

Phone 541.844.1328

Fax 541.636.3416

1144 Gateway Loop, Suite 136 - Springfield, OR 97477



EMT.Associates@comcast.net

[www.emtassoc.com](http://www.emtassoc.com)

# 2026

## EMT ASSOCIATES

## NURSING ASSISTANT

## APPLICATION

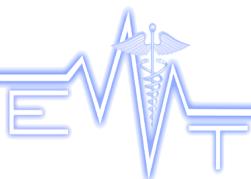
Fill out packet per instructions and make an appointment with EMT Associates to submit your **COMPLETED** packet, documentation & payment

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

541-844-1328

ALL REQUIREMENTS MUST BE COMPLETED BY DEADLINE

WRITE IN BLACK or BLUE INK ONLY



## **NURSING ASSISTANT COURSE CHECKLIST**

Should you decide to attend EMT Associates Nursing Assistant Program... We ask that you review the following checklist of requirements:

- \*Completed registration paperwork [7 business days prior to course start date]
- \*Colour copy of Valid Government Issued Photo ID [If under 18 years old a copy of your Parent and/or Guardian's Photo ID will also be required]
- \*Copy of Medical insurance card
- \*Vaccination record [MMR, Hep-B, Varicella & Tdap]
- \*Flu vaccine [or Medical Exception letter] - Required September - 1 April
- \*Covid-19 card [medical or religious exception letter accepted in lieu of vaccine]
- \*TB Test info [or EMT can administer on 1st day of class \$35]

***\*\*Background & Drug screenings will be coordinated with EMT Associates\*\****



# 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:** Check Class Schedule

**Please come to register with EVERYTHING listed on the checklist.** If you need to obtain a Two Step PPD [TB Skin Test], please let us know at your interview and we will arrange for you to have the test performed here at EMT Associates your first week of class

**Clinical Scrub requirements** are maroon, 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 also 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\*\***

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	Karrie Gooseman	541.844.1328	<a href="mailto:kariieg@emtassoc.comcastbiz.net">karriieg@emtassoc.comcastbiz.net</a>
NA Program Primary Instructor	Mary Ann Vaughan	541.430.7149	<a href="mailto:mavemtrn@comcast.net">mavemtrn@comcast.net</a>
NA Program Coordinator NA	Skorpiaa	541.525.3602	<a href="mailto:Skorpiaa.N@emtassoc.comcastbiz.net">Skorpiaa.N@emtassoc.comcastbiz.net</a>

*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]**

## TUITION & COURSE 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 AHA Basic Life Support CPR, Hartman Textbook, Scrub Top & Mock Skills Review for State Board Exam	Paid By Student
	<b>Non-Refundable Deposit [\$150], Is Not Included In Tuition Fee</b>	

State Exam Fee	Due the last day of Clinical Practice	Paid By Student
Fingerprinting Fee	Livescan Fingerprints	Paid By Student
Drug/Criminal	Drug Screen and Criminal Background Check	Paid By Student

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

	Gait Belt - Optional Purchase	\$20
	Stethoscope - Optional Purchase	\$45
	Vaccines and TB skin test [approximate cost]	\$250
	TB administered at EMT Associates.	\$35

Scrub Top	Included in cost of tuition EMT Associates	
	<i>Scrub top sizes 2x and larger cost more depending on the vendor</i>	\$10 - \$20

***\*\*There's a \$25 fee to reissue course completion certificates\*\****



## CANCELLATION POLICY

1. A non-refundable registration fee is required for all students
2. The remainder of the tuition, background check, drug screening, 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 within 4 months of their last attended day and based on availability.  
**Cost of course will not be refunded;** the monies will be applied to the rescheduled 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 a class before the start date for any of the following reasons [not limited to this list]... inclement weather, environmental emergency, health crisis, safety reasons, government... all tuition fees paid by the student will be converted to a course credit for the student to use anytime within 180 days [6 months]***

## 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, NA Program Coordinator or NA Director
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



## **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**

**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**

**OR**

**Office: 971.673.0685 [8a - 12p ONLY]**

## 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 105 program hours per OSBN.

65 hours of classroom/skills lab combined

40 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. Make-up time is not billed in increments it will be \$50 for any amount of time missed per hour [ex: 15min = \$50, 30min = \$50, etc...]

## 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

# EMT ASSOCIATES

## NA Schedule

[Subject to change based on class needs]

### Day 1: Review Notebook; ensure files are complete

#### Domain 1 & 2

- Ch 1,2,3,4
- PPT: Communications [PH]
- Video – Teepa Communications with Alzheimer's

#### Domain 3

- Ch 5 [not growth/development]
- Domain 5
- CPR, first aid – Ch 8

Take home [condensed] open book: Ch 1,2,3,4,5

### Day 2: Review homework Ch 1,2,3,4,5

#### Domain 4

- Ch 6 Infection control
- Review signage transmission based precautions
- Ch 13 PPT vital signs [v/s]
- Video Teepa Pain
- Ch 16 GU [genitourinary] PPT
- PPT: Cultural presentation & discussion
- Videos for skills: State or Hartman
- Skills: handwashing, PPE, Pulse, Resp, Temp [x3] SpO2, Apical
- Weight, height

Take homework: Ch 6, 13, 16

### Day 3: Review homework

#### Domain 6

- Big 5 videos & skills: [Each with handwashing at the end]
  - Empty Urinary drainage bag with PPE [#10 ],
  - Cath care male [#5],
  - Pericare male with brief change [#9]
  - Pericare Female [#8]
  - Bedpan [#2]
  - BP manual
- Ch 15 GI [Gastrointestinal] PPT
- Ch 14 Nutrition

Take homework: Ch 14,15

## Day 4: Review homework

### Domain 9

- Ch 19 Circulation
- Ch 20 Respiratory
- Vocab: fowlers [high, semi]
- Videos & Skills:
  - IS [instructor demo]
  - CPAP
  - O2 Admin
  - Set up suction
  - Clean nebulizer [demo]
  - BP electronic
- Ch 21 Musculoskeletal PPT
- Skills:
  - Sit to Stand to toilet
  - Ostomy
  - Enema
  - Suppository
  - Change leg bag to Urinary bag & reverse
  - Thicken
- Videos & Skills:
  - Feed in bed & measure fluids
  - TED hose
- PRN: Practice Manual BP, etc vitals

Take homework: Ch 19, 20, 21, 25

## Day 5: Review homework

### Domain 7

- Ch 25 Rehab
- Skills:
  - Hoyer [& video] – use manikin
  - Align in W/C [wheelchair]
  - Turn & Align in bed [revised skill]
  - Slider board
  - SLIPP
- Ch 22 Neuro PPT [hold mental health for Day 6]
- Overview Ch 11 & 12
- Skills & Videos:
  - Dress/Undress
  - Bed Bath [state video & Teepa]
  - Fingernail Care
  - Foot Care
  - Oral care
  - Denture Care
  - Unconscious Oral Care [not on State exam]

Take homework: Ch 22

## Day 6: Review Homework

### **Domain 7**

- Ch 22 Mental Health
  - Alzheimer's video, Anderson Cooper video
  - Jana PPT
- Ch 23 Endocrine
  - Video & Skill:
    - CBG
- Ch 24 Immune System
- Overview Ch 10
- Video & Skills:
  - Bedmaking – unoccupied
  - Bedmaking - occupied

### **Domain 8**

- Skills & Videos:
  - JP Drain
  - Hemovac
  - WoundVac
- Skills:
  - Orthostatic vitals
  - Catch up

Take homework: Ch 23, 24

## Day 7: Review homework

### **Domain 10**

- Documentation PPT [pgs. 44-45]

### **Domain 5**

- Overview Ch 7 & 8
- Body mechanics

### **Domain 5 & 7 added PPT**

- Self-Protection & Alcohol Withdrawal PPT
- Skill: Restraints [soft]

### **Domain 6**

- Ch 18 Integumentary PPT
- Skill: Ointment [demo]
- Picture: Pressure Injury
- Discuss Sternal, Hip, Bleeding, Spinal Precautions [15-20 min]

## **Domain 11**

- Ch 27 End of Life PPT
- Practice Skills:
  - Complete Lab Skills sheet
  - Big 5
  - Vital Signs

Take homework Ch: 18, 27

## **Day 8: Review homework**

- Finish Didactic
- Review Domain Terminology
- Review Final
- Skills 1-17

## **Day 9: Final Exam**

- Discuss Clinicals
- Skills 1-17



# EMT ASSOCIATES

## Registration for

### NURSING ASSISTANT

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

#### STUDENT INFORMATION

Last Name:	First Name:	M.I.	<input type="checkbox"/> Male
Date of birth:	Age:	SSN:	<input type="checkbox"/> Female
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	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
If no, How long have you lived in the us?	
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"/> I Prefer not to answer
<input type="checkbox"/> Hispanic or Latino or Spanish Origin	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Caucasian
<input type="checkbox"/> Asian	<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:
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#### OTHER INFORMATION

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



## 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.

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DATE

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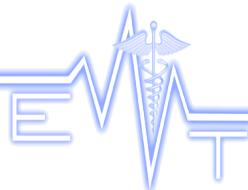
STUDENT SIGNATURE

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PRINT STUDENT NAME

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



## **RECEIPT OF DIVISION 1 & 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 located at:**

**<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=285664>**

**I have received and reviewed the Oregon Department of Human Services criminal history requirements and policies located in Division 7 located at:**

**<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1626>**

---

**Student Name Printed**

---

**Date**

---

**Student Signature**



## Consent To Release or Obtain Information

This is a consent for release of information about: \_\_\_\_\_

**Name Of Student**

\_\_\_\_\_

\_\_\_\_\_

**Social Security Number**

**Date Of Birth**

I authorize \_\_\_\_\_

**Name Of Provider Agency**

to release or obtain [circle one] the following specific information: \_\_\_\_\_

\_\_\_\_\_

This information may be used only for the purpose of: \_\_\_\_\_

\_\_\_\_\_

I understand I have the right to see this information at any time. I understand that I can revoke this consent in writing to both the person giving and the person receiving the information. Any information already released may be used as stated on the consent. I understand the requested or provided information is needed to determine eligibility for housing and/or social services. This consent is valid only until: \_\_\_\_\_

**Date Consent Expires**

This consent is not automatically renewable. It expires automatically at the end of the period specified unless revoked in writing sooner. By my signature below, I affirm that I have read this release or it has been read to me, and I understand its content

\_\_\_\_\_

\_\_\_\_\_

**Student's Signature**

**Date**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Consent Witnessed By**

**Staff Signature If Different From Witness**

**Prohibition on re-disclosure:** This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations prohibit further disclosure without specific written consent from the person to who it pertains.