



Due to the Covid-19 pandemic, **ALL STUDENTS** are required to follow CDC and public health guidelines including social distancing, wearing a face covering and participating in frequent hand-washing. Please bring a mouth/nose covering to class for your personal use. Our training center has additional screenings prior to class [per EMT Covid-19 policies]

**\*\*Proof of COVID-19 vaccination is required [CDC guidelines]**

# NURSING ASSISTANT

## 2023

# REGISTRATION

# PACKET

Fill out packet per instructions and make an appointment with EMT Associates to submit your **COMPLETED** packet, documentation & payment

[CNAInfo@emtassoc.comcastbiz.net](mailto:CNAInfo@emtassoc.comcastbiz.net)

541-844-1328

**ALL REQUIREMENTS MUST BE COMPLETED BY DEADLINE**

**WRITE IN BLACK INK ONLY**



# WELCOME

Thank you for choosing **EMT Associates** for your Nursing Assistant Course

Here are some items that may be helpful to you in preparing to register for this course

## Class Times:

Please come to register with **EVERYTHING** listed on the checklist no later than 3:45pm on the registration deadline. If you need to obtain a Two Step PPD [TB Skin Test], please let us know ahead of time and we will arrange for you to have the test performed here at EMT Associates your first week of class

**Clinical Scrub requirements** are black or navy blue pants and a maroon top. Your maroon scrub top is included with your tuition

**Classroom temperature is variable** — so dress in layers. There are coffee shops and restaurants within walking distance

**\*\*Clinicals begin after classroom completion. It could be a day or evening schedule for 8 hours or 10 hour shifts; as it will depend on the clinical sites availability. Therefore it is IMPORTANT for you to allow your schedule for an additional 2 days beyond the scheduled dates\*\***

**Please be aware class will be canceled if less than 4 students register.** This is rare, but we want students to know of the possibility in advance. A full refund will be given if we cancel

We hope this will be a great experience for you in furthering your career... We look forward to meeting you!

## Below are contact numbers for any question of concerns:

NA Program Director	JoEllyne Howerton	541.968.4594	BillJoEllyne@icloud.com
NA Program Coordinator NA	Skorpiaa	541.525.3602	Skorpiaa.N@emtassoc.comcastbiz.net
Clinical Instructor	Courtney	503.810.4381	

***Welcome To Class On Behalf Of EMT Associates!***



**From I-5:** Take exit 195-A. Stay in the far right hand lane. At the Gateway Street light turn right. Follow Gateway Street to the second light and turn right. This will put you on Gateway Loop. Gateway Office Plaza is the 4th driveway on the right, in front of Selectemp. Follow the driveway straight back and to the left.

**From Beltline HWY E:** Follow Beltline to the end. Get in the far right hand lane. At the Gateway Street light turn right. Follow Gateway Street to the second light and turn right. This will put you on Gateway Loop. Gateway Office Plaza is the 4th driveway on the right, in front of Selectemp. Follow the driveway straight back and to the left.

**Parking:** Students may park in the Gateway Office Plaza parking lot  
*On weekends enter through the door on the West side of the building [backdoor]*



# EMT ASSOCIATES

## Registration for

### ***NURSING ASSISTANT***

**INTENDED COURSE START DATE:** \_\_ / \_\_ / \_\_

#### STUDENT INFORMATION

Last Name:		First Name:		M.I.	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth:	Age:	SSN:			
Current mailing address:					
City:		State:		ZIP Code:	
Home Phone:		Cell Phone:		Other Phone:	
E-Mail Address:					
Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, How long have you lived in the us?			Have you lived outside of the state of Oregon for 6 months or more in the last two years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is English your Primary Language? <input type="checkbox"/> Yes <input type="checkbox"/> No If English is your secondary language, what is your primary language?					
Race / Ethnicity [Optional]: <input type="checkbox"/> Hispanic or Latino or Spanish Origin <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian			<input type="checkbox"/> I Prefer not to answer <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Caucasian <input type="checkbox"/> Black or African American		

#### EMERGENCY CONTACT INFORMATION

Emergency Contact 1:			
Last Name:	First Name	Phone:	Relation:
Emergency Contact 2:			
Last Name:	First Name:	Phone:	Relation:

#### EMPLOYMENT INFORMATION

Employer Name:			
Employer Name address:			
City:	State:	ZIP Code:	Phone:

#### OTHER INFORMATION

Please print your name as you wish it to appear on your certificate:	
How did you hear about us?	



## REGISTRATION REQUIREMENTS

1. Go to **Any Lab Test Now** located at 977 Garfield St. #6, tell them you are applying to EMT Associates Nursing Assistant Course and need a background check [including a FACIS report], and drug screen: **Cost \$95**
2. **Government issued ID**, and **Health Insurance Card**. If you do not have insurance please visit one of the following links:  
<http://www.oregon.gov/OHA/healthplan/Pages/index.aspx> <https://www.healthcare.gov/>
3. **Vaccination Records:**
  - **TB Test** *[1 of the following is acceptable prior to start of class]*
    - \* **Skin Test** [performed within 3 months of class]
    - \* **Quantiferon blood serum** [results within 1 year of class]
    - \* **Chest X-ray** [report within 6 months of class]
  - **Hep B** [series]
  - **MMR**
  - **Flu** [current season]
  - **Tdap** [within 10 years]
  - **Varicella**
  - **\*\*COVID-19** [Johnson & Johnson, Moderna, or Pfizer]
4. At least one set of scrub bottoms [black or navy]
5. You will also need a watch with a second hand



977 Garfield St, #6  
Eugene, OR 97402  
Phone: 541.343.2398  
Fax: 541.344.4597



**Drug Screen and Background Check Policy**  
**Take this page of your packet with you to Any Lab Test Now**

---

Call For Current Pricing and to Verify Hours  
Hours of Operation: Monday - Friday 10a - 6p

**Per EMT Policy - Results will ONLY be accepted directly from the lab**

## **REQUIRED BACKGROUND & DRUG SCREENINGS**

### **10 Panel Urine Screen Including:**

- ✓ Amphetamines
- ✓ Cocaine
- ✓ Methadone
- ✓ Propoxyphene
- ✓ Opiates
- ✓ Cannabinoids
- ✓ Barbituates
- ✓ Methaqualone
- ✓ Benzodiazepines
- ✓ Phencyclidine

### **Criminal Background Check must include:**

- ✓ National Criminal Background Check
- ✓ State and County Criminal Background Check
- ✓ **GSA** (General Services Administration : *Excluded Parties List System*) & and **OIG** (Office of the Inspector General: *List of Excluded Individuals/Entities*)
- ✓ Social Security Verification and Trace
- ✓ FACIS
- ✓ Professional License Certification/Verification (if Applicable)

**Drug Screenings & Background Checks must be within 30 days of class... NO EXCEPTIONS**



## Tuition & Class Fees

Clients are responsible for all fees for the course [all fees [some optional], listed below]

Upon receiving final payment, EMT will provide each student with a receipt that includes a line-item breakdown of all fees

Long-Term Care Center Reimbursement Form will be given to each student on the first day of class [This form is applicable to all self-pay students]

Tuition	Tuition includes <i>non-refundable registration fee</i> , Hartman textbook & workbook, AHA Basic Life Support CPR, 1 surgical mask daily for class	\$1,200

State Exam Fee	Due the last day of Clinical Practice	\$106
Fingerprinting Fee	Livescan Fingerprints	\$70.50
Drug/Criminal	Drug Screen and Criminal Background Check	\$115

### Supplies for Skills Lab/Clinical Practice site: Optional

Supplies	Gait Belt	\$20
	Stethoscope	\$45
	Vaccines & TB skin test approx cash price w/ Doctor or Pharmacy	\$250
	TB administered at EMT Associates or Lab	\$25

Scrub Top	Included in cost of tuition EMT Associates	
	<i>[Scrub top sizes 2x and larger may cost more depending on the vendor]</i>	



# EMT Associates

## Day 1: Introduction – students & staff

Review Notebook, OSBN Handout, Guidelines, Policies  
Expectations, Headmaster Candidate Handbook,  
Overview Textbook, Workbook, Resources

Ch 1: Nursing Assistant Long Term Care

Ch 2: Ethical & Legal Issues

Ch 3: Communication Skills

DVD #1: Pt. & Residents Rights & Communications

Ch 4: Communication Challenges

---

Ch 6: Infection Prevention

Chain of Infection Handout DVD #2:  
Infection Control

Skills: Handwashing, Gloves-Gown-Mask  
Review bed brakes & rails

Read: Chap 1-6, 13, 19, 20  
Workbook Chapter 6 due Wed

## Day 2: Quiz Ch 1, 3

Ch 5: Diversity, Human Needs, Development  
Maslow Hierarchy Handout

Ch 13: Vital signs PPT  
DVD #6 [if not done day 1]

Ch 19: Cardiovascular PPT

Ch 20: Respiratory PPT  
Review O<sub>2</sub>, SpO<sub>2</sub>

Skills: O<sub>2</sub>: n/c, mask. Portable, wall, concentrator, SpO<sub>2</sub>  
Skills: T\*P\*R\*, BP\*, TED\*, Lateral position\*  
Handwashing, review bed brakes & rails

Read: Chap 15, 16





**Day 3:** Quiz Ch 19 & 20 Ch 6 Workbook due

Ch 15: GI

DVD # 10 Assisting with Urinary & Bowel Elimination Equip  
for enema, 2 piece ostomy care

Ch 16; Urinary System

Equip for Texas Cath, Leg Bag

Skills: **Big 5**

**\*Cath Care on Male with handwashing**

**\*Male Peri Care, change brief, with handwashing**

**\*Bedpan & output with handwashing**

**\*Empty Urinary Drain Bag with Gown Gloves, handwashing**

**\*Female Peri Care with handwashing**

Gloves Gown Mask

Read Ch 10, 12 Read Ch 7, 11, 14, 21

Quiz tomorrow Ch 15, 16, Workbook Ch 7 due

*Choose presentation Topics*

**Day 4:** Quiz Ch 15, 16 [GI, GU] Ch 7 Workbook Due

Ch 14: Nutrition & Fluids

DVD #9

Ch 21: Musculoskeletal

MS PPT

“Adapt It”: use of crutches, cane, walker Ch

7: Safety & Body Mechanics

DVD #12: Pt & Resident Safety Skills:

soft restraints & daisy chain

Ch 11: Positioning, Moving, Lifting

DVD #4: Transfers

Hoyer, Slider board, lift transfer,

DVD #3: Positioning, Lifting Reposition

in bed, Reposition in WC

If time allows: DVD #7 Grooming

Read Ch 10



## Day 5: Skills Day

DVD # 11: Exercise

DVD #5: Bedmaking [textbook Ch 10]

Ch 12: Personal Care – Show DVD only

DVD#7: Cleanliness & Hygiene [EXCEPT comatose oral care]

Skills: \*Occupied Bedmaking, \* Transfer W/C to Bed, \* Transfer Bed to W/C ROM

Shoulder, \*ROM Hip & Knee, \* Mouth Care, \*Denture Care,

\* Mouth Care of Comatose [lateral recumbent], \*Ambulation with Walker,

\* Ambulation with Gait Belt, \* Partial Bed Bath, \* Fingernail care,

\* Foot Care, \*Female Peri Care [if not already done],

[BPs: Orthostatic, lower arm, thigh, lower leg]

Read Ch 22, 25, 17 Workbook

Ch 13 due Monday

## Day 6: Quiz Ch 21, Workbook Ch 13 due!

Ch 17 Reproductive

Ch 22 Nervous System PPT

Vocab, Act FAST dvd

DVD #13: Caring for People with Dementia

Ch 25 Rehab & Restorative

“Adapt It” online videos

prn DVD #7 Skills: prn

Read Ch 18, 23, 24

## Day 7: Quiz Ch 22

Ch 18: Integumentary

Ch 23: Endocrine

Ch 24: Immune & Lymphatic & Cancer

Skills: continued

Read: Ch 26, 27



**Day 8:** Quiz Ch 18, 23, 24 Ch 14 Workbook DUE

Ch 26: Sub Acute Care

Ch 27: End of Life Care

5 stages of grief

DVD #14: Death & Dying

Presentations: [10 min each]  
Skills catch-up

**Day 9:** Catch up day

CPR 0800-1200 Prep/

Review for Final Skills

**Day 10:** Final 0815-0945

**Skills**

3:30 Tour Clinical Site [dress nice]



## CANCELLATION POLICY

1. A non-refundable registration fee is required for all students
2. The remainder of the tuition, cpr, textbook, workbook, titers and/or vaccinations, background check, drug screen, electronic fingerprints, and state board testing fees will be the responsibility of the student
3. If a student must drop out of the class due to an Emergency Situation he/she may be placed in a later class if he/she chooses, and based on availability. **Cost of course will not be refunded**; the monies will be applied to a rescheduled Nursing Assistant course

**ONLY ONE RESCHEDULE WILL BE PERMITTED**

## **EMERGENCY SITUATIONS**

- a. Serious illness or injury that temporarily or permanently disables the student or a family member
  - b. Death of a family member
4. **If for any reason EMT cancels the class before the class starts all tuition fees paid by the student will be refunded** **This is the only circumstance under which a monetary refund will be issued**

## CREDIT / REFUND POLICY

1. Students who wish to terminate their enrollment [including voluntary withdrawals, illness] may be eligible for a course credit. Credits will be determined based on the schedule below. The withdrawal date is the last date of class attendance as verified by EMT Associates. faculty, or the date that the notice in writing is received by the NA Primary Instructor, Program Coordinator or Director

WITHDRAW SCHEDULE:
Withdraw 3 days prior to the start of class with a Written Notice
No refund will be made if you are dismissed from class for failure to follow EMT Associates program or clinical practice site policies

TUITION CREDIT
100%
0%

2. Tuition credits **WILL NOT** be granted once the student starts classes this includes failure of the student to:
  - a. follow EMT Associates program or clinical practice site policies
  - b. failure to pass classroom, skills lab, or clinical portion of the program. Refer to EMT Associates examination issues/student progress/course grading policy



## Refund Policy con't

- c. Failure to disclose critical information on the criminal background check forms.
  - d. Failure to pass the drug screen urinalysis [a student using medical marijuana is not suitable for this professional work due to the drug side effects]
  - e. Failure to pass the final exam after the second attempt. Refer to EMT Associates. examination issues/student progress/course grading policy.
  - f. Attendance in class, skills lab, or at the clinical practice site under the influence of alcohol or drugs, or participation in the distribution of alcohol or drugs.
3. No credits are available for absences. Make-up time may be arranged for valid reasons such as illness, a family emergencies or a prearranged absence. Refer to EMT Associates. attendance policy.
  4. Fees that will not be refunded are fees for, criminal background check, drug screening, vaccine records, vaccines, TB test, fingerprinting, watches, shoes, scrubs, stethoscope, gait belt, or other equipment purchased by the student for clinical practice.

## ATTENDANCE POLICY

Students are required to attend 100% of the 155 program hours per OSBN.

80 hours of classroom/skills lab combined

75 hours of clinical practice hours

Class, Skills Lab, and Clinical Hours at the Clinical Practice site are eight [8] hours a day. Each eight [8] hour day you will be scheduled for one 30 minute lunch break and two [2] fifteen [15 minute] breaks. It is the expectation of the nursing assistant program that you will return on time from your breaks.

**Clinical Hours may vary depending on the clinical practice site.**

You are expected to be on time for all classroom, skill labs, and clinical practice site hours.

A tardy includes being late or leaving early to class, skills lab, or during clinical hours at the clinical practice site.

Leaving any time during class, skills lab, or at the clinical practice site then returning which is beyond the time allowed for a break or lunch is considered time missed and is counted as a tardy.

Three [3] tardies equal one [1] absence.

If you miss more than 5 minutes you must make up your missed time as scheduled with your instructor [fees will apply]

In the event of a personal illness or emergency it is the student's responsibility to notify the clinical instructor and the EMT Associates. office prior to the start of class/skills lab or clinical hours at the clinical practice site.

Failure to comply with Attendance Requirements

The instructor will decide if a tardiness or absence is to be excused.

- i. An excused absence or tardiness will require you to schedule make-up time with your instructor. **The cost is \$50 per hour. Should you need to schedule make-up time; it will be your responsibility to pay. If you are being sponsored; please discuss with your Manager prior to scheduling or for information on reimbursement**



## Attendance Policy con't

- ii. ***If a student misses more than two [2] days of class time [excused time] he/she may be placed in a future class without additional charge at the approval of the EMT Associates Program Director, NA Program Coordinator or the Owner of EMT Associates***
- iii. Excused absences are illnesses of self or a child, or severe injury or death in a family, etc. EMT Associates may request documentation from a licensed provider.
- iv. All excused time must be completed prior to applying for the state exam.
- v. A fee of \$50 an hour will be charged for makeup time and is due prior to the scheduled makeup date/time.

## TARDINESS

- a. First tardiness [without calling in] will result in a verbal warning.
- b. Second tardiness will result in a written warning.
- c. Three [3] tardies equal one [1] absence. **Third tardiness may result in the student being dropped from the program without refund of tuition.**

**6. All make up time must be completed within four months of the last day student attended class. If the student is able to transfer her/his time from class or clinical practice**

## DRESS CODE

1. Good personal hygiene
  - a. Controlled body odors
  - b. Good oral hygiene
  - c. Short, neat, clean fingernails. ***NO acrylics***
  - d. No odor of tobacco
2. No perfume/cologne or highly scented lotions or deodorants
3. Conservative makeup
4. Long hair must be contained. Please wear it up, pulled back in braids or ponytail.
5. Limited jewelry
  - a. Watch with second hand encouraged
  - b. Engagement ring/wedding band and small post earrings are allowed
  - c. Facial rings/loops/studs are not allowed per hospital policy.
6. Uniform required for clinical.
  - a. Maroon scrub top
  - b. Black or navy-blue pants.
  - c. Shoes cannot have open heels or toes.
7. Photo name tag to be always worn in the clinical practice site.
8. Clean, neat casual dress is appropriate for classroom and lab  
***[NO crop, sleeveless, or low-cut tops. NO dresses, skirts, or shorts above mid-thigh]***
  - a. Uniforms are not required in the classroom



## OSBN [Oregon State Board of Nursing] CONTACT INFORMATION

If for any reason you have a complaint against our program or clinical training site which has not been satisfactorily resolved by your instructor, Program Coordinator or the Director, you may file a complaint on-line at the Oregon State Board of Nursing website: <https://www.oregon.gov/osbn/pages/complaint.aspx>

*[You Have The Option To Submit Your Complaint Confidentially](https://www.oregon.gov/osbn/pages/complaint.aspx)*

You may contact the Oregon State Board of Nursing by emailing:

[oregon.bn.info@osbn.oregon.gov](mailto:oregon.bn.info@osbn.oregon.gov)

OR

You may mail a letter to the following address:

Oregon State Board of Nursing  
17938 SW Upper Boones Ferry Rd  
Portland, OR 97224



### Discipline and Complaints - File A Complaint or Self-Report Form

Please complete the form below to the best of your abilities. When finished, click once on the "Submit Complaint" button at the bottom of the page to submit the form for processing.

If you have questions about when to report, see our [Complaint Evaluation Tool](#).

**NOTE:** You will receive an email confirmation once the form has been successfully submitted.

Please complete all required (\*) fields below with your information.

#### Your Information:

*(Optional; however, please note that anonymous complaints can be harder to investigate and that we cannot provide any follow-up information to you if you file the complaint anonymously)*

Your First Name:

Your Last Name:

Title:

Agency or Organization:

Address:

City:

State:

Zip Code:

Email Address:

Phone Number/Extension:

#### Your Complaint is Against (Licensee):

*Please complete as many of the fields below as you can.*

Licensee First Name:  \*

Licensee Last Name:  \*

License Type:  CNA  LPN  NP  CNS  
 CMA  RN  CRNA  Other

License # (if known):

How were you made aware of this licensee/certificate holder?

Licensee's Place of Work (Facility):  \*

Licensee's Work Address:

Licensee's Work Address City:

Licensee's Work Address State:

Licensee's Work Address Zip Code:



Licensee's Supervisor (if known):   
Licensee's Supervisor's Phone:   
Licensee's Supervisor's Email Address:   
Licensee Employment Status (if known):

**Complaint Facts: \***

Be sure to include as many facts pertaining to the complaint as possible, including: dates, times and locations of incidents; behaviors of respondent which were observed by you; any statements or admissions made by respondent; full names of any witnesses.

Date of Incident: [MM/DD/YYYY]  /  /  \*

Location of Incident:  \*

**Patient Information:**

***The Board is a health professional regulatory agency that is authorized to receive HIPAA protected information without a signed authorization, pursuant to Federal Title 45 CFR § 164. To view full language, click [here](#).***

Patient's First Name:

Patient's Middle Initial:

Patient's Last Name:

Patient's Date of Birth: [MM/DD/YYYY]  /  /

Patient's Medical Record #:

Have you filed this complaint elsewhere (facility, Adult Protective Services, law enforcement)?:  Yes  No

**Supporting Documentation:**

Please use the fields below to attach copies of any relevant supporting documents such as patient record including patient name and/or medical record number, incident reports, memos, written statements, narcotic count sheets, Pyxis reports, narcotic audits, urine drug screen results, anecdotal/counseling notes, time cards, pertinent policies and procedures. Alternatively you can email supporting documentation to [roberta.poole@osbn.oregon.gov](mailto:roberta.poole@osbn.oregon.gov) or fax to (971) 673-0683.

NOTE: If your file(s) are larger than 10MB, please fax or email them using the info above.

- No file chosen
- No file chosen
- No file chosen

I would like to be informed regarding the outcome of this complaint:

**Verification by Oath or Affirmation:**

I verify that the statements are true in every respect; that I have not suppressed any information that would affect this complaint; that I will obey the laws and rules of the Oregon State Board of Nursing; that I have read and understood that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in criminal prosecution.

By clicking the "SUBMIT COMPLAINT" button, you agree to the above Verification by Oath or Affirmation.

[SUBMIT Complaint](#)

---



## EMT ASSOCIATES NA PROGRAM

### Course Enrollment Agreement, Disclosure Statement, and Policies

I, \_\_\_\_\_ have received, read and understand the course registration requirements, tuition and class fees, cancellation, refund, and attendance policies. I also acknowledge that I have received a copy of the course registration nursing assistant registration application packet, a copy of the tuition and class fees, and the student handbook outlining EMT associate policies for the NA program.

If you are under 18 years old, you must have your parent or guardian sign below accompanying your signature.

---

**DATE**

---

**STUDENT SIGNATURE**

---

**PRINT STUDENT NAME**

---

**PARENT / GUARDIAN SIGNATURE** [if student under the age of 18]