



Central Oregon Community College
2600 NW College Way, Bend, Oregon 97703
Nursing Assistant Program

NUR104 – Certified Nursing Assistant 2

Complete items on checklist the 1st day of term. [Academic calendar](#)

- Required proof of immunizations (more information see page 2)
 - Hepatitis B titer (blood test) showing positive
 - 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 – 1 vaccine within the last 10 years
 - Influenza vaccine – September to March only

- Open a Verified Credentials account (if you don't already have one) at:
<http://scholar.verifiedcredentials.com/cocc>
 - Pay/Complete Background Check/Drug Screen/Immunizations in VCI (\$120) – code is BBMTV-26788The above immunization records must be uploaded here.

- 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 - \$36.50
 - Connect mCE to VCI (Qualified First) account
 - Sign required documents

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

- Technology requirement – Free Office365 programs like word and powerpoint
<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	<p>Documentation of Hepatitis B surface antibody test (titer) showing positive immunity*, obtained within one year.</p> <p>*If the titer is negative then a 2nd series must be completed.**</p> <p>If you have not had the Hepatitis B series, then the series must be started according to the schedule below:</p> <ul style="list-style-type: none"> • 1st dose before 1st day of class • 2nd dose 1 month after the 1st dose • 3rd dose 6 months after the 2nd dose • Titer 1 month after the 3rd dose <p>**If the titer is still negative after the 2nd series the student will be considered a non-responder and will require no further action.</p>
MMR Vaccine (measles, mumps, rubella)	<p>Documentation of 2 MMR vaccinations at least 4 weeks apart</p> <p>OR</p> <p>Series in progress:</p> <ul style="list-style-type: none"> • 1st dose before 1st day of class • 2nd dose at least 4 weeks after the 1st dose and before clinical. <p>OR</p> <p>Results of Measles, Mumps, & Rubella titers showing immunity*</p> <p>*if any titer is negative or equivocal a booster or the vaccine series must be completed.</p>
Varicella Vaccine	<p>Documentation of 2 doses of Varicella vaccine at least 4 weeks apart.</p> <p>OR</p> <p>Results of Varicella titer demonstrating immunity</p> <p>OR</p> <p>Series in progress:</p> <ul style="list-style-type: none"> • 1st dose before 1st day of class • 2nd dose at least 4 weeks after 1st dose
Tetanus	<p>Documentation of 1 time dose after 18 years old</p> <p>Tetanus must be within the past 10 years</p>
TB Test	<p><input type="checkbox"/> Documentation of either a Quantiferon Gold or T-Spot blood test within 1 year of the last day of class .</p> <p>*Students with a past positive TB test must provide documentation of the test and follow-up chest x-ray and treatment must be completed by the 1st day of class.</p>
Influenza Vaccine	<p>Influenza vaccine required for those attending clinical September 15 through March 31.</p>

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 104. 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.

Please be advised that Division 1 of the Oregon Administrative Rules advises that the Oregon State Board of Nursing views the following crimes as ones that are "**likely to result in denial**" unless there are significant mitigating circumstances" (OAR 851-001-0115):

- Aggravated murder
- Murder
- Rape 1
- Sodomy 1
- Unlawful sexual penetration
- Sexual Abuse

It also states that the following crimes and/or criminal offender information may be "**potentially disqualifying**":

- All Felonies.
- All misdemeanors.
- Any U.S. military crimes or international crimes.
- Sex offender registration
- Conditions of parole, probation, or diversion program
- Unresolved arrest, charge, pending indictment or outstanding warrant

Community partners may also consider the instances listed above as "likely to result in denial" or "potentially disqualifying."

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, the OSBN will 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.

- 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=6uvuIRyE8-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 located at: <https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=215762>

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. Screening will be performed for the following drugs:

- Amphetamines including Methamphetamines
- Barbiturates
- Benzodiazepines
- Opioids
- Marijuana
- Heroin
- Methadone
- Phencyclidine

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 **1st day of term**. Failure to have completed VCI and My Clinical Exchange requirements uploaded will result in administrative withdrawal from NUR 104.

_____ 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 1st day 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 1st day 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.

_____ I understand that I have to present verification of my CNA-1 certificate to receive instructor clearance.

CHECK ONE OF THE FOLLOWING:

- I am a Nursing Assistant Certificate Program student (College certificate – approx. 9mos).
- I am registering for a one term Certified Nursing Assistant 2 Class.

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 104. 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: _____