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www.CNATrainingOregon.com

INTEGRITY ♥ STEWARDSHIP ♥ RESPONSIBILITY ♥ RESPECT ♥ PROFESSIONALISM

MED AIDE WEEKEND CLASS SCHEDULE INSTRUCTOR-LED HYBRID PROGRAM

Course # M22307W

Classroom: Virtual classroom/Suite 203 Labs

Class Instructor: Jean Tabor, RN

Virtual Class waiting room opens at 8:45am

Program Information:

- **MASK USE:** At this time masks are no longer required on campus; however, students are welcome to wear a face mask when they prefer. Face coverings must be worn in class and on campus when required by the CDC, OHA, or other State of Oregon government regulatory bodies. **Please do not come to class if you are feeling sick.** Contact the office for ways to continue in the class or obtain makeup time for labs.
- **Scrubs are required during lab days and in the clinical rotation.** Bring to class all materials on the program requirements checklist. You will also need a watch with a second hand for vital signs.
- **Scrubs are required during lab days and in the clinical rotation.** Bring to class all materials on the program requirements checklist. 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.**
- **ALL schedules are dependent upon instructor and facility availability.**

Clinical Required Items:

- **Clinical required items must be completed and submitted to the office when submitting registration forms, no later than 2 days prior to class starting. Once these are received a schedule will be issued upon payment for the program. These items are required by law from the Oregon Health Authority.**
- **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. **See page two for this info.**

CLASS SCHEDULE		
Saturday	11/05/22	9:00am-4:30pm
Sunday	11/06/22	9:00am-4:30pm
Saturday	11/12/22	9:00am-4:30pm
Sunday	11/13/22	9:00am-4:30pm
Saturday: On-Campus Mid-Term and Labs	11/19/22	9:00am-2:00pm
Sunday: On-Campus Mid-Term and Labs	11/20/22	9:00am-2:00pm
Saturday	11/26/22	9:00am-4:30pm
Sunday	11/27/22	9:00am-4:30pm
Saturday	12/03/22	9:00am-4:30pm
Sunday	12/04/22	9:00am-4:30pm
Saturday: On-Campus Labs	12/10/22	9:00am-2:00pm
Sunday: On-Campus Labs	12/11/22	9:00am-2:00pm
Saturday – Final Exam Two Groups	12/17/22	10:00am-12:00pm 1:00pm-3:00pm
65 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.

Revised 5/11/2022



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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.

4-MONTH DEADLINE DATE: _____

PLEASE NOTE: Masks remain a required item in the clinical settings. **ALSO - Students must be fully vaccinated against COVID-19 to be scheduled into a clinical rotation.**

The clinical required items are: a negative TB test, the drug screening, and an AHA BLS CPR card.

- **The CPR class may be taken during your classroom portion of the program.** If you do not have a current AHA CPR BLS card you must sign up for a CPR class during your registration process.
- **A negative TB test.** You must get and receive the lab results and submit this to the office during registration.
- **Obtain a drug screening.** The lab will send us the drug screening results. Pay for this during registration and get the test done quickly. Please note that it can take up to a week to receive the test results.

First Clinical Day INFO: You will meet the instructor 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. **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 guidelines on parking. Also:

- 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. Also, bring a lunch.
- Please review the clinical agreement form that you signed on the last day of class. Also review the section in OSBN Div. 63 regarding the authorized duties of the Medication Aide.

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.** The school office is 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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