

NURSING ASSISTANT

STUDENT HANDBOOK

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**Nursing Assistant (NA) Course Overview**

TVCC offers Nursing Assistant courses throughout the year. This is a 110-hour course which includes clinical experience at local healthcare agencies and a CPR class.

Upon successful completion of the 110-hour OSBN approved Nursing Assistant Course, you will receive a Certificate of Completion. This certificate will enable you to take the National Nurse Assistant Assessment Program Examination (NNAAP). When this exam is passed, you will be issued the designation of a "Certified Nurse Assistant, Level 1" by Oregon Board of Nursing (OSBN).

To enter the Nursing Assistant Course, a student must be at least 16 years old, be in good health and be current on immunizations. Applicants must pass a background check and drug screen urinalysis.

**Treasure Valley Community College Disclosure Statements**

Nondiscrimination Statement

Treasure Valley Community College does not discriminate on the basis of race, color, sex, marital status, sexual orientation, religion, national origin, age or disability in any educational programs, activities or employment. Persons having questions about equal opportunity and nondiscrimination should contact the Human Resources Director in the PAC Building on the North End of campus, email HR@tvcc.cc or call (541) 881-5838 or TTY (541) 881-2723.

Additional information can be found here:

<http://www.tvcc.cc/about/student_right_to_know/non-discrimination.cfm>

Disability Services

Any student with a disability that affects his/her academic functioning should contact Disability Services (DS) located in the Student Success Center next to Student Services, telephone (541) 881-5812, TTY (541) 881-2737, to apply for accommodations. In the event that accommodations are approved by DS, the student is advised to schedule an appointment with the course instructor in order to discuss the arrangements for the accommodations. The website for Disability Services can be found here:

<https://www.tvcc.cc/collegeservices/disability.cfm>

Consumer Information

Treasure Valley Community College (TVCC), in accordance with the Higher Education Act of 1965, makes the following information available to current and prospective students, current and prospective employees, and other parties, as applicable. This information includes, but is not limited to, Accessibility and Accommodations, Non-Discrimination Policies, TVCC Student Rights, Freedoms and Responsibilities, Annual Security Report, Drug and Alcohol Abuse Prevention Programs, Family Education Rights and Privacy Act (FERPA), Institutional Effectiveness, Voter Registration and Constitution Day, and Title IX. The website can be found here:

<http://www.tvcc.cc/about/student_right_to_know/index.cfm>

Academic Dishonesty

Students at Treasure Valley Community College are expected to practice academic honesty by not cheating, fabricating or falsifying information or sources, improper collaborations, submitting the same paper for different classes without permission, plagiarizing, or misrepresenting their coursework in any way. Students are ultimately responsible for understanding and avoiding academic dishonesty whether such incidents are intentional or unintentional. Violations may result in failure of an assignment or failure of a course. For more information please review the <https://resources.tvcc.cc/documents/AR_documents/Student%20Services/Student_RFR_Policy.pdf>

Statement on Title IX

Title IX of the Education Amendments of 1972 protects individuals from discrimination based on sex in any educational program or activity operated by recipients of federal financial assistance. Sexual harassment, which includes acts of sexual violence, is a form of sex discrimination prohibited by Title IX. There are also protections afforded to Pregnant and Parenting Students. For more information on Title IX and to contact your Title IX Coordinator at 541-881-5825 or please visit this website.

 [http://www.tvcc.cc/title\_ix/index.cfm](http:///www.tvcc.cc/title_ix/index.cfm)

Treasure Valley Community College Office of Compliance & Training

Title IX Coordinator I Clery Coordinator

650 College Blvd I PAC Building I Ontario, Oregon I (541) 881-5825

**#1:** COURSE GRADING (EXAMS & CLINICAL)

GRADING:

Students must complete all course assignments/requirements to pass the course and remain in good standing:

All assignments must be submitted on the due date/time to receive full credit.

Computer access, disc incompatibility and other computer-related problems do not excuse late assignments/presentations/papers.

The following grading system will be used:

94 - 100% = A

90 - 93% = A-

87 - 89% = B+

83 - 86% = B

80 - 82% = B-

78 - 79% = C+

75-77% = C

70-74% = C-

60-69% = D

Below 59% = F

CLASSROOM:

Online live classroom time is used to introduce topics, review assigned chapters in the textbook, engage in discussion, question and answer, and to verify knowledge prior to taking practice quizzes and graded exams.

QUIZZES/EXAMS:

* Practice quizzes will be used to test comprehension and assure knowledge prior to the graded exam.
* Exams will use an online platform for testing integrity.
* A minimum of 80% on each exam must be maintained to pass the course.
* Exams must be completed by the due date.
* No more than one (1) re-take exam can be taken during a course.
	+ There will be NO retakes on the Final Exam.
* Two (2) tests will be given during the clinical rotation.

1) Abbreviation test: answers must have correct spelling and meaning of abbreviation

2) Definition test.

* All electronic devices are prohibited during an exam, no phones, or smart devices (i.e., smart watches, google glasses and/or alternative device that can provide information).
* Once a student accesses an exam, the time allotted for the test begins.
* The Final Exam must be passed with 80% or better; no retakes or oral options will be offered. Failure of the final exam results in failure of the course and no receipt of the certificate of completion. Final grade breakdown will be:

 Written exams: 25%

 Clinical: 50%

 Final Exam: 25%

Therefore, if one or more of the following occur, the result will be dismissal from the Nursing Assistant Course:

* If you receive a 79.9% or less on an exam
* If you receive a 79.9% or less on one (1) re-take exam.
* If you are unsuccessful on exams taken in the clinical rotation.
* If you receive a 79.9% or less on the Final Exam

MANDATORY SKILLS LAB

The nursing skills lab will be used exclusively for the practice of nursing assistant skills. When the student comes to the skills lab they must be dressed in their uniforms and prepared as they are for their clinical rotation. The student is responsible for practicing nursing assistant skills in the campus labs during scheduled skills labs times to become proficient in nursing assistant skills prior to going to clinical rotation. All students are responsible for maintaining order and cleanliness in the lab.  Each student is responsible for cleaning and returning, replacing, and restoring items used during lab use.

* Nursing Assistant students will have an orientation to the skills laboratory.
* Students may be required to wear masks and other protective equipment as dictated by CDC Guidelines. The faculty will update the guidelines as required and notify students accordingly.
* The students will be oriented by the N.A. Instructor to the rules of the Skills Laboratory including consent to participate in practicing skills.

LAB/Skills Validation

* Skills are taught, demonstrated, reviewed, and practiced. Feedback and remediation is provided.
* All skills validations must be passed 100%
* Each student will have three (3) attempts to pass the skills validation successfully.
* A mandatory remediation is required prior to the next attempt.
* All skills validations will be assessed by nursing assistant faculty.
* If a validation is unsuccessful after the third attempt a student is at risk of course failure.
* No food or drink in the skills labs, breaks and a lunch time will be allotted.
* No children or visitors are permitted in skills lab.

CLINICAL

Before the student is allowed to progress to the clinical portion of the class, satisfactory return demonstrations must be performed in the lab for the instructor. A score of 80% must be achieved during each clinical day to pass the course. Cleared background check and drug screening documentation must be in the student’s file before entering the clinical site. Failure to provide proper documentation will result in dismissal from the Nursing Assistant Course. Students will not be permitted to leave the facility during clinical hours.

Clinical grades are based on the following criteria:

* Appearance
* Promptness
* Communication with patients, staff, students, and instructor
* Demonstration of correct performance of nursing assistant skills
* Leadership
* Willingness to work

**#2:** STUDENT COMPLAINTS

Each student must follow the chain of command for all program complaints per TVCC Student Rights, Freedoms, & Responsibilities.

<https://resources.tvcc.cc/documents/AR_documents/Student%20Services/Student_RFR_Policy.pdf>

If the student feels the complaint(s) has not been satisfactorily resolved the student may submit complaints to the Oregon State Board of Nursing at OSBN, - c/o Barbara Ju, 17938 SW Upper Boones Ferry Rd., Portland, Oregon 97224-7012 or barbara.ju@osbn.oregon.gov. [www.oregon.gov/OSBN](http://www.oregon.gov/OSBN)

**#3**: CPR CERTIFICATION

Each student must have current Basic Life Support (BLS) certification from American Heart Association (AHA) prior to starting clinical. Please check with your instructor or the Nursing Program Coordinator to take the CPR class through TVCC. This class is in addition to the N.A. course and will be scheduled at a different time. TVCC makes every effort to schedule the class within the first 2-weeks of the quarter. Students must register and pay the fee to be enrolled in the AHA BLS class.

**#4**: ATTENDANCE

Attendance:

1. All classroom hours, lab, and clinical hours are MANDATORY as required by the Oregon State Nursing Board. You must complete classroom hours and clinical hours per OSBN. Anything less than that will be counted as course failure.
2. The student must notify the instructor before the scheduled class/clinical time if the student is going to be tardy or absent. There is no guarantee that course hours can be made up during the course. This will be determined by the instructor.
3. Any emergency situation requires a call to the instructor, Janelle Jennings 541-212-6103
4. Consistent tardiness (more than 3 times) will result in dismissal from the program.
* Tardiness is defined as arriving after the scheduled start time for class, skills, or clinical, and/or failing to return promptly at any point during a scheduled break. Tardiness is a form of disorderly behavior and suggests being slow to respond, thus not meeting up with high standards of the nursing assistant profession.
* Students who arrive 10-minutes or more after the start time, without prior notification, will be marked as tardy.

1. Children are not allowed in the online classroom, skills lab, or during clinical experience.
2. No call, no show will result in course failure.

**#5**: DRESS CODE

* Casual clothing is acceptable. However, clothes must be clean, smoke-free, and professional in appearance; sweatpants, pajamas, oversized, tight-fitting, and untidy attire is not appropriate in the nursing assistant course.
* Clinical:
	+ Scrubs any solid, color (top, pants, or skirt), (no denim or stretch pants, no low-riding pants)
	+ White (no visible logos) long sleeve t-shirt may be worn under scrub top for comfort
	+ Clean white soled shoes with toes and backs enclosed
	+ Watch with second hand
	+ TVCC N.A. ID badge on uniform
	+ Small notebook and black ink pen
	+ Hair pulled neatly away from face and off collar; long bangs pinned back away from face. No unnatural looking hair colors
	+ Acceptable jewelry: post earrings, watch and wedding ring/band. No hoops or dangling earrings for safety.
	+ Fingernails must be short with no polish, no artificial nails
	+ No gum chewing
	+ If a tattoo is considered offensive, inappropriate or distracting, according to the judgment of the faculty members, it must be hidden or covered up in some way, such as with clothing or makeup. It's important to note that policies regarding tattoos can vary depending on the institution or organization.
	+ Perfumes, body odor, cigarette odor, and bad breath are not acceptable because they are offensive to patients
	+ Lightly layered makeup is allowed
	+ Students may not use tobacco products including vaping and marijuana during any clinical experience or any time while in uniform

**#6**: SUBSTANCE ABUSE POLICY

The Treasure Valley Community College Nursing and Nursing Assistant Program requires that a student abstain from drug and/or alcohol use while on campus or in clinical areas. Faculty, staff, and students have legal and ethical responsibility to refrain from and report substance use that may risk self and/or patient safety.

Substance abuse has significant negative effects on performance. Serious injury could be inflicted upon patients if a student is under the influence of a substance, which prohibits that student's performance. THE SAFETY OF THE PATIENT IS THE FIRST PRIORITY.

Alcohol and Marijuana are considered to be drugs. Under no circumstances should a student go to a clinical area after consuming alcohol or using Marijuana products. Alcohol and Marijuana intake is prohibited on the TVCC campus. Violating this policy may be cause for dismissal from the program.

Students have a responsibility to notify their instructor(s) if they are taking any medications which may have an adverse effect upon their clinical performance.

Examples of behavior/signs of substance abuse include but are not limited to:

PHYSICAL INDICATORS**:** slurred speech, impaired coordination, unsteady gait, flushed face, bloodshot eyes, dilated or constricted pupils, emaciated or unusual weight loss, tremor, muscle jerking or rigidity, jerky eye movements, diaphoresis, frequent injuries such as burns, bruises, odor of alcohol or marijuana on breath, runny or inflamed nose or eyes.

MENTAL/EMOTIONAL INDICATORS**:** behavior changes, inappropriate or bizarre responses, indicators: irritable, withdrawn, hostile, anxious, overstimulated, very tense, extreme and rapid mood swings, blackouts, memory loss, paranoia, suspiciousness, apathy, flat affect, impaired concentration, learning sleep/disturbances, time disorientation.

**DRUG TESTING PROTOCOL**

A nursing student may be drug tested by reasonable cause. The drug testing program involves urine and/or breath collection and laboratory analyses. The drug testing protocol will be coordinated by a licensed laboratory affiliated with Treasure Valley Community College.

SUBMISSION OF AN ADULTERATED OR DILUTED SPECIMEN

If the collector determines that the student has submitted a suspect, adulterated or diluted specimen, that specimen will be discarded and a second specimen will be requested. The second specimen will then be tested. The submissions of specimens not belonging to the student; adulterated; or diluted specimen, could result in dismissal from the program.

DRUG/ALCOHOL TESTING AND CONFIRMATION

All urine specimens will be tested for the presence of substances. The College reserves the right to test a student for the presence of prescription medication when it has reason to believe the student may be abusing such medication or it has not been prescribed by a licensed physician. Any urine specimen that screens positive for a substance(s) will be confirmed. Regarding alcohol testing, any such testing will take place by the use of a certified breath testing device. Per the terms of this policy, any student who tests above .02 blood alcohol content (BAC) tests positive for the use of alcohol.

REFUSAL

A student required to participate in the drug testing process as prescribed in this policy, who refuses to take a substance test (when requested) will be considered equivalent to testing positive. A student will be at risk for dismal from the program and will be required to meet with the Director of Nursing and Allied Health.

NOTIFICATION OF TEST RESULTS

All drug and alcohol test results received from the licensed company will be provided to the Student Conduct Officer. Any student who tests positive will be given the opportunity to discuss that result with the licensed company representative.

The licensed representative will follow up on all information deemed necessary to resolve the student positive drug test. If the licensed representative determines that the student positive test result was due to his/her authorized use of prescription medication, the licensed representative will immediately report that result to the Director of Nursing and Allied Health and no further action will be taken. However, if a student cannot provide a reasonable explanation for his/her positive test results, then the Director of Nursing and Allied Health in consultation with the Student Conduct Officer will take disciplinary action consistent with the terms of this policy.

CONFIDENTIALITY

Maintaining confidentiality and protection of the rights of the student is a critical factor in banned substance testing. Under no circumstances, will any TVCC personnel or any individual associated with the drug testing program be permitted to disclose publicly or make public reference to any information acquired in their capacity. Additionally, no TVCC personnel or any individual associated with the drug testing program be permitted to discuss identified student(s), individual(s), or college official(s) in the process.

EFFECT OF TESTING POSITIVE

Any student who tests positive for the presence of a banned substance or alcohol will be subject to discipline through the Director of Nursing and Allied Health, in consultation with the office of Student Conduct. All positive tests will be coordinated through the Office of Student Conduct and will follow procedures established in the Student Rights, Freedoms, and Responsibilities. Appeals for disciplinary action will be coordinated through the procedures established in the Student Rights, Freedoms, and Responsibilities. Self-reporting will be taken into consideration and may positively impact disciplinary sanctions.

The disciplinary action for testing positive for banned substances are listed below and are coordinated through Director of Nursing and Allied Health, in consultation with the office of Student Conduct. The student who tests positive, will be suspended from the program, while the test results are being confirmed by the lab.

DRUG TESTING AGENCY

Complio/AmericanDataBank

[www.tvccbackgroundcheck.com](file://tvcc.ont/ontario/Depts/Nursing/CNA/NA%20Program/www.tvccbackgroundcheck.com)

The nursing department will support any student who wishes to obtain help for such problems. After the student has taken a course of action to remediate the problem and provides documentation stating he/she has been drug-free one-year minimum from completion of recommendation treatment, he/she may be eligible to apply for readmission into the nursing/NA Program.

If any student should be charged and convicted of an alcohol or other drug related felony, he/she will be dismissed from the Nursing Assistant Program.

**#7**: CRIMINAL HISTORY CHECKS

The following will be completed prior to the start of the first day of class:

1. Criminal History Background Check through American DataBank
	1. Any falsification or failure to disclose a criminal history will result in immediate termination from the Nursing Assistant program.
	2. If there is a question regarding results of background check, the Program Director will make the fitness determination of whether or not the student will be allowed to complete the program.

When applying for a license or certification to practice, including renewal, the OSBN will make a fitness determination consistent with ORS 181A.195 and OAR 125-007, which includes national fingerprint and state records criminal background checks per OSBN procedure. (OAR 851-001-0115)

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>

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>

**#8**: BEHAVIORAL EXPECTATIONS

* The Nursing Assistant student is expected to deliver safe and professional care. The student may be dismissed from the class when/if the instructor determines that the student is unable to provide safe care. The student is to observe the rights of the patients in all circumstances.
* The student will never perform acts beyond the scope of Nursing Assistant.
* The student will uphold a high standard in appearance, language, and manner in the classroom, lab, and clinical setting.
* The student will show respect and a caring manner to all patients, staff, fellow students, and instructors.
* The student will maintain honesty, integrity, and appropriate behavior at all times. Lying, cheating during testing, or knowingly furnishing false information will not be tolerated.
* Students will maintain patient/resident and agency employee confidentiality at all times.
* Students will maintain HiPAA compliance during clinical experiences.
* Physical, verbal, or written intimidation, harassment, or abuse will not be tolerated.

(\*The student may be dismissed from class for breaches in any of the above.)

* The student is expected to be prepared for class by reading the assigned chapters prior to class.
* The student is expected to participate in practicing skills in the laboratory. For example, each student will take her/his turn to be the “patient” for another student.

**#9**: NURSING ASSISTANT STUDENTS AT CLINICAL

* Students will be assigned to a CNA and will be under the guidance/supervision of that CNA and/or instructor.
* The student will take breaks and lunch at the same time as the assigned CNA. The student is not allowed to leave the facility grounds at any time during clinical hours.
* Students are to remain with the CNA while assisting with any kind of transfers and for residents that are considered a “fall” risk. **SAFETY IS A PRIORITY**
* Students are not allowed to perform any tasks that have not been observed & checked-off in the lab prior to clinical.
* The student is allowed to answer call lights to find out what the resident may need, then relay that need to a CNA if it is any kind of direct care or assistance with ambulation/transfers.
* The student is allowed to be a companion to a resident in need of a distraction or wants someone to talk to or be involved with activities.
* The student may relay observations of a resident(s) to the CNA or Nurse. That is anything abnormal: i.e. resident complaining of pain; fall or at risk of falling due to an observed activity; vomiting; potential hazards such as water spills; etc.
* The student may chart with a CNA present as the student is charting under that CNA.
* The student may do non-direct care skills independently once they have been observed & checked-off on those skills that apply. Examples: brushing dentures, changing bed linens, stocking supplies, tidying up rooms, etc.
* The student is allowed to seek out learning experiences that are therapeutic to the resident, staff, and peers.

**#10**: ELECTRONIC DEVICES

* Students will turn off all audible communication devices while in class, except those for the course.
* Students will not bring cell phones or any other electronic device to clinical.
* No electronic communication in class (ex: texting, social media, messaging, photography/video).

 **#11**: CANCELLATION AND REFUND

ATTENDANCE, ADDING/DROPPING CLASSES, & WITHDRAWAL:Students are expected to attend class each time the class meets. Excused absences may be permitted by the instructor. In all cases students are required and responsible for content and assignments missed during the absence as determined by the instructor. A student wishing to add, drop, or withdraw from any class must do so according to the academic calendar published in the quarterly class schedule. ALL adds, drops, and withdrawals must be officially recorded by submitting a Registration Form. Students are responsible for the grades assigned by the instructor if attendance ceases without completing an official drop or withdrawal.

PAYMENT & REFUNDS**:** The student may be entitled to a refund of institutional charges if:

1. The student is dropping/withdrawing any or all classes during the first 10 days of scheduled instruction in the term for which he or she was charged, (prorated to eight days of scheduled instruction in summer quarters) and the student has notified the College of his or her total withdrawal by completing official withdrawal processes.

Institutional charges will be refunded at 100 percent during the first 10 days of scheduled instruction (eight in summer quarters), 0 percent thereafter.

or

2. The student is dropping/withdrawing from a late-start class that has not yet met according to the quarterly class schedule and the student has notified the College of his or her total withdrawal by completing official withdrawal processes.

Institutional charges will be refunded at 100 percent.

In all cases, students must notify College student services/registration staff by completing official add/drop forms/web forms or complete withdrawal procedures.

TUITION REFUND FOR NONCREDIT CLASSES: A refund for noncredit classes will be considered on a case-by-case basis. Withdrawal requests must be made by email request to the Nursing Program Coordinator in addition to completing the TVCC official add/drop forms/web forms or complete withdrawal procedures.

**#12**: MEDICAL IMMUNIZATION EXEMPTION: (see Forms)

In accordance to OHA Health Policy & Analytics (409-030-0180) states non-medical exemptions are not allowed for health profession students in clinical training. If a student wishes to be exempted from immunizations, he/she must be seen by a medical provider to state the reason the students is exempted from a vaccine. The provider must complete the Medical Immunization Exemption Form and the student must complete the Medical Immunization Exemption Form; 1 week prior to admission into the Nursing Assistant Program. The student understands that by not being vaccinated that he/she continues to be at risk of acquiring these potentially serious diseases. The student understands that Illness resulting from the diseases and consideration of the communicability of these diseases could result in exclusion from clinical settings and may interfere with his or her ability to attend classes, either of which may result in an inability to meet course requirements and, therefore, a course failure.

All forms can be requested from the Nursing Department.

\*If a student is exempt from the COVID-19 and/or Flu vaccine the student must wear a mask at clinical at all times and may be required to test for COVID prior to entry to the facility.

**#13**: NON-MEDICAL IMMUNIZATION EXEMPTION:

Currently, the only immunization allowable for a non-medical exemption is the COVID-19 vaccination. Students who wish to obtain an exemption for the COVID-19 vaccination need to contact the Nursing Program Coordinator for the correct Oregon Health Authority (OHA) form. Completed forms need to be submitted to TVCC’s Nursing Program Coordinator. Ultimately, acceptance of an exemption is at the discretion of the clinical site. The student understands that by not being vaccinated that he/she continues to be at risk of acquiring these potentially serious diseases. The student understands that illness resulting from these diseases and consideration of the communicability of these diseases could result in exclusion from clinical settings and may interfere with his or her ability to attend classes, either of which may result in an inability to meet course requirements and, therefore, a failure in coursework.

\*If a student is exempt from the COVID and/or Flu vaccine the student must wear a N-95 mask at clinical and may be required to test for COVID prior to entry to the facility.

**#14**: ACADEMIC PLAGIARISM & DISHONESTY

It is an expectation of students to maintain honesty, integrity, confidentiality, and professional behavior always. Breaches in the following areas may lead to disciplinary action, grade reduction and/or dismissal from the program. The list below regarding academic plagiarism and dishonesty is not all-inclusive and instructors may establish additional standards based on the nature or the course or the setting in which material may be delivered or applied.

* Plagiarism is defined as:
	+ Intentionally submitting work or material to a college official or instructor for evaluation that contains a significant portion of another person’s work without giving credit to that individual.
	+ Representing someone else’s publication, idea, or data as the student’s own; including copying other students work without appropriate referencing.
* Cheating, lying, dishonesty, concealment of error, misrepresentation, or forgery may lead to dismissal of all students involved in the incident(s).
	+ Cheating is defined as
	+ unauthorized copying or collaboration on exams, assignments, or attempted use of unauthorized materials.
	+ Copying another person’s work and submitting it as one’s own or cheating on examinations.
* Lying, dishonesty, concealment of error, misrepresentation or forgery includes the following
	+ Knowingly furnishing false information to the institution in order to deceive the college, person, college affiliated agency, government agency, or impersonating another individual.
	+ Intentional actions involving forging, changing, altering, inappropriately copying, or misuse of college documents, college identification, software, examinations, records of identification, or tampering and interfering with evaluation instruments or documentation.
	+ Aiding or abetting a student(s) in acts of academic dishonesty as prescribed above.
	+ Stealing course material, examinations, student books, and supplies.

**#15:** FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT (FERPA)

In compliance with the Family Educational Rights and Privacy Act (FERPA), it is the policy of TVCC not to release information other than directory information about enrolled students without written permission of the student. However, the college may release educational records in accordance with the law and may release other information such as enrollment verification and dates of enrollment, verification of certificate or degree earned and date of graduation, participation in intercollegiate sports, including athletic statistics and honors awarded.

**#16:** VIOLATIONS OF HIPPA

HIPAA (Health Insurance Portability and Accountability Act of 1996) is United States legislation that provides data privacy and security provisions for safeguarding medical information.

• A breach is defined in HIPAA section 164.402, as highlighted in the HIPAA Survival Guide, as: “The acquisition, access, use, or disclosure of protected health information in a manner not permitted which compromises the security or privacy of the protected health information.”

• Violation of HIPAA can lead to dismissal/failure from the program.

**#17**: WORKERS COMPENSATION & INSURANCE

Students are not covered by Workman’s Compensation coverage, should a student be injured or contract an illness in a clinical facility at the time of clinical education experience. Treasure Valley Community College and clinical facilitates do not cover students with health or accident insurance. For these reasons, students are responsible for maintaining their own medical insurance while in this program.

**#18:** APPLY FOR NURSING ASSISTANT (C.N.A) CERTIFICATION

You may [apply for the CNA 1 exam and Oregon certification online​](https://osbn.oregon.gov/OSBNLicense/Account?returnUrl=~/) if you:

1. Have never been a CNA in a US state or jurisdiction, and
2. Completed an OSBN-approved nursing assistant level-1 training program in Oregon within the last year.

What happens next:  After you submit your application and payment, you will receive:

1. An email from the OSBN with instructions on how to complete the fingerprinting process for your national criminal background check.  More information about Oregon’s digital fingerprint system: email from the OSBN with instructions on how to complete the fingerprinting process for your national criminal background check.  Students must submit an application prior to obtaining fingerprints. Failure to do so could result in lost fingerprints, inability to match results to the application, and long delays. If the OSBN cannot find an application to match students’ fingerprints, this could also result in having to resubmit prints at their own cost. More information about Oregon’s digital fingerprint system: [Frequently Asked Questions about fingerprinting](https://www.oregon.gov/osbn/documents/FAQ_FingerprintBackgroundChecks.pdf).
2. An email from [Headmaster Testing Service](http://hdmaster.com/testing/cnatesting/oregon/OR_CNA_Home.htm) with instructions on how to schedule your exam date.  Headmaster will send this email after the OSBN reviews your application and releases you to test.  Once you choose a date, Headmaster will send you a confirmation email.

Note for Applicants:

* [Headmaster Testing Service](http://hdmaster.com/testing/cnatesting/oregon/OR_CNA_Home.htm)provides Oregon’s CNA testing.  All applicants should review the Candidate Handbook for Oregon before submitting their application.
* Exam results are available on Headmaster’s website 3-5 business days after the exam date.
* If you pass, and you have met all other requirements for certification, the OSBN will issue you an Oregon CNA certificate.  If you do not pass, your results online will indicate which skills or areas need improvement, and instructions on how to schedule another exam.
* Temporary nurse aide training or temporary personal care assistant training do not qualify for CNA certification in Oregon.  To qualify for Oregon CNA, applicants need to complete an OSBN-approved nursing assistant education program.​

CNA Exam Fees and Refund Policy

* CNA Certification by Examination: $106.
* Manual skills exam retest: $45.
* Written exam retest: $25.
* Oral exam: $35
* You may pay by credit card only.  Fees submitted as part of the application process are not refundable, per ORS 678.410(2).  Be certain that you intend to complete the process before submitting your payment.  If you have any questions regarding your eligibility, or there is an error in your payment, please e-mail the OSBN office at  oregon.bn.info@osbn.oregon.gov.

Helpful Links

* [Headmaster Testing Service](http://hdmaster.com/testing/cnatesting/oregon/OR_CNA_Home.htm)
* [Exam Accommodations Form](https://www.oregon.gov/osbn/documents/Form_LIC-614.pdf)
* [Check your OSBN application status](https://osbn.oregon.gov/OSBNAppStatus/Search.aspx).  Our Application Status Wizard will show you the progress of your application as it moves through our certification process.

**#19**: REIMBURSEMENT (See Forms)

The student will be informed of the following: A student who is employed by, or who has received offer of employment from a facility on the date on which the student begins training will be reimbursed by the facility 1/12th per month of the total cost of the course over one year. See additional information below.

Criteria for reimbursement:

• NA Personally incurred the training costs

• Employed by a nursing facility enrolled in Medicare and/or Medicaid

• Employed by a nursing facility within 12 months of completion of the nurse aide training program

• Receipts of payments for training, textbooks, other required course materials and certification fees

• Training program Certificate of Completion

**Note:** This reimbursement can only be paid one time and it is not available when employed in other patient or residential care settings. The reimbursement may be prorated if the NA has not been employed by the first nursing facility employer for the full 12 months following the completion of training [OAR 411-070-0470(3)]

**FORMS located on next pages:**

Nursing Assistant Student Acknowledgement & Receipt of Handbook & Policies Signature Page

Medical Exemption information

New Nursing Assistant Reimbursement Form (SDS 0451B)

TVCC NURSING ASSISTANT - STUDENT ACKNOWLEDGEMENT & RECEIPT OF HANDBOOK & POLICIES

It is the policy of the Treasure Valley Community College Board of Education and the College that there will be no discrimination or harassment on the grounds of race, color, sex, marital status, sexual orientation, religion, national origin, age or disability in any educational programs, activities, or employment. Lack of English language skills will not be a barrier to admission and participation in career and technical education programs. Persons having questions about equal opportunity and nondiscrimination should contact the Human Resources Director located in the Student Services Center on the south side of the Four Rivers Cultural Center building, or call (541) 881-5835 or TDD (541) 881-5839

**Please read and initial the statements below. Print, sign, and date at the bottom of the page. Give this SIGNED POLICY STATEMENT to your instructor on the first day of class.**

**Initial**

 I have received, read, and understand the contents of the TVCC Nursing Assistant Handbook. I agree to abide by the student expectations and policies of the nursing assistant program. I understand that failure to adhere to the student expectations/policies may result in dismissal from the program.

 I give my consent to participate in the skills laboratory. I have read and agree to the guidelines for students practicing nursing assistant skills on other students.

\_\_\_\_\_\_\_\_I have received, read, and understand the TVCC disclosure statement, enrollment agreement, and program policies.

\_\_\_\_\_\_\_\_I understand that I am not covered by Workman’s Compensation while enrolled in TVCC’s Nursing Assistant course or while in the clinical setting, and I understand that it is my responsibility to maintain personal health insurance.

\_\_\_\_\_\_\_\_I have received, read, and understand the contents of the Substance Use Policy and I agree to adhere to the guidelines and procedures stated within this policy. Furthermore, I consent to have one or more samples of my urine or breath collected as a result of random or reasonable suspicion testing during the academic year in accordance with the said policy and tested for the presence of certain drugs or substances in accordance with the provisions of this policy.

\_\_\_\_\_\_\_\_I further authorize TVCC to make a confidential release to the Executive Director of Nursing, Director of Human Resources, the Student Conduct Officer, and the VP of Student Services, of test results relating to the screening or testing of my urine and/or breath sample(s) in accordance with the provisions of this program. To the extent set forth in this document, I waive any privilege I may have in connection with such information.

 \_\_\_\_\_\_\_\_I have read and understand the OSHA and HIPPA compliance standards.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clearly Print Name  Signature  Date

*To be placed in Student file, please return to Program Coordinator in the Nursing Office*

**TVCC Nursing Assistant Form**

Immunization Exemption (Medical Only)

**Student Name: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I understand that OHA Health Policy & Analytics (409-030-0180) states non-medical exemptions are not allowed for health profession students in clinical training. I have watched the [www.healthoregon.org/vaccineexemption](http://www.healthoregon.org/vaccineexemption). I have received information regarding the benefits and risks of immunization. I understand that by not being vaccinated, I may be at increased risk of developing this vaccine-preventable disease if exposed that can cause serious illness and even death as: Diphtheria, Hepatitis B, Measles, Rubella, Tetanus, Mumps, Pertussis, Varicella (Chicken pox), Flu.

I understand that illness resulting from these diseases and consideration of the communicability of these diseases could result in my being excluded from clinical settings and may interfere with my ability to attend classes, either of which may result in an inability to meet course requirements and, therefore, a course failure.

I understand that any exemption request documentation may be shared with clinical sites and that clinical sites may be making the final determination of exemption acceptance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student signature Date

I understand that I may decline one or more vaccinations; request to be medically exempted from the following required immunizations:

|  |  |
| --- | --- |
| **Diphtheria (DTaP, DT, Tdap, Td):**  Which serious symptoms and effects of this disease include heart failure, paralysis (can’t move parts of the body), breathing problems, coma, and death.  |   |
| **Tetanus (DTaP, DT, Tdap, Td):** Which symptoms and effects of this disease include: “locking” of the jaw, difficulty in swallowing and breathing, seizures (jerking and staring), painful tightening of muscles in the head and neck, and death.  |  |
|  **Pertussis (Whooping Cough) (DTaP, Tdap):** Which serious symptoms and effects of this disease include severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures (jerking and staring), brain damage, and death.  |  |
|  **Polio:** Which serious symptoms and effects of this disease include paralysis (can’t move parts of the body), meningitis (infection of the brain and spinal cord covering), permanent disability, and death.  |  |
|  **Measles, Mumps, Rubella (MMR):** Which serious symptoms and effects of mumps include meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, sterility, deafness, and death. Serious symptoms and effects of rubella include rash, arthritis, and muscle or joint pain. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, and mental retardation.  |  |
|  **Hepatitis B:** Which serious symptoms and effects of this disease include jaundice (yellow skin or eyes), life-long liver problems, such as scarring and liver cancer, and death.  |  |
|  **Varicella (Chickenpox):** Which serious symptoms and effects of this disease include severe skin infections, pneumonia, brain damage, and death. A person who has had chickenpox can get a painful rash called shingles years later.  |  |
| **Varicella Disease History:** I believe I have had chickenpox but was not diagnosed by a licensed health care professional.  |  |
|  **Hepatitis A:** Which serious symptoms and effects of this disease include jaundice (yellow skin or eyes), “flu-like” illness, hospitalization, and death.  |  |
| **Meningococcal:** Which serious symptoms and effects of this disease include meningitis (infection of the covering of the brain and spinal cord), blood infections, loss of arms or legs**,** problems with nervous system, deafness, mental retardation, seizures (jerking and staring), strokes, and death. |  |
| **Influenza:** Which serious symptoms and effects of this disease include Fever, Malaise, Headache, Reduced sense of smell, metallic taste in mouth, chills, body pain or muscle pain, sore throat. |  |

Medical Exemption: (please complete the following section)

Please indicate below the reason for the exemption, which constitutes a medical contraindication in accordance with the Advisory Committee on Immunization Practices of the U.S. Public Health Service for the vaccine(s):

Name of Health Care Professional (Please print) Phone

Signature of Health Care Professional (MD ND DO NP) Date

|  |
| --- |
| dhs_logo_twoline |
| Aging and People with Disabilities |
| **Nurse Aide/Assistant Training and Competency Evaluation Program****Reimbursement - Nurse Aide/Assistant Training** |
|  |
| Please present this form with receipts to your employer for reimbursement. (page 1 of 2) |
| Nursing Assistant Reimbursement Form (SDS 0451B)*Criteria for reimbursement:** *NA personally incurred the training costs*
* *Employed by a nursing facility enrolled in Medicare and/or Medicaid*
* *Employed by a nursing facility within 12 months of completion of the nurse aide training program*
* *Receipts of payments for training, textbooks, and other required course material and certification fees*

  |
| **NA student information (*to be completed by NA*)** |
| Last name: | First name: | Middle name: |
| Social Security Number (*last 4 digits*):  | Birth date: | Driver's license/identification: |
| Training (*attach receipts*): |  |
| Approved program name: |  | Location: |  |
| Amount paid: | $ | Date of payment: |  |
| Completion date of training: |  |  |
|  |  |  |
| **Please affirm by signature** |
| [ ]  | I have not received any payment for any of this expense from another source such as another nursing facility or training program. |
| [ ]  | I personally incurred these training costs: | $ |
| [ ]  | I have received payment from another source in the amount of: | $ |
| [ ]  | I understand that the information that I have provided is true and accurate and understand the information may be audited. |
| NA signature: | Date: |
|  |
|  |
| **Note:** This reimbursement can only be paid one time, and it is not available when employed in other patient or residential care settings. The reimbursement may be prorated if the NA has not been employed by the first nursing facility employer for the full 12 months following the completion of training [OAR 411-070-0470(3)].See next page for additional requirements |
|  |
| **Section to be completed by nursing facility staff (*OAR 411-070-0470 (7) Supporting documentation for Medicaid reimbursement must be retained for no less than three years from the date of submission of the NATCEP reimbursement request*).** |
| Facility name: | Authorizing signature: |
| Provider NPI number: | Oregon license number: |
| Amount paid to NA: | $ | Date paid:  |
| Please retain a copy for your records  |
|  |

(Page 2 of 2)