Central Oregon Community College
Nursing Assistant Program

Students can register if they will be 18 prior to the start of Clinicals. Contact the Nursing Department for specific details

NUR103 – Nursing Assistant
Completion of below checklist due **Monday** before the start of term. Academic calendar

☐ Required proof of immunizations (more information see page 2)
  ☐ Hepatitis B - 3 vaccine series **or** adult 2 vaccine series (Heplisav-B, HepB-CpGG) **or** positive blood titer
  ☐ MMR – 2 vaccines **or** a positive blood titer
  ☐ Varicella – 2 vaccines **or** a positive blood titer
  ☐ Tuberculosis test (blood test only) showing negative results
  ☐ Tetanus, Diphtheria, Pertussis (Tdap) – 1 vaccine within the last 10 years
  ☐ Influenza vaccine – September to March only
  ☐ Covid-19 vaccine- see information on next page

☐ Open a Verified Credentials account at http://scholar.verifiedcredentials.com/ cocc

  ☐ Pay/Complete Background Check, Drug Screen, & Additional Requirements in VCI

  ($137) – code is KMTCV-68287

☐ Open a My Clinical Exchange (mCE) account at https://myclinicalexchange.com

Click this link to find additional information on creating and linking your accounts.

    Cost - $39.50 for 12 months, $20.00 for 6 months

  ☐ Sync mCE to VCI (Qualified First) account
  ☐ Upload BLS, photo, and fill out all required information
  ☐ Sign required documents

 ☐ Proof of American Heart Association BLS Provider certification emailed to Daura Bowman - dbowman2@cocc.edu

 ☐ Technology requirement – Free Office365 programs like word and power point

  https://www.cocc.edu/departments/its/computer-labs/office-365.aspx

If you already have a VCI account and/or a mCE account from a previous course, please contact the nursing department administrative assistant or the nursing assistant program director immediately as you should not have to create another account.

If you are wait listed, be prepared to start the above process when notified by the administrative assistant or program director.

	Immunizations/Screening for Nursing Assistant Students The Oregon Health Authority requires the following immunizations and screening. Only medical exemptions are accepted.*
Hepatitis B Titer	Documentation of 3 vaccine series **OR** Documentation of adult 2 vaccine series (Heplisav-B, HepB-CpGG) **OR** Positive blood titer (Hepatitis B surface antibody test) **OR** **If** you have not had the Hepatitis B vaccine, **then** the series must be started as follows: • 1st dose before 1st day of class • 2nd dose 1 month after the 1st dose • 3rd dose 6 months after the 2nd dose (only if doing 3-dose series)
MMR Vaccine (measles, mumps, rubella)	Documentation of 2 MMR vaccinations at least 4 weeks apart **OR** Series in progress: • 1st dose before 1st day of class • 2nd dose at least 4 weeks after the 1st dose and before clinical. **OR** Results of Measles, Mumps, & Rubella titers showing immunity* *if any titer is negative or equivocal, a booster or completion of the vaccine series is required.
Varicella Vaccine	Documentation of 2 doses of Varicella vaccine at least 4 weeks apart. **OR** Results of Varicella titer demonstrating immunity **OR** Series in progress: • 1st dose before 1st day of class • 2nd dose at least 4 weeks after 1st dose
Tdap	Documentation of 1 dose of Tetanus, Diphtheria, and Pertussis (Tdap) after 18 years old **and** documentation of Td or Tdap booster if it has been more than 10 years since your last Tdap dose.
TB Test	Documentation of either a Quantiferon Gold **OR** a T-Spot blood test within 2 years of the last day of class. *Students with a past positive TB test must provide documentation of the test and follow-up chest x-ray and treatment. This is required by the 1st day of class.
Influenza Vaccine	Influenza vaccine required for those attending clinical September 15 through March 31.
Covid-19 Vaccine	If not previously vaccinated, documentation of one Pfizer or Moderna bivalent dose, or two Novavax doses. If previously vaccinated, documentation of one Pfizer or Moderna bivalent dose as a booster

ATTENDANCE REQUIRED FOR ALL REGISTERED AND WAITLISTED STUDENTS THE 1st DAY OF CLASS.

You must attend mandatory orientation on the first day of class and arrive on time to retain your seat in NUR 103. College policy requires the program director to withdraw any student who is absent from class during the first week. If you will be absent or late for any class day during the first week, please email the Nursing Assistant Program Director prior to that class to avoid being administratively withdrawn.

The Oregon State Board of Nursing requires 100% completion of ALL CLASS HOURS for successful completion of this course. Makeup time for absence is limited. Please plan accordingly.

Background Check

VCI is the ONLY vendor authorized by COCC to perform a student background check. We WILL NOT accept a background check from any other vendor.

See rules from Oregon DHS and OSBN regarding background checks and convictions that may result in denial or disqualification or certification or clinical placement:

- Oregon Department of Human Services criminal history requirements and policies located in Division 7 relevant to Nursing Assistant programs, levels 1 and 2, are located at: **https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OARD=6uvulRyE8-Q0Gt_fu8WfXjAVrSEu1VO9nmOBGvtT1FD8etvcSQFr!-1969788327?selectedDivision=1626; specifically, OAR 407-007-0200 to 407-007-0640**

- Oregon Board of Nursing's criminal history requirements and policies found in Division 1 of the Nurse Practice Act (851-001-0115) located at: **https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=215762**

Community partners must approve clinical attendance for any student who has a discrepancy on their background check.

Most community partners will consider background discrepancies on a case-by-case basis. Their criteria for approval is likely to consider Equal Employment Opportunity Commission (EEOC) "Green Factors," which state that employers must carefully consider the following:
1. The nature and gravity of the offense or conduct
2. The time that has passed since the offense or conduct and/or completion of the sentence
3. The nature of the job held or sought
In addition to EEOC guidelines, community partners may consider
- Passage of time since commission of the crime
- Age of the individual at the time of the crime
- The likelihood of a repetition of the offense(s)

- Whether the conviction was set aside
- Letters of support that supply evidence of the individual's current character

Some clinical partners have reported that they will also consider
- Conduct since the commission of the crime
- Completion of conditions set forth during sentencing
- The number of offenses
- Evidence that the individual has worked post-conviction with no known incidents of criminal conduct
- Length and consistency of employment history before the offense • Efforts toward rehabilitation

If you have a discrepancy in your clinical background check, please contact the Nursing Department. We recommend that you be ready to describe the numbered items above. We also recommend that you seek a character reference from someone who can attest to your current conduct. The Department will include these materials when they submit your background materials to our community partners.

10 Panel Urine Drug Screen

VCI is the ONLY vendor authorized by COCC to perform student, 10-panel drug screens. We WILL NOT accept a drug screen from any other vendor.

Registered students must submit to a urine drug screen **at the testing lab designated in your instruction letter** no later than the indicated due date. This must be initiated before the start of class. Screening is performed for the following drugs:

- Amphetamines including Methamphetamines
- Barbiturates
- Benzodiazepines
- Marijuana
- Cocaine
- Methadone
- Methaqualone
- Heroin
- Opiates
- Phencyclidine
- Propoxyphene

If you have a prescription from your health care provider for an amphetamine to treat attention deficit disorder, or benzodiazepine to treat a chronic anxiety disorder, you must present a letter from your health care provider, on clinic letterhead, stating the need for the drug.

Letter of Agreement for Departmental/Instructor Approval

Please initial each statement.

_____ I understand, as a registered or waitlisted student, that I must initiate my criminal history check, 10 panel drug screen, and upload documentation of all required immunizations by **the Monday before the start of term**. Failure to have completed VCI and My Clinical Exchange requirements will result in administrative withdrawal from NUR 103.

_____ I have received and reviewed the Oregon Department of Human Services criminal history requirements and policies located in Division 7. 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. (Both websites are given within the body of this document.)

_____ I understand that I must have an American Heart Association BLS Provider CPR card valid through the completion of the term in which I am enrolled. I must provide a photocopy of both sides of the signed card, or e-card, to the Nursing Department Administrative Assistant in HCC 357 on or before **the Monday before the start of term**.

_____I understand that the Nursing Department will not accept document originals and copies cannot be made in the department office.

_____I understand that the classroom instructor will not accept my required documents on the first day of class and that they have to be uploaded into VCI and My Clinical Exchange on or before **the Monday before the start of term**.

_____ I understand that I must attend the mandatory orientation on the first day of class to retain my seat in the program or if I am waitlisted, to be considered for an open seat.

My initials and signature indicate that I have received, read, understand, and will comply with the requirements for the Nursing Assistant Class if I am SUCCESSFUL in registering for NUR 103. I also understand that I will be administratively withdrawn from the class if I do not meet the outlined requirements for class attendance.

Student Signature: _____Date: _____

Print Name: _____COCC ID: _____

Return signature page to Administrative Assistant, dbowman2@cocc.edu