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 www.CNATrainingOregon.com

INTEGRITY ♥ STEWARDSHIP ♥ RESPONSIBILITY ♥ RESPECT ♥ PROFESSIONALISM

MED AIDE HYBRID WEEKEND CLASS SCHEDULE

Course # M22301W

Classroom: Virtual classroom/Suite 203 Labs

Class Instructor: Jean Tabor, RN

Virtual Class waiting room opens at 9:15am

Program Information:

- **Face coverings are required while on campus and must be worn at all times.** We encourage students to bring their own cloth or medical masks.
- **Scrubs are required during lab days and in the clinical rotation.** Bring to class all materials on the program requirements checklist. During lab days there is one 15-minute break. We recommend you bring a drink and a snack if you like. We have microwaves and refrigerators located in the student lounge for your convenience.
- **The clinical rotation follows the completion of the classroom portion, passing the final exam and providing all clinical required items to the Clinical Coordinator.** All schedules are dependent upon availability.
- **Clinical schedules will be prepared during the program and emailed after the final exam.**

➤ **CLINICAL REQUIRED ITEMS:**

All required items for clinical attendance must be completed and submitted to the office no later than 2 days before class begins. If any of the clinical required items are not handed in on time, clinical placement will be affected, and the student may not attend a clinical rotation until these items are taken care of. These items are required by law from the Oregon Health Authority.

The clinical required items are: AHA / BLS CPR card, negative TB test, and drug screening. The lab will send us the drug screening results. We recommend you get this done at least one week before class begins. All clinical required items must be approved and confirmed before you will be released for the clinical rotation. You must also pass the final exam and complete all time in the class and labs. Students will be informed by email when they are released for their clinical rotation.

➤ **PROGRAM COMPLETION INFORMATION:**

Upon completion of the program the student will be issued a certificate of training from the school. You will be notified by email when the certificate is ready to be picked up. Your certificate, application to test, and payment for testing will be submitted online to the OSBN. The OSBN will then notify you by email that you may schedule your fingerprints and your state board exam. A link for fingerprint scheduling is in the email from the OSBN. We are a regional testing site. You may self-schedule your OSBN exam.

Final Exam Date: _____ 4-MONTH DEADLINE DATE: _____

CLASS SCHEDULE		
Saturday	1/15/22	9:30am-4:00pm
Sunday	1/16/22	9:30am-4:00pm
Saturday	1/22/22	9:30am-4:00pm
Sunday	1/23/22	9:30am-4:00pm
Saturday: On-Campus Mid-Term and Labs	1/29/22	9:30am-3:00pm
Sunday: On-Campus Mid-Term and Labs	1/30/22	9:30am-3:00pm
Saturday	2/05/22	9:30am-4:00pm
Sunday	2/06/22	9:30am-4:00pm
Saturday	2/12/22	9:30am-4:00pm
Sunday	2/13/22	9:30am-4:00pm
Saturday	2/19/22	9:30am-4:00pm
Saturday: On-Campus Labs	2/26/22	9:30am-3:00pm
Sunday: On-Campus Labs	2/27/22	9:30am-3:00pm
Saturday – Final Exam Two Groups	3/05/22	10:00am-12:00pm 1:00pm-3:00pm
66 Hours Total (Class & Lab)		

CAREGIVER TRAINING INSTITUTE reserves the right to change class schedules at any time. Schedules are subject to revision based on school, instructor and facility availability. It is our policy to adhere to published schedules whenever possible, and we will make every effort to inform students enrolled school program of any changes as soon as possible.



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Clinical Information

It is an **OSBN regulation** that all students must complete the entire program within four (4) months of the last date in their regularly scheduled classroom portion of the program. This does NOT include any makeup time that may occur after the final test date or the final if it is not taken with your classroom cohort. If you are unable to complete the program for any reason the school must close your folder and terminate you from the program on the 4-month deadline date.

First Day INFO: All students will meet their instructors at the facility in the front reception area on the first day of clinical. **DO NOT BE LATE.** After the first day, you will meet in the designated area in the facility that is set up for students. Please pay attention to parking at the building. You must park where the facility requests, you may be asked to leave for the day, and you may not be allowed to return if you do not follow the facility requests.

Clinical Information:

- Please dress in scrubs and bring your stethoscope, BP cuff, gait belt and name badge. It is a federal law that you must wear it at all times when you are in the facility.
- **Please bring a lunch.** You will have 30 mins only for a lunch break. There may not be a refrigerator available. Bringing food in an insulated lunch bag is advised.
- **Clinical schedules are dependent upon instructor and facility availability** and a maximum of 10 students only will be scheduled for a clinical rotation per OSBN regulations.
- Please review the clinical agreement form that you signed on the last day of class. It is found at the back of student handbook under the section: forms.
- Please read and review the section in OSBN Div. 63 regarding the authorized duties of the Nursing Assistant.

➤ **PROGRAM COMPLETION INFORMATION:**

Upon completion of the program the student will be issued a certificate of training from the school. **Per OSBN regulations we have 10 BUSINESS days to issue it.** We are not open at this time on Wednesdays. We are also not open on holidays and at times the day before and/or the day after. Our office/holiday closures are posted on the website. You will be notified by email when the certificate is ready to be picked up. Your certificate, application to test, and payment for testing will be submitted online to the OSBN. The OSBN will notify you by email when you may schedule your fingerprints and your state board exam. A link for fingerprint scheduling is in the email from the OSBN. We are a regional testing site.

CLINICAL SCHEDULE DATES: _____

Facility: _____ **Times:** _____

Address: _____

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