




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 cancellation of class. Students will be contacted!!\*\*\***

<p><b>Estimate Cost of Class:</b> <b>\$1,115.50</b></p>	<p><b>Tuition - \$940.50, Non-Refundable Fee - \$175.</b> Estimate Cost of Class: \$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.</p>
<p><b>Additional Costs:</b> <b>Variable</b></p>	<p><b>Oregon State Board of Nursing Test for Certification - \$106 Fingerprinting for OSBN - \$52</b>  <b>Criminal Background Check – approx. \$45</b>  <b>Drug Screening - \$45</b>  <b>Healthcare Provider Training and immunizations – (costs vary)</b>  <b>Textbooks &amp; Clinical Supplies – approx. \$200</b></p>
<p><b>Directions:</b> Submit the following documentation to the office of the Nursing Dept. Administrative Secretary located in HNSC 114 to reserve a spot.</p> <p>This is a limited-enrollment consent course. Only 10 students are accepted on a first come, first serve basis.</p> <p><b><u>Only complete documents will be accepted.</u></b></p> 	<ol style="list-style-type: none"> <li><b>New students</b> (16 yrs. of age or older) must apply to UCC for Admission. <a href="http://www.umpqua.edu/getting-started">http://www.umpqua.edu/getting-started</a></li> <li><b>Nursing Assistant Student Information Form</b> (see attached)</li> <li><b>Proof of Course Placement</b> – A copy of the applicant's placement test scores indicating reading skills at Reading 90 or higher, Writing 90 or higher, and Math 20 or higher. Alternatively, a copy of the applicant's transcripts (Official or Unofficial) that confirms that the applicant has completed courses at or above these placement scores.</li> <li><b>Copy of Healthcare Provider CPR Certification</b> – CPR card must be valid. Training must have been completed within the last year.</li> <li>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.</li> </ol> <p><b>All required information must be complete and submitted 3 WEEKS prior to the first day of class to the Nursing Department Administrative Assistant.</b></p>

<p><b>Criminal Background Check &amp; Drug Screen</b></p>	<p>The criminal background clearance letter must be submitted to the Nursing Department Administrative Secretary 3 WEEKS prior to the first day of class. <b><i>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.</i></b> 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:</p> <p><a href="https://secure.sos.state.or.us/board/view.action?ruleNumber=851-001-0115">https://secure.sos.state.or.us/board/view.action?ruleNumber=851-001-0115</a></p> <p>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.</p> <p>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.</p> <p>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.</p>
<p><b>Immunizations</b></p>	<p><b>Immunizations</b> – <u>COPIES</u> of ALL required immunizations must be provided. (See attached immunization flyer for specific details.)</p>
<p><b>Skills/Clinical Requirements</b></p> <p><b>Needed by the first week of class</b></p>	<p><b>Uniforms:</b> 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.</p> <p>You will be provided information regarding UCC's refund policy, the student procedures handbook, syllabus, and schedule on the first day of class.</p>
<p><b>Course Registration and Payment</b></p>	<p>Student must register and pay for the course using the form given by the Nursing Administrative Secretary that indicates course record number (CRN).</p>

<p><b>Technical Standards</b></p>	<p>Students must meet the requirements for the Technical Standards for the Nursing Assistant Course. (see attached)</p>
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<p><b>Course Attendance Time Commitment</b></p> <p><i>Attendance at every class, clinical session, and skills lab is a requirement to pass the course!</i></p>	<p>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.</p>
<p><b>Accessibility Services</b></p>	<p>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) 440-4610 or Oregon Relay 1- 800-735-2900 or by email <a href="mailto:danielle.haskett@umpqua.edu">danielle.haskett@umpqua.edu</a>. Additional information can be found on the UCC website: <a href="http://umpqua.edu/accessibility-services">http://umpqua.edu/accessibility-services</a></p>

**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](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 REQUEST

### 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:

1. 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-checks/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).

2. 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 ONLY be mailed to the SUBJECT OF INQUIRY.

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.\*\*\*



**Nursing Assistant  
TB Screening and Immunization Requirements**

**Student Name:** \_\_\_\_\_

**Directions: Attach this cover sheet with copies 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**
  - TB skin test should be completed **before** receiving Varicella and MMR vaccines
  - 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, Mumps, Rubella (MMR) Vaccine – Required**
  - Administer after TB skin test is complete
  - Proof of two doses of MMR or a positive titer
  - 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
  - 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**
  - 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**
  - Proof of vaccination within the last 10 years. May be given at an interval shorter than 10 years.
  
- 6. Flu Vaccine – Recommended**
  - 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/Gettingimmunized/Pages/non-medical-exemption.aspx>