



Samaritan Nurse Assistant Training Program Application Packet



Thank you for your interest in the Samaritan Nurse Assistant Training Program.

Prior to applying, please read this entire application packet and the resources listed below.

1. The Samaritan Nurse Assistant Training Program Course Syllabus available on our website (www.samhealth.org, click education, click health careers and training)
2. The Criminal History Requirements and Policy available on our website (see address above)
3. Oregon State Board of Nursing website at <http://www.oregon.gov/OSBN/CNAcertification.shtml> and http://www.oregon.gov/OSBN/CNA_InformationPage.shtml for information regarding
 - a. Certification exams and keeping your certification current
 - b. National background checks and disqualifying criminal backgrounds or disciplinary actions
 - c. Standards and authorized duties

Current SHS employees should contact Professional Development before applying.

Program Description

Samaritan Health Services has partnered with Linn-Benton Community College (LBCC) to offer this program to meet the workforce needs of our organization and community. Each course is open to both the community and current employees of Samaritan Health Services (SHS). SHS reserves the right to hold 50% of the available spaces in each course for current employees. The other 50% of the course is open to the community. This is subject to change dependent on the applicant pool and current SHS needs.

The Samaritan Nurse Assistant Training Program is a 150-hour course fulfilling the Oregon State Board of Nursing requirements for nursing assistant training and grants a certificate of completion, as well as 9 credits from LBCC. This course combines knowledge learning with skills labs and hands-on clinical experience.

Students will receive instruction in basic bedside nursing skills, basic restorative skills, mental health and social service needs, personal care skills, and knowledge of client rights. Students will learn the knowledge and skills necessary to care for patients in long-term care and acute care facilities. This course requires both a time commitment and a “personal caring” commitment from the students. Students must also be able to meet physical requirements, engage in therapeutic communication, and deal with stressful interpersonal situations.

SHS offers both a “traditional classroom” and a “combination online/live” option. The combination online/live option still requires onsite attendance at skill labs and clinical experiences. Applicants should plan accordingly to ensure their attendance to all skills labs and clinical experiences; lack of attendance will result in failing the course. For more information regarding these two options, please visit our website (www.samhealth.org, click education, click health careers and training).

At the completion of the course, the student must apply to the Oregon State Board of Nursing (OSBN) to schedule the certification exam.

Special Note: SHS offers this program as a training opportunity; therefore, acceptance into and/or completion of this course does not imply or guarantee any future employment opportunities within SHS or with any other employer. SHS does not offer a job placement program. For current job openings at SHS please refer to www.samhealth.org. Applicants who are accepted to a SHS training program are considered students and do not have the same benefits as an employee. Successfully passing a background check or drug test that allows student access within SHS does not guarantee that SHS or any other possible employer will accept the same results for employment purposes. SHS cannot be held accountable for lack of current or future employment opportunities.

Fees – all fees/costs are the responsibility of the applicant

Direct Fees – due with the application

- **Course fee**
 - **Traditional classroom option fee: \$1000.00**
 - **Combination online/live option fee: \$1200.00**
 - Will not be processed unless an applicant is accepted
 - Will be returned if the applicant is not accepted
 - Includes course fees, student materials, and books
 - May be eligible for reimbursement through the Samaritan Educational Program after 6 months of employment if the applicant applies and is hired as a Samaritan employee
 - Once processed, course fees are refundable only if
 - Samaritan Health Services cancels the course
 - Applicant withdraws from the course 3 days prior to the first class date
- **Background Check fee: \$70.00**
 - Non-refundable once the background check has been processed
 - If you have already completed a background check with SHS within the last 12 months, indicate this on your application form

Associated fees

- LBCC Lab fee: \$125.00
- Students will also need to provide the following for training
 - Stethoscope
 - Uniforms (scrubs) for classroom, skills lab, and clinical experience (no solid white or solid green uniforms)
 - Shoes for clinical experience (clean with minimal markings and no open toes or heels)
 - Materials for class projects

After completion of the Samaritan Nurse Assistant Program, additional costs to become a Certified Nursing Assistant in Oregon will include:

- OSBN state exam fee: \$106
- Finger printing from a local law enforcement office: \$20-50
- OSBN fee for the national criminal background check: \$52

Class Dates, Times, & Locations

Please refer to our website (www.samhealth.org, click education, click health careers and training) for information regarding specific course dates for this program.

SHS reserves the right to change this schedule as needed to meet SHS workforce needs or based upon instructor and/or training space availability. Courses that do not meet minimum enrollment may be subject to cancellation.

Traditional Classroom Option Schedule

- 11 classroom sessions
 - Weekdays only
 - 8:00am to 3:30pm
 - 1 half-hour lunch and 2 fifteen-minute breaks
 - Held at the Health Career and Training Center at Samaritan Lebanon Community Hospital in Lebanon, OR
- 10 clinical experience days
 - Hours will be from 6:45 am to 2:45pm or 2:45 pm to 10:45 pm
 - 1 half-hour lunch and 2 fifteen-minute breaks
 - Scheduled shifts will be rotated between students
 - Held at Good Samaritan Regional Medical Center in Corvallis and/or at Samaritan Albany General Hospital in Albany

Combination Online/Live Option Schedule

- The first 4 weeks will be online independent study
- 5 days of live skills lab training
- Clinical experience will be the same as the Traditional Classroom Option

Student Responsibilities

- All students will complete all required homework/study assignments
- All students will come to class prepared and ready to actively participate
- All students will contribute to the learning environment; this includes keeping all personal electronic devices (such as cell phones) on vibrate or silent and adhering to the dress code by wearing scrubs to all classroom days and clinical experiences
- All students will attend all scheduled classroom dates, no exceptions
- All students will attend all scheduled clinical dates, no exceptions

To ensure that the OSBN 150 hour time commitment is met, all class and clinical times must be attended due to the condensed time frame of the courses.

Application Information & Process

Applications will

- Only be accepted during the application window listed on the SHS website (www.samhealth.org, click education, click health careers and training)
- Only be accepted for the class that corresponds with that application window. Applicants may not apply for future classes until the appropriate application window
- Be accepted on a first come, first serve basis
- Only be accepted if complete. Any missing information will result in an immediate return of the application

Acceptance of an application does not, in any way, guarantee acceptance into the course.

Professional Development reserves the right to close any application prior to the stated end date if enough applications have been received to fill the class and waitlist. Class size is determined by Professional Development and is based upon the number of available clinical spaces within SHS and OSBN required instructor/student ratios.

To apply

1. Complete the application, including the medical information
2. Complete the Criminal Background Check form
3. Complete the Samaritan Health Services Acknowledgement/Agreement form
4. Attach the following to your application
 - a. Proof/documentation of immunizations and TB test
 - i. If you do not have documentation, you must obtain titers (blood tests) to prove immunity. Please speak with your primary care provider, county health department, local clinic, or Samaritan Occupational Medicine for assistance
 - ii. Remember, a tetanus shot is only good for 10 years and Pertussis was added to the tetanus vaccine within the last few years
 - b. Proof of reading comprehension in the 31st percentile or above or on a scaled score from 67-83 or above
 - i. An official transcript showing C or better in a college level course (100 level or above) will be accepted in place of reading comprehension.
 - ii. Reading comprehension tests are available from LBCC for approximately \$6. Contact the LBCC Testing Center at 541-917-4781 for more information
 - c. Proof of a current CPR card. It must be one of the following
 - i. American Heart Association Healthcare Provider
 - ii. Red Cross CPR/AED for the Professional Rescuer and the Healthcare Provider

- iii. Your CPR card cannot expire during the course
- iv. Samaritan Health Services does offer CPR classes for the community. Please visit the SHS website at www.samhealth.org for more information or contact our office
- d. Course and background check fee, payable to Samaritan Health Services
 - i. Traditional Classroom option: \$1000.00
 - ii. Combination online/live option: \$1200.00
 - iii. Background Check Fee: \$70.00
 - 1. If you have completed a criminal background check within the last year through Samaritan Health Services please notify us of this when turning in this application
- 5. Return completed application form and required documentation to Professional Development
 - a. Applicants must apply in person to:

Samaritan Professional Development
 Avery Square, Suite 258
 815 NW 9th Street
 Corvallis, OR 97330

After the application window has been closed

- Applications will be assessed based on acceptance date and reading comprehension; the program director will give final approval for the medical information form
- Applicants will be contacted regarding their application status approximately 2 weeks prior to the class start date
- We reserve the right to refuse admittance into any course if requirements have not been met or are questionable
- If notified of acceptance, applicants must complete the following within 7 business days
 - Drug Screening, results will be accepted from
 - A Samaritan Health Services Occupational Medicine office
 - Another drug testing facility that tests for the following
 - Amphetamines
 - Barbiturates
 - Cannabis
 - Opiates
 - Cocaine
 - Results of your drug screening must be communicated to our office by the testing facility
 - Register with LBCC
 - \$125.00 lab fee payable to LBCC for all applicants will apply
 - Additional cost may apply if you choose to apply for admission to LBCC
 - Additional forms and/or paperwork may be required at LBCC

Samaritan Health Services reserves the right to refuse participation of an applicant based on drug test failure, criminal background check failure, incomplete applications, and/or lack of payment.

Student Health Information (Read prior to completing the Medical Information Form)

Immunizations are an important part of healthcare. All persons working in health-care settings have the potential for exposure to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. We require the following vaccines for regulatory compliance and/or to ensure immunity status, which is an essential part of our disease and infection prevention programs. Vaccinations may be obtained from Samaritan Occupational Medicine (SOM) or a facility of your choice. The expense of the immunization(s) is the responsibility of the student. If you decide not to receive the required vaccines, you will not be able to be accepted into the course (exception made for Hepatitis B). Below are explanations of the diseases we require immunizations for. For more information, please visit the CDC website at www.cdc.gov.

Measles: A respiratory disease caused by a virus, causing a rash, cough, runny nose, eye irritation, and fever. It can lead to ear infection, pneumonia, seizures, brain damage, and death. Spread from person to person through the air. The disease is highly contagious, and can be transmitted from 4 days prior to the onset of the rash to 4 days after the onset.

Mumps: An acute viral illness caused by the mumps virus, causing fever, headache, and swollen glands. It can lead to deafness, meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, and, rarely, death. The mumps virus replicates in the upper respiratory tract and is spread through direct contact with respiratory secretions or saliva or through fomites.

Rubella (German measles): An acute viral disease, causing a rash, mild fever, and arthritis (mostly in women). If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects. Spread by contact with an infected person, through coughing and sneezing.

Hepatitis B: A contagious liver disease that ranges in severity from a mild illness lasting a few weeks to a serious, lifelong illness. It results from infection with the hepatitis B virus. Hepatitis B can be either "acute" or "chronic." It ranges in severity from a mild illness, lasting a few weeks (acute), to a serious long-term (chronic) illness that can lead to liver disease or liver cancer. Hepatitis B is spread when blood, semen, or other body fluid infected with the hepatitis B virus enters the body of a person who is not infected. It is strongly recommended that anyone who has the potential to be exposed to blood or other infectious material be vaccinated against HBV. This vaccination is optional. If you have chosen to not become vaccinated, please indicate this choice on the Medical Information Form.

Varicella (Chicken Pox): A disease caused by infection with the varicella zoster virus, causing fever and an itchy rash of blister-like lesions covering the body, but usually more concentrated on the face, scalp, and trunk. Complications could include bacterial infection of the skin, swelling of the brain, and pneumonia. Adolescents and adults are more at risk for severe disease. Spread by coughing and sneezing (highly contagious), by direct contact, and by aerosolization of virus from skin lesions.

Tetanus: A disease of the nervous system caused by *Clostridium tetani* bacteria. Early symptoms include lockjaw, stiffness in the neck and abdomen, and difficulty swallowing. Later symptoms include severe muscle spasms, generalized tonic seizure-like activity, severe autonomic nervous system disorders. Complications can include bone fractures, abnormal heart rhythm, and death in 10-20% of cases. Tetanus enters the body through a break in the skin and is not transmitted from person to person.

Diphtheria: A respiratory disease caused by bacteria, causing gradual onset of sore throat and low-grade fever. Diphtheria causes a thick covering in the back of the throat. Complications may include airway obstruction/breathing problems, paralysis, coma, and death if not treated. Spread by coughing and sneezing.

Pertussis: A respiratory disease caused by bacteria. It is also called whooping cough. Symptoms include runny nose, sneezing, low grade fever, cough, similar to the common cold. After 1-2 weeks, may progress to stage characterized by bursts of numerous rapid coughs (paroxysms). A final recovery stage with coughing may last weeks or months. Complications include bacterial pneumonia and rib fracture. Other complications of adult pertussis occur rarely. Infants are at highest risk for apnea, pneumonia, seizures, encephalopathy, and death. Spread by coughing and sneezing.

TB (Tuberculosis): A disease caused by a bacterium called *Mycobacterium tuberculosis*. The bacteria usually attack the lungs. But, TB bacteria can attack any part of the body such as the kidney, spine, and brain. If not treated properly, TB disease can be fatal. TB disease was once the leading cause of death in the United States. TB is spread through the air from one person to another. The TB bacteria are put into the air when a person with active TB disease of the lungs or throat coughs, sneezes, speaks, or sings. People nearby may breathe in these bacteria and become infected.



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Instructions

1. Please complete all forms, typing or printing clearly in blue or black ink
 - a. To type, simply tab through the document or click on the spaces and fill in the blanks
2. Refer to the section titled "Application Process" for instructions on how to complete this form
3. All requested attachments are required and must be submitted with the application
4. Please submit your application during a scheduled Application Acceptance Window
5. Applications will be returned if they are incomplete and/or submitted outside of the stated date range

Acceptance of this application by our office does not guarantee acceptance into a course.

Applicant Information

Complete this section by filling in all blanks. If not applicable, indicate n/a. An inability to contact you will result in closure of the application process and re-application will be necessary.

Today's Date: _____

List month applying for: _____

Applicant's Full Legal Name: _____

Past Legal Names: _____

Preferred name on badge (if different than above) _____

Social Security #: _____

Place of Birth: _____

Mailing Address: _____
PO Box or Number and Street *Apt/Lot #*

Address Continued

City *State* *Zip*

Email: _____

Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____

Do you hold a high school diploma or GED Yes No

Date Received and Name of School: _____

Are you currently employed by Samaritan Health Services? Yes No

If yes, please list current campus/department*: _____

**Authorization from your manager must be attached to this application for it to be processed. An example of an authorization would include a signed letter stating that your manager is aware that you are applying for this program and if needed will work with you to schedule time off from work*

Will you need any reasonable accommodations to perform the essential functions of the class? Yes No

If yes, please explain:

Payment Information

Please indicate payment method below. Include all information needed to bill a credit/debit card or attach a check/money order payable to Samaritan Health Services. We do not accept cash payments.

Classroom Fees

OR

Online Fees

\$1,000 course fee

\$1,200 course fee

\$70 background check fee

\$70 background check fee

I have completed a background check through Samaritan Health Services within the past year

Total amount due _____

Payment Method

Check, attach a check payable to Samaritan Health Services

Money Order, attach a money order payable to Samaritan Health Services

Credit/Debit Card Name on card: _____

Card Type: _____

Card Number: _____

Billing Address: _____

Expiration Date: _____ Security Code: _____

I hereby authorize Samaritan Health Services to charge my debit and/or credit card for the total amount due listed above.

Signature Date

Questions

In a short paragraph, a few sentences, please answer the following questions.

1. What is your understanding of the role of the Nurse Assistant?

2. Why do you want to take the NA class at SHS?

Medical Information

Complete all areas of the medical information section and attach the supporting documentation that proves you received the immunizations and/or tests or shows serologic proof of immunity. Examples of documentation include: shot record, signed statement from physician office that either gave the test or immunization or has documented proof, etc.

MMR (Mumps, Measles, Rubella) Vaccine

Attach Documentation

List dates and attach proof of either MMR doses **OR** Rubella, Rubeola, and Mumps titers.

Date of 1st Dose: _____ **OR** Rubella Titer: _____
Date of 2nd Dose: _____ Rubeola Titer: _____
*Allow 1 month between doses Mumps Titer: _____
Date _____ + or -
Date _____ + or -
Date _____ + or -

Hepatitis B Vaccine

Attach Documentation

List dates and attach proof of either Hepatitis B doses **OR** titers. If you have chosen to not receive a HBV Vaccination, please check the appropriate box.

Date of 1st Dose: _____ **OR** Hepatitis B Titer: _____
Date of 2nd Dose: _____ (HBsAB) Date _____ + or -
Date of 3rd Dose: _____ I have chosen not to receive a vaccination for Hepatitis B and I understand that this puts me at risk for Hepatitis B.

Chicken Pox (Varicella)

Attach Documentation

List dates and attach proof of either Varicella doses **OR** titers. If you have physician documentation of Chicken Pox or Herpes Zoster, please check the box below and attach the documentation.

Date of 1st Dose: _____ **OR** Varicella Titer: _____
Date of 2nd Dose: _____ I have attached physician documentation that certifies I have had Chicken Pox or Herpes Zoster.
*Allow 1 month between doses Date _____ + or -

Tetanus, Diphtheria, and Pertussis

Attach Documentation

List dates and attach proof of Tdap. If you have not received a Tdap vaccination, you may receive it at an interval of two years following your last Td booster or sooner, unless contraindicated by your care provider. Please provide documentation indicating contraindication.

Date of Tdap: _____ **OR** Date of Td: _____
& attach documentation of contraindication

TB (Tuberculosis)

Attach Documentation

List test date and results. TB tests must be within last 12 months and cannot expire during the course.

TB Skin Test Result Date: _____ mm/induration: _____
Have you ever had a positive TB test? Yes No (if no, skip page 8)
If yes, please complete the TB Risk Factor Screening Form & attach the last chest x-ray report.
Have you ever completed preventative drug therapy (INH)? Yes No
If yes, in what year? _____

Signature: _____ Date: _____

Print Name: _____

Risk Factor Screening Form

Only complete this if you have a positive TB test result.

Please answer yes or no to the following questions:

What year was your positive TB Test? _____

Have you ever been diagnosed with TB? Yes No

If yes, in what year? _____

Have you ever completed preventive therapy (IHN) or treatment for TB? Yes No

If yes, in what year? _____

In the past year have you had:

1. Close exposure to someone with TB? Yes No
2. Chest x-ray consistent with TB that was untreated? Yes No
3. A problem with substance abuse? Yes No
4. Diabetes mellitus (severe or poorly controlled) Yes No
5. HIV infection? Yes No
6. Immuno-suppressive therapy, i.e. steroids? Yes No
7. Any symptoms of pulmonary TB, such as productive, prolonged cough, chest pain, and/or hemoptysis (bloody sputum) Yes No
8. Any of the following conditions that will increase your risk of TB disease
 - Hematologic & Reticuloendothelial diseases (e.g. Leukemia, Hodgkin's disease)
 - Cancer of the head/neck
 - Silicosis
 - Chronic malabsorption syndromes
 - Intestinal bypass/gastrectomy
 - End stage renal disease
 - Low body weight
 - None of the above
9. Any systemic symptoms of TB, such as
 - Fever/Chills
 - Night Sweats
 - Easy Fatigability
 - Loss of Appetite
 - Weight Loss
 - None of the above

Explanation to any "Yes" statements and other comments:

Signature: _____

Date: _____

Print Name: _____



Samaritan Nurse Assistant Training Program Acknowledgement and Agreement Form



Please Read the Following Carefully Before Signing

I certify that the information set forth by my signature in this application is true, complete, and accurate to the best of my knowledge.

I understand that falsified statements on this application shall be considered sufficient cause for refusal of admission to the Samaritan Nurse Assistant Program.

I understand that final acceptance into the program is dependent on completion of the following:

- Passing a Criminal Background Check (non-refundable once processed)
- Passing a Urine Drug Test per the Samaritan Health Services Drug Testing Protocol
- Registering with LBCC

If these requirements are not met by the deadline given, I understand that SHS has the right to drop me from the program.

I further understand that I may withdraw from the course in writing three days before the commencement of the first day of classes or three days before I receive access to the online didactic training. All tuition paid to the course will be refunded, less a cancellation fee of 10 percent. The LBCC registration fee must be refunded through LBCC Registration Office.

If I withdraw from the class less than three days before the start of the course or after the start of the class, I will not be entitled to any refund of tuition.

I hereby release all parties and persons connected with any request for information from all claims, liabilities, and damages for whatever reasons arising out of furnishing such information.

My signature below indicates that I have received, read, and understand the Oregon Department of Human Resources and the Oregon State Board of Nursing criminal history requirements and policies. (Included with the information on the SHS website.)

I may file a complaint about the Samaritan Nurse Assistant Training Program with the Oregon State Board of Nursing, in writing, either by mail or email.

Oregon State Board of Nursing
17938 SW Upper Boones Ferry Rd.
Portland, Oregon 97224-7012

www.oregon.gov/OSBN

According to OSBN Oregon Administration Rules: For facility-based nursing assistant level 1 programs, no student who is employed by, or who has received an offer of employment from a facility on the date on which the student begins training will be charged for any portion of the program, including any fees for textbooks or other required course materials in accordance with 42 CFR / 483.152(c)(1). **(The Samaritan Nurse Assistant Training Program is not a facility based program.) Students should save all receipts pertaining to this course for reimbursement if employed by a licensed nursing facility within 12 months following completion of the course. The Request for Reimbursement form is available upon request in the Professional Development office.**

Applicant Signature: _____ Date: _____

Samaritan Professional Development: _____ Date: _____

Criminal Records Check Consent/Authorization



In order to serve the best interest of the patients of Samaritan Health Services (SHS), we deem it necessary to conduct criminal record checks on all applicant finalists. The following request for information must be completed by you, the applicant, and returned to Samaritan Professional Development with your application. Your signature on this form authorizes SHS to obtain information from any law enforcement agency, court and/or record source, or consumer reporting agency, and investigate any matter relevant to the evaluation of your suitability for course participation with SHS.

Any falsification, misinterpretation, or omission of required information will result in denial of program acceptance or immediate termination of participation, regardless of when and how discovered. **Disclosure of a criminal history/conviction does not necessarily disqualify an applicant from participation in a course.**

This consent form does not apply to criminal records expunged (obliterated) pursuant to ORS 419.262. Information obtained by a criminal records check will be used for course-related purposes only, to the extent permitted by the applicable law. Criminal background checks conducted using consumer reporting agencies are governed by the federal Fair Credit Reporting Act—please read the posted “Summary of Your Rights Under the Fair Credit Reporting Act” and keep it for your reference.

Full Name (include ALL names used, past and present, including middle name & maiden/former surnames)

Date of Birth	Social Security Number	Driver’s License Number and State

Full Address (Street, City, State, Zip Code)

List states, outside of the state of Oregon, where you have lived in the past 10 years

Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> Y / <input type="checkbox"/> N if yes, list <u>charge(s)/state(s)</u> in which charged. Use back of form for additional explanation if necessary

I have read and understand this request for information and the posted Summary of Rights under the Fair Credit Reporting Act and agree to hold Samaritan Health Services, its officers, agents, and employees harmless from any liability resulting from the use of the information requested.

Applicant’s Signature _____ Date _____

For Employment with SHS Volunteer Service with SHS Program/Entity _____

CIS Check Date

By

(For HR use)

Record Found: Yes No

Approved for Hire: Yes No

Recruiter: _____ Entity: _____

Updated: 1/2012