Nursing Department Administrative Assistant.			

Criminal Background Check & Drug Screen	The criminal background clearance letter must be submitted to the Nursing Department Administrative Secretary 3 WEEKS prior to the first day of class. Failure to complete the background check or a back ground check revealing a disqualifying criminal history will mean you are ineligible to participate in the course. Proof that you have passed the criminal background check must be documented prior to the first day of class. See attached form for mailing fingerprints to Oregon State Police. Questions about possible disqualifying crimes see:
	https://secure.sos.state.or.us/oard/view.action?ruleNumber=851-001-0115 For Oregon State Board of Nursing (OSBN) – If students have questions about the possibility of denial of certification by the OSBN after they complete this course, they should check with OSBN at 971-673-0685 before enrolling in this course.
	All nursing assistant students will be required to have drug screening upon admission to the course. Form will be given to the student by the Administrative Secretary once all documentation is completed. Drug screening will be done the week prior to the beginning of the course.
	The Nursing Department will designate the company that will do the drug testing. The Nursing Department will not accept drug screening results from any company other than the one designated. The student is responsible for the cost of the screening which is approximately \$45.
Immunizations	Immunizations – <u>COPIES</u> of ALL required immunizations must be provided. (See attached immunization flyer for specific details.)
Skills/Clinical Requirements Needed by the first w eek of class	Uniforms: Clinical uniform is required by the first skills lab during the first week of the course. Navy blue scrub top and black scrub pants are required. Shoes must have a closed heel and toe and must be black. Socks must also be black. Students must also have a watch that measure seconds and a stethoscope. You will be provided information regarding UCC's refund policy, the studen procedures handbook, syllabus, and schedule on the first day of class.
Course Registration and Payment	Student must register and pay for the course using the form given by the Nursing Administrative Secretary that indicates course record number (CRN).

Technical Standards	Students must meet the requirements for the Technical Standards for the Nursing Assistant Course. (see attached)

Course Attendance Time Commitment

Attendance at every class, clinical session, and skills lab is a requirement to pass the course!

In order to meet the State Board of Nursing course requirements, students must attend all sections of the class. In addition to class attendance, studying/reading for comprehension of content and practice of skills outside of class time is recommended.

Accessibility Services

UCC is committed to supporting all students. Any student who feels he or she may need an accommodation for any type of disability should make contact with the Accessibility Services Office in the Educational Skills Building (ESB 10/8). If you plan to use academic accommodations for this course, please contact your instructor and our office as soon as possible to discuss your needs. Accommodations are not retroactive; they begin when the instructor receives the "Approved Academic Accommodations" letter sent by email. To request academic accommodations for a disability, please contact Danielle Haskett, Accessibility Service Coordinator. Phone (541) 440-7655 or (541) 440-Oregon Relay 1- 800-735-2900 or danielle.haskett@umpqua.edu. Additional information can be found on the UCC website: http://umpgua.edu/ accessibility-services

Questions?

Contact Nursing Department Administrative Secretary 541-440-4614



OREGON STATE BOARD OF NURSING

DIVISION 1

RULES OF PRACTICE AND PROCEDURE

http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_851/851_001.html

851-001-0115

Criminal Background Checks

The Board of Nursing will perform national fingerprint and state records criminal background checks on all Licensee Applicants; or Persons who are employed or who seek to be employed by the Board; or who is providing services or seeks to provide services to the Board on a contractual or volunteer basis will be referred to in this rule as an "SI" as defined in ORS 181A.190 (1) (c), OAR 125-007-0210(10):

- (1) The Board of Nursing, in making fitness determinations consistent with the intent of ORS 181A and rules promulgated by the Department of Administrative Services 125-007-0200 to 0330 et seq. shall consider:
- (a) The nature of the crime;
- (b) The facts that support the conviction or pending indictment or that indicate the making of a false statement;
- (c) The relevancy, if any, of the crime or the false statement to the specific requirements of the subject individual's present or proposed position, license, certification or registration;
- (d) Intervening circumstances relevant to the responsibilities and circumstances of the position, license, certification, or registration, such as:
- (A) The passage of time since the commission of the crime;
- (B) The age of the subject individual at the time of the crime;
- (C) The likelihood of a repetition of the offenses or of the commission of the crime;
- (D) The subsequent commission of another relevant crime;
- (E) Whether the conviction was set aside and the legal effect of setting aside of the conviction; and
- (F) Letters of support that would supply evidence of current character.
- (2) The Board will evaluate a conviction or pending indictment or that indicate the making of a false statement; crime or offense on the basis of law of the jurisdiction in which the crime or offense occurred.
- (3) A conviction of any of the following crimes or offenses is potentially disqualifying, unless otherwise provided by law.
- (a) All Felonies.

- (b) All misdemeanors.
- (c) Any U.S. military crimes or international crimes.
- (4) The Board of Nursing in and through its designee(s) shall evaluate a crime or offense on the basis of the law of the jurisdiction in which the crime or offense occurred.
- (5) The following are examples of crimes likely to result in denial unless there are significant mitigating circumstances.
- (a) Aggravated murder as in ORS 163.095
- (b) Murder as in ORS 163.115
- (c) Rape 1 as in ORS 163.375
- (d) Sodomy 1 as in ORS 163.405
- (e) Unlawful sexual penetration as in ORS 163.411
- (f) Sexual Abuse as in ORS 163.427
- (6) Under no circumstances shall a SI be denied under these rules because of a juvenile record that has been expunged or set aside pursuant to ORS 419A.260 to 419A.262.
- (7) Under no circumstances shall SI be denied under these rules due to existence of contents of an adult record that has been set aside pursuant to ORS 137.225.
- (8) Examples of other criminal offender information that may be potentially disqualifying may include:
- (a) Sex offender registration;
- (b) Conditions of parole, probation, or diversion program; or
- (c) Unresolved arrest, charge, pending indictment or outstanding warrant.
- (9) The Board will be the determiner of the validity of all criminal background check information received.

Stat. Auth.: ORS 678,150

Stats. Implemented: ORS 678.150

Hist.: BN 5-2017, f. 7-3-17, cert. ef. 8-1-17

COPY OF OWN RECORD / CLEARANCE LETTER REQUEST

To obtain a copy of your own Oregon criminal history report or a clearance letter indicating that you have no Oregon criminal history, you will need to complete the following steps:

 Obtain a set of your properly rolled fingerprints using the blue applicant fingerprint card (FD258).

An example of this fingerprint card can be seen at: http://www.fbi.gov/about-us/cjis/identity-history-summary-chekcs/standard-fingerprintform-fd-258

Please contact your local Police agency or fingerprinting services for information. Fingerprints may also be obtained at our office during these designated days/time:

CJIS DIVISION OREGON STATE POLICE 3565 TRELSTAD AVE SE SALEM, OR 97317

Monday - Friday from 8:00AM to 4:30PM (The cost for fingerprinting services is \$20.00),

- Submit a \$33.00 check or money order payable to Oregon State Police, along with a completed Copy of Own Record/Clearance letter request form. For notarized request total will be \$38.00. ***Notary definition***
- 3. Mail the above documents to the following address:

CJIS DIVISION, UNIT 11 OREGON STATE POLICE PO BOX 4395 PORTLAND, OR 97208-4395

The results and the fingerprint card submitted will be return to you. Please allow 7-10 business days to process your request once received. (7 to 10 business days does NOT included mailing time)

Due to the confidentiality of criminal history record information, results will <u>ONLY</u> be mailed to the <u>SUBJECT OF INQUIRY</u>.

If you have questions or need further information, please contact us at 503.378.3070.

*** Notary: Someone legally empowered to witness signatures and certify a document's validity.***

COPY OF OWN RECORD / CLEARANCE LETTER REQUEST

This form is to be used ONLY when requesting a copy of <u>your own</u> Oregon Criminal History information or Clearance letter. This record will show <u>Oregon Information ONLY</u>. This form may be copied.

Due to the confidentiality of criminal history record information, results will ONLY be mailed to the <u>subject of inquiry</u>.

NAME:	st	Middle
OTHER NAMES USED:		
DATE OF BIRTH:// day	/year	_
SOCIAL SECURITY NUMBER:		
MAILING ADDRESS:		
Street or PC		
City Sta	te	Zip Code
Country		
ELEPHONE: ()	CALL FOR PICK	UP CHECK HERE
CHECK OR MONEY ORDER MADE PAYABLE TO: (OREGON STATE POLICE	<u>.</u>
COPY OF OWN RECORD/CLEARANCE LETTER HOTARIZE RESPONSE HINGERPRINT CARD	(\$33.00) (\$ 5.00) (\$20.00) TOTAL INCLUDED	\$\$ \$\$

Please allow 7 to 10 business days to process your request once received (7 to 10 business days does NOT included mailing time). The fingerprint card will be returned with your response.

GLC 10/13/15

Nursing Assistant TB Screening and Immunization Requirements

Student Name:

Directions: Attach this cover sheet with <u>copies</u> of all required documentation (no originals) and submit as one (1) complete packet no later than 3 WEEKS prior to the first day of class

The Oregon Health Authority has established standards for health professional student placement in clinical training settings within the State of Oregon. Immunizations include Hepatitis B; Measles, Mumps, and Rubella (MMR); Tetanus, Diphtheria, Pertussis (Tdap); and Varicella. Required screenings include Tuberculosis. All reports of TB screening and immunization status must be on official records, signed by a qualified healthcare professional, and must be complete before you are eligible to register for the Nursing Assistant course.

Incomplete immunization packets will not be accepted!

1. TB Screening Report should be completed before getting MMR/Varicella

- o TB skin test should be completed **before** receiving Varicella and MMR vaccines
- o One current TB test is required. (Done within the last 12 months to be considered Current)
- upon entry, those with positive reactions to skin test, or with a history of known positive reactions, must submit a recent medical evaluation to certify they do not have active infections tuberculosis

2. Measles, M umps, Rubella (MMR) Vaccine - Required

- o Administer after TB skin test is complete
- o Proof of two doses of MMR or a positive titer
- o Can be given at the same time as Varicella

3. Varicella (Chicken Pox) Vaccine – Required (having the disease does not count as proof) Administer after TB skin test is complete

- o Proof of one dose received prior to age 13, otherwise two doses or positive titer
- May be given at the same time as MMR

4. Hepatitis B (HBV) Vaccine - Required

- o Proof of at least one of three injections received before registration or a positive titer
- The minimum timeframe between the first and second injection is one month, and between the second and third injection is five months.

5. Tetanus, Diphtheria and Pertussis (Tdap) Vaccine - Required

o Proof of vaccination within the last 10 years. May be given at an interval shorter than 10 years.

6. Flu Vaccine - Re commended

 Students going into the clinical practice setting may need to receive a flu vaccine as a clinical site's requirement.

Exemptions to the requirements for immunizations may be claimed by students for medical or nonmedical reasons. Documentation for exemption requires one or more of the following:

a Medical-

A written statement of exemption signed by a licensed independent practitioner; or

b. Non – medical - A signed Vaccine Education Certificate you receive after talking with your healthcare provider. You can find more information

http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/Gettingimmu nized/Pages/non-medical-exemption.aspx

IM PORTANT:

Students who exempt themselves from the vaccination requirements should be aware that circumstances may arise that would require their exclusion from clinical and/or classroom settings. Also, illness that may result from lack of immunizations may prevent students from attending class or clinical sessions. Either exclusion from clinical and/or class or missed time due to illness may result in an inability to meet course requirements and, therefore, the need to withdraw from the Nursing Assistant course.

TECHNICAL STANDARDS

This course has academic as well as technical standards (non - academic criteria) students must meet in order to successfully complete the course.

The purpose of this section is to assure that the students who enter the course know and understand the requirements, and can make informed decisions regarding the pursuit of this career.

Umpqua Community College provides the following technical standards with examples of learning activities to inform prospective and enrolled students of the skills required in completing their chosen career's curriculum and in the provision of health care services. These technical standards reflect the performance abilities and characteristics that are necessary to successfully complete the requirements of clinical based health care program(s). These standards are not a requirement of entering into the course, but individuals interested in the Nursing Assistant course should review these standards to develop a better understanding of the skills, abilities and behavioral characteristics required to successfully complete the course.

Students taking the Nursing Assistant course are expected to be able to complete curriculum requirements which include physical, cognitive, and behavioral core competencies that are essential to the functions of the nursing assistant. These core competencies are considered to be the minimum and essential skills necessary to protect the public. These abilities are encountered in unique combinations in the provision of safe and effective nursing care.

Completion of the course may be denied if a student is unable to demonstrate the technical standards with or without reasonable accommodations.

Umpqua Community College is obliged to provide reasonable accommodations to qualified students with disabilities, which may include academic adjustments auxiliary aids and or course modifications. Accommodations that fundamentally alter the nature of the academic course, could jeopardize the health and safety of others, or cause an undue burden to the course are not considered reasonable accommodations.

Cognitive:

- 1. Recall, collect, and integrate information from a variety of sources.
- 2. Measure, calculate, and report data to appropriate party.
- 3. Problem-solve and think critically in order to apply knowledge and skill.
- 4. Communicate verbally, and through reading and writing, with individuals from a variety of social, emotional, cultural, and intellectual backgrounds.
- 5. Relay information in oral and written form effectively, accurately, reliably, and intelligibly to individuals and groups, using the English language.

Examples of learning activities found in the course and related to industry standards:

- Process information thoroughly and quickly to prioritize and implement nursing assistant care.
- Use the nursing plan of care for clients in acute, long term and community settings, to assist with client care.
- Discriminate fine/subtle differences in medical word endings.
- Report verbally and in writing client data to members of the healthcare team.
- Read and comprehend client information found in the medical record.
- Perform simple math computations.

Physical:

Motor:

- 1. Coordinate fine and gross motor movements.
- 2. Coordinate hand/eye movements.
- 3. Maintain balance from any position.
- 4. Negotiate level surfaces, ramps and stairs.
- 5. Function with both hands free for performing psychomotor tasks.
- 6. Maneuver in small areas.
- 7. Attend to cognitive and psychomotor tasks for up to 7-12 hours.

Examples of learning activities found in the course and related to industry standards:

- Transfer patients/clients in and out of bed from stretchers and wheelchairs.
- Control a fall by slowly lowering client to the floor.
- Perform cardiopulmonary resuscitation (CPR)
- Lift or move (turn, position) clients or objects, pull or push objects, weighing up to 35 pounds and maintain a "medium activity level" as defined by the State of Oregon Department of Insurance Index of occupational characteristics.
- Reach to shoulder or higher level to place or access equipment such as intravenous fluid bags, bend or squat to access equipment below bed level.
- Carry equipment and supplies to the client bedside.
- · Manipulate small equipment and containers.
- Dispose of sharps in sharps container.
- Complete assigned periods of clinical practice (7-12 hour shifts, days, evenings, or nights).

Sensory:

- 1. Acquire information from demonstrations and experiences, including but not limited to information conveyed through online coursework, lecture, small group activities, demonstrations, and application experiences.
- 2. Collect information through observation, listening, touching, and smelling.
- 3. Use and interpret information from diagnostic maneuvers.

Examples of learning activities found in the course and related to industry standards:

- Detect changes in skin color or condition. (pale, ashen, grey, or bluish)
- Detect a fire in the client care environment.
- Observe clients in a room from a distance of 20 feet away.
- Detect sounds related to bodily functions using a stethoscope.
- Detect audible alarms generated by mechanical systems such as those that monitor bodily functions, fire alarms, call bells.
- Observe and collect data from recording equipment and measurement devices used in client care
- Communicate with client and members of the healthcare team in person and over the phone in a
 variety of settings, including isolation and the operating room where health team members are
 wearing masks and there is background noise.
- Detect foul odors of bodily fluids or spoiled foods.
- Detect smoke from burning materials.
- Detect changes in skin temperature.
- Detect unsafe temperature levels in heat-producing devices used in client care.
 Detect some anatomical abnormalities, such as edema, or infiltrated intravenous fluids.
- · Feel vibrations such as an arterial pulse.

Behavioral:

- Demonstrate emotional stability to function effectively under stress and adapt to changing environments.
- 2. Maintain effective, mature, and sensitive relationships with others.
- 3. Examine and modify one's own behavior when it interferes with others or the learning environment.
- 4. Possess attributes that include compassion, empathy, altruism, integrity, honesty, responsibility and tolerance.

Examples of learning activities found in the course and related to industry standards:

- Exercise judgment, meet acceptable timeframes for client care delivery (acceptable timeframes
 are reflected by ability to carry out the usual client care assignment for a particular point in the
 course within the allotted clinical time), work effectively under stress, and adapt to rapidly changing
 client care environments.
- Accept accountability for actions that resulted in client care errors.
- Deal effectively with interpersonal conflict if it arises; maintain effective and harmonious relationships with members of the healthcare team.

Nursing Assistant Student Information Form Umpqua Community College Original – To be submitted with registration documents

documentation 3 weeks prior to the first day of class.	it this signed form with the following			
UCC student identification number (800 number) Documentation (copy of unofficial transcript or copy of test scores) for placement in RD 90, MTH 20, WR 90				
Criminal Background Clearance Letter (keep proof of receipt/payment)				
Documentation of required immunizations: TB, MMR, He	epB, Varicella, and Tdap			
Copy of signed Healthcare Provider CPR card taken with	nin the last 12 months			
NOTE: Incomplete documentations will n	ot be accepted.			
*** Low enrollment may require cancelation of class. Student will be notified! ***				
Criminal Background clearance letter must be submitting to No Assistant no later than 3 WEEKS before the first day of class. check you will not be accepted into the course.				
A Drug Screen must also be completed to enter the course. Th will provide this form.	e Nursing Administrative Assistant			
I certify that I have accessed and read the link to the Oregon State Board of Nursing and Aging and People with Disabilities (APD) regulations and understand that any of the crimes documented here could disqualify me from being eligible for this course.				
I also understand that the Oregon State Board of Nursing (OSBN) may deny my application for certification as a nursing assistant based on the following: The results of my criminal background check My failure to provide complete and truthful information on my application to test				
I understand that the OSBN requires applicants for certification to provide fingerprints in order for OSBN to conduct a national criminal history record check. This will be a part of the process when I apply to test.				
I also understand that I will be required to undergo a drug test.				
Signature	Student ID # (800 #)			
Printed Name	Daytime Phone #			
Address	City, State, Zip			

Email Address

Nursing Assistant Student Information Form Umpqua Community College Student Copy – Please retain for your re cords

To enroll in the UCC Nursing Assistant course, please submit documentation 3 weeks prior to the first day of class.	this signed form with the following				
UCC student identification number (800 number) Documentation (copy of unofficial transcript or copy of test scores) for placement in RD 90, MTH 20, WR 90					
Criminal Background Clearance Letter (keep proof of rece	Criminal Background Clearance Letter (keep proof of receipt/payment)				
Documentation of required immunizations: TB, MMR, Hep	Documentation of required immunizations: TB, MMR, HepB, Varicella, and Tdap				
Copy of signed Healthcare Provider CPR card taken withi	n the last 12 months				
NOTE: Incomplete documentations will no	t be accepted.				
*** Low enrollment may require cancelation of notified! ***	f class. Student will be				
Criminal Background clearance letter must be submitting to Nu Assistant no later than 3 WEEKS before the first day of class. I check you will not be accepted into the course.	rsing Administrative f you do not pass the background				
A Drug Screen must also be completed to enter the course. The will provide this form.	Nursing Administrative Assistant				
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Signature	Student ID # (800 #)				
Printed Name	Daytime Phone #				
Address	City, State, Zip				

Email Address