



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

## 2022

# 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**



# 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



## 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	\$95

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

Supplies	Gait Belt	\$20
	Stethoscope	\$45
	Vaccines and TB skin test [approximate cost]	\$250
	TB administered at EMT Associates.	\$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>	



## 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

## Refund Policy

1. Students who wish to terminate their enrollment [including voluntary withdrawals, illness] may be eligible for a refund. Refunds 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 EMT Associates. Office Program Coordinator or Owner.

<i>Withdraw Period</i>	Tuition Refund
Withdraw 3 days prior to the start of class with a Written Notice	100%
No refund will be made if you are dismissed from class for failure to follow EMT Associates program or clinical practice site policies	0%

2. Tuition refunds **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 refunds 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

1. Students are required to attend 100% of the 155 program hours per OSBN.
  - a. 80 hours of classroom/skills lab combined
  - b. 75 hours of clinical practice hours
  - c. 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
  - d. **Clinical Hours may vary depending on the clinical practice site**
2. You are expected to be on time for all classroom, skill labs, and clinical practice site hours.
  - a. A tardy includes being late or leaving early to class, skills lab, or during clinical hours at the clinical practice site.
  - b. 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.
  - c. Three [3] tardies equal one [1] absence.
  - d. If you miss more than 5 minutes you must make up your missed time as scheduled with your instructor [fees will apply]
3. 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.
4. Failure to comply with Attendance Requirements
  - a. 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**



#### 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.

#### 5. 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 for any reason you have a complaint against our program or clinical training site which has not been satisfactorily resolved by your instructor or our staff, you may call The Oregon State Board of Nursing at: 971.673.0685 or you may file a complaint on line at [www.oregon.gov/osbn](http://www.oregon.gov/osbn) by clicking on: Filing a Complaint. All complaints may be made confidentially.

You may also contact the Board of Nursing by writing to: Oregon State Board of Nursing, 17938 SW Upper Boones Ferry Rd, Portland, OR 97224.



## 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 Name

\_\_\_\_\_  
Parent/Guardian's signature [if student under the age of 18)