



**Central Oregon Community College Nursing Department
2600 NW College Way, Bend, Oregon 97703
Instructions for Department/Instructor Clearance and Registration**

PRE-REGISTRATION AND DEPARTMENTAL CLEARANCE IS REQUIRED EACH TIME YOU REGISTER FOR NUR 103 (NURSING ASSISTANT) OR NUR 104 (CNA2).

Step 1: If you are a current COCC student proceed directly to Step 2. If you are not a current student, enroll as a COCC student. Prior to registering for NUR 103 or 104, new students must apply to the College, complete placement testing, and transfer other college transcripts (if applicable). For more information, see the College's "Getting Started" website: <http://www.cocc.edu/getting-started>.

Step 2: Obtain departmental clearance for registration from the Nursing Department Administrative Assistant in HCC 357. Pick up a pre-registration packet at HCC 357 or download it at: <https://www.cocc.edu/nursing/nursing-assistant/>.

Read the information contained in this pre-registration packet carefully.

RETURN THE INITIALED AND SIGNED PRE-REGISTRATION AGREEMENT TO THE NURSING DEPARTMENT ADMINISTRATIVE ASSISTANT AT LEAST 3 DAYS BEFORE YOUR ASSIGNED REGISTRATION. You CANNOT register for the class until the Nursing Department Administrative Assistant receives the initialed, signed, pre-registration agreement and clears you in the registration system.

Step 3: Register for NUR 103 ONLY after you have received Nursing Department clearance.

If registering for NUR 104, you will need both Nursing Department clearance AND instructor clearance, and you must present your CNA1 verification along with your signed pre-registration form.

Step 4: AFTER you are registered in the class, you will receive instructions to your **COCC email** on how to begin your criminal history check, urine drug screen, and immunization verification through an online service called Verified Credentials, Inc. (VCI). The deadline for initiating these requirements is the **Friday prior** to the course start date. You may not attend class until you have initiated these requirements. Students who do not meet the established deadline will be withdrawn from the class.

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 or 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.

You will be administratively withdrawn from the class if your proof of immunizations, criminal history check and urine drug screen **are not completed by the 2nd Friday after the start of class**. The instructor will NOT accept your required paperwork, these have to be uploaded into Verified Credentials.

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

Criminal History (Background) Check

DO NOT initiate your Background check until you have received the VCI access codes and letter of instruction from the Nursing Assistant Program. You have to initiate a Background check prior to the first day of class or you will be administratively withdrawn.

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 851-011-0115):

- 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 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 http://arcweb.sos.state.or.us/pages/rules/oars_400/oar_407/407_007.html.
- Oregon Board of Nursing's criminal history requirements and policies found in Division 1 of the Nurse Practice Act located at http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_851/851_001.html.

10 Panel Urine Drug Screen

DO NOT initiate your urine drug screen until you have received the VCI access codes and letter of instruction from the Nursing Assistant Program.

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.

Immunization Verification

Please see table below for required immunizations and accepted verifications for immunity. DO NOT try to upload immunizations until you have received the VCI access codes and letter of instruction from the Nursing Assistant Program. You will receive the instruction letter with VCI access codes, for initiating your immunization upload with Verified Credentials.

VCI is the only vendor authorized by COCC to perform student immunization uploads. We WILL NOT accept paper copies of your immunizations.

The following immunizations and screenings are required by the Oregon Health Authority Standardized Administrative Rule 409-030-0100 for healthcare providers. Only medical exemptions are accepted.

Hepatitis B Titer	<input type="checkbox"/> Documentation of Hepatitis B surface antibody test (titer) showing positive immunity*, obtained within one year. <i>*If the titer is negative then a 2nd series must be completed.**</i> If you have not had the Hepatitis B series, then the series must be started according to the schedule below: <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 <i>**If the titer is still negative after the 2nd series the student will be considered a non-responder and will require no further action.</i>
MMR Vaccine	Documentation of 2 MMR vaccinations at least 4 weeks apart

(measles, mumps, rubella)	<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 component titer is negative, 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
Tdap (tetanus, diphtheria, pertussis)	<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>

CPR Certification

The only acceptable CPR certification for the COCC Nursing Assistant Program is the **AMERICAN HEART ASSOCIATION BLS PROVIDER CARD**, which used to be called the Healthcare Provider Card.

You will need a copy of both sides of a signed, current BLS Provider CPR card, or e-card, valid through the end of the term in which you are enrolled.

DO NOT PUT THIS OFF! American Heart Association BLS Provider classes at COCC and in the community are limited.

Letter of Agreement for Departmental/Instructor Approval

_____ 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 or before the 1st day of class with Verified Credentials, Inc. (VCI). Failure to initiate the background **check before the 1st day of class** or complete VCI requirements before the **2nd Friday after the start of class** will result in administrative withdrawal from NUR 103 or 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 the document received.)

_____ 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 **2nd Friday after the start of class**.

_____ 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 by the **2nd Friday after the start of class**.

_____ 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.

_____ (*NUR 104 only*) I understand that I have to present verification of my CNA certificate to receive instructor clearance.

CHECK ONE OF THE FOLLOWING:

- I am a Nursing Assistant Certificate Program student (approximately 9 months).
- I am registering for a one term Nursing Assistant or 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 103 or 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: _____