



Office: 503-257-0117
Fax: 503-257-0119

12790 SE Stark Street, Suite 100
Portland, Oregon 97233
www.CNATrainingOregon.com

INTEGRITY ♥ STEWARDSHIP ♥ RESPONSIBILITY ♥ RESPECT ♥ PROFESSIONALISM

MED AIDE WEEKEND CLASS SCHEDULE

Course # M23304W

Virtual Classroom: Zoom

On-Campus Classroom: Suite 203

Class Instructor: Jean Tabor, RN

Class check-in begins at 8:45 am in your classroom and on Zoom for virtual students. Please do not be late.

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. Contact the office for ways to continue in the class or obtain makeup time for labs.
- **Please do not come to class if you are feeling sick.**
- 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.
- 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/lab portion, passing the final exam and providing all clinical required items to the Clinical Coordinator.
- Clinical schedules will be prepared during the program and emailed after the final exam.
- **ALL schedules are dependent upon instructor and facility availability.**

CLASS SCHEDULE		
Saturday	8/05/23	9:00am-3:30pm
Sunday	8/06/23	9:00am-3:30pm
Saturday	8/12/23	9:00am-3:30pm
Sunday	8/13/23	9:00am-3:30pm
Saturday: On-Campus Mid-Term and Labs	8/19/23	9:00am-2:00pm
Sunday	8/20/23	9:00am-3:30pm
Saturday	8/26/23	9:00am-3:30pm
Sunday	8/27/23	9:00am-3:30pm
Saturday	9/09/23	9:00am-3:30pm
Sunday	9/10/23	9:00am-3:30pm
Saturday On-Campus Labs	9/16/23	9:00am-2:00pm
Sunday – Final Exam Two Groups	9/17/23	10:00am-12:00pm 1:00pm-3:00pm
64 Hours Total (Class & Lab)		

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 READ ALL INFO ON PG.2 FOR SUCCESSFUL CLINICAL EXPERIENCE

It is the policy of Caregiver Training Institute that all required clinical documentation must be received by the school business office by the first day of labs, or the students will be removed from their scheduled clinical rotation and moved to a wait list to go into the clinical setting.

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 4/16/2023



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CLINICAL REQUIRED ITEMS

- **SUBSTANCE ABUSE SCREENING: \$60** Drug screening *ONLY AVAILABLE* through the school’s service provider.
- **AHA BLS CPR Card:** Sign-up for CPR class at the school or submit a current AHA BLS CPR card to business office.
 - **\$70/AHA BLS CPR Class** (If you do not have a current AHA CPR BLS card you must sign up for a CPR class during your registration process.)
 - **CPR classes scheduled through the school must be completed prior to the beginning of the student’s clinical rotation.**
- **COVID-19 REQUIREMENT:** Vaccine documentation or a completed exemption form must be submitted to the school office. Medical exemption forms must be signed by the student’s healthcare provider. **The clinical training facility makes all eligibility and clinical placement decisions.** Individuals who receive exemptions may be required to follow additional safety measures in clinical rotations. Exemption forms are available in the office.
- **TB (Tuberculosis) Negative test results documentation:** Students may provide a copy of a current QuantiFERON Gold blood test, T-SPOT blood test, TB Skin Test (PPD), and/or current Chest X-ray for TB documentation, from their physician, a current or former employer, or another source.

Clinical Information - First Day:

- Clinical schedules are dependent upon instructor and facility availability and a maximum of 1 student only will be scheduled for a clinical rotation.
- **Please bring ALL books for the MA program to your clinical rotation.** You will need your textbook, workbook, and drug book for MA student activities between med passes.
- **Please 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 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.
- **Please wear scrubs, bring your stethoscope, BP cuff and gait belt, and your name badge.**
- **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. You should not plan to go out for food while in clinical.

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 14 BUSINESS days to issue it.** 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. A link for fingerprint scheduling is in the online application from the OSBN. We are a regional testing site.

CLINICAL SCHEDULE DATES: _____

Facility: _____ **Times:** _____

Address: _____

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