

**Oregon Coast Community College**  
**Medical Assisting Program**  
**Application Checklist**  
**2019-2020**

The following must be completed as part of the application process

- Make an Academic Advising Appointment with an Advisor who specializes in Nursing and Allied Health at <http://www.oregoncoastcc.org/advising-appointments/>. Advising appointments are mandatory.
  - If you are not in the Central Coast area, your initial appointment can occur over the phone. Be sure to state this on the appointment page.
  - Bring all unofficial transcripts to the advising appointment. If this is a phone appointment, send transcripts via email to the Academic Advisor before the appointment.
  - At the advising appointment, you will be scheduled to attend an Orientation session, where you will register for classes. Please bring your OCCC log in and password to the session.
  
- **If you plan to apply to the Medical Assisting Program submit OFFICIAL college transcripts from each school that you attended, following the procedure below. Please know that there are two colleges that work together to process your transcripts: Oregon Coast Community College and Portland Community College. You will need to log into your PCC account (MyPCC at <https://www.pcc.edu/resources/mypcc.html> ) to track the evaluation process.**
  1. Submit your official transcript (s) in a sealed envelope to Oregon Coast Community College: Student Services, Oregon Coast Community College, 400 SE College Way, Newport, OR 97366. Make sure that your college is sending the actual print copy, **not an electronic version**.
  2. Track PCC's receipt of your transcript by logging into my.pcc.edu and clicking on the "Transfer Credit Evaluation" link from the Home tab ("Don't wait in Line" channel). *It may take a week or two.*
  3. Once your transcript (s) is received it will display in this link, click "Submit" to request the evaluation. Evaluations are processed in the order that the requests are received. Once your request is submitted, your transcript will disappear from this link; this means that PCC has received your request. *Evaluations take between two days and two weeks to complete.*
  4. When your transfer credit evaluation is complete, you will be sent an email via MyPCC. You can review your transfer credit on your unofficial transcript by clicking the "Transcripts" link from the MyPCC Home tab. You can also look on your GRAD Plan to see how your transfer credits count towards your degree or certificate.
  5. Email your OCCC Academic Advisor when your evaluation is complete.
  
- Complete the Online Application for the Medical Assistant Program
  
- Read the disqualifying and potentially disqualifying crimes document on the OCCC website/ Medical Assistant (located under the "more details" tab or use this link:

[https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID\\_OARD=6uvulRyE8-Q0Gt\\_fu8WfXjAVrSEu1VO9nmOBGvtT1FD8etvcSQFr!-1969788327?selectedDivision=1626](https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OARD=6uvulRyE8-Q0Gt_fu8WfXjAVrSEu1VO9nmOBGvtT1FD8etvcSQFr!-1969788327?selectedDivision=1626); specifically, OAR 407-007-0200 to 407-007-0640 .

- Create your account in Complio by American DataBank by August 1, 2019 but before September 23, 2019. The link is on the OCCC MA website on the right side of the page. You will request a background check, drug screen, and one-year immunization tracking package. Results will be communicated directly to the OCCC allied health department.
  - The drug screening must be completed at Samaritan Health Services, Occupational Medicine. They are located at 740 SW 9<sup>th</sup> Street, Newport (next door to the Samaritan Center for Health Education building) in a temporary trailer with the Walk-In Clinic. No appointment is necessary. The phone number to Samaritan Health Services, Occupational Medicine is 541-574-4675 and their hours are 8:00 am - 11:30 am and 1:00 pm - 4:30 pm.
  - Upload all immunizations, TB testing and CPR training (See Health Form) into your account with Complio. These are clinical requirements for participation in the Medical Assisting Program (MA).

Steps to obtaining Immunization documentation:

- Your parent or guardian may have a copy of your childhood records
- Contact the most recent school you have attended
- Contact your medical provider

***If none of these suggestions provide the information you need, schedule an appointment at:***

**Lincoln Community Health Center FQHC  
1010 Coast Highway 101, Newport OR 97365  
Office: 541-265-4947**

- They will be able to access the ALERT IIS system and provide any required immunizations at a reduced cost.
  - Students are also required to have current CPR certification through the American Heart Association “Health Care Provider: BLS: Basic Life Support”. You may check the Samaritan website (<https://www.samhealth.org/health-services/classes-and-events>) for dates/times or call the Yachats Fire Department for class information @ 541-547-3266.
- Order scrubs and medical devices. All scrubs (top/bottom) must be ordered from AllHeart at: <http://group.allheart.com/occc> The top is wine color with OCCC embroidered on front and the pants are black. The password is **occcscrubs**. Medical devices and shoes may be ordered from any site. If you will be using financial aid for payment of these items, please call Vickie Jones-Briggs at 541-867-8548 with size and color options.
  - A Mandatory orientation will be held on September 5, 2019 in room 62, Newport Campus from 9-12pm. Classes begin on September 23<sup>rd</sup>.

If you have any questions regarding the above information, please call Vickie Jones-Briggs at 541-867-8548

**Oregon Coast Community College  
Health Form**

**Student/Faculty Name:**

**Program:**

These requirements are in place for the health and safety of students, faculty and their patients.

By contract with your academic institution, all students and faculty participating in patient care experiences must meet the following health and safety requirements. The academic institution is responsible for ensuring that requirements have been met **prior** to participation in patient care/clinical experience. Records will be kept at the academic institution and random review by the clinical affiliates will occur on a regular basis. *Documentation must meet requirements at all times.* Required immunizations must include mm/dd/yyyy if available.

If you obtained your vaccine through an Oregon Public Health Department or through a school district in Oregon, after 1980 then you are probably in the ALERT system that is maintained by Public Health. Please call or visit your local Public Health Department as they may help you in obtaining the need documentation.

**SUBMITTED ONCE**

Check the applicable letter in each box

**SUBMITTED EVERY YEAR**

Check the applicable letter in each box

**TUBERCULIN STATUS**

- A. One-step TST: Skin Test Date\_\_\_\_\_ Result:  
Neg\_\_\_Pos\_\_\_mm\_\_\_
  
- B. QuantiFERON (QFT) Date\_\_\_\_\_ Result:\_\_\_\_\_
  
- OR**
  
- C. If New Positive/Exam/X-ray Date:\_\_\_\_\_
  
- OR**
  
- D. Positive TST/Negative X-ray Date:\_\_\_\_\_

**INFLUENZA**

- A. Proof of annual vaccination(s)  
Date 1\_\_\_\_\_Date 2\_\_\_\_\_ **OR**

**HEPATITIS B** (3 primary series shots: (at 0,1,6, mo) plus titer confirmation (6-8 weeks later)

- A. Vaccination Dates
  - 1) \_\_\_\_\_
  - 2) \_\_\_\_\_
  - 3) \_\_\_\_\_
- B. Immunity confirmed by titer Date\_\_\_\_\_

**MMR (Measles, Mumps, Rubella)**

- A. Vaccination Dates
  - 1)\_\_\_\_\_ 2)\_\_\_\_\_ **OR**
- B. Immunity by titers: Measles Date\_\_\_\_\_
  - Mumps Date\_\_\_\_\_ Rubella
  - Date\_\_\_\_\_

<p><b>VARICELLA (Chicken Pox)</b>  A. Vaccination Dates  1) _____ 2) _____ OR  B. Immunity by titer Date _____</p>		
<p><b>TETANUS, DIPHTHERIA, PERTUSSIS (Tdap)</b>  A. Tdap Date _____  B. Td Date _____  C. Pertussis: Date: _____ (if you obtained a Td)</p>		
<p><b><u>CPR AHA BCLS Healthcare Provider Certificate</u></b>  Expiration Date _____</p>		

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**SUBMITTED ONCE**

**TUBERCULIN STATUS**

- If no previous records or more than 12 months since last TST → **OR**
- QuantiFERON (QFT) TB Gold test within 12 months **OR**
- If newly positive TST → F/U by healthcare provider (chest X-ray, symptoms check and possible treatment documentation of absence of active M. TB disease) and need to complete health questionnaire
- If history of positive TST → provide documentation of TST reading, provide proof of chest X-ray documenting absence of M. TB, medical treatment and negative symptom check **OR**
- If history of BCG vaccine → QFT. If negative → OK; If positive → do Chest X-Ray, and symptom check by healthcare provider in 12 months

**HEPATITIS B**

- Series of 3 vaccines completed at appropriate time intervals **OR**
- Provide documentation of positive titer (anti-HBs) **OR**
- If titer is **negative or equivocal** Proof of vaccinations (3 doses at appropriate intervals dated AFTER the titer)

**MEASLES, MUMPS, AND RUBELLA**

- Proof of vaccination (2 doses at 28 days apart) **OR**
- Proof of immunity by titer
- If titer is **negative or equivocal** Proof of

**SUBMITTED EVERY YEAR**

**TUBERCULIN STATUS**

- Previously documented +TST results and prior negative chest X-ray results: submit annual symptom check completed within one year from healthcare provider.

**INFLUENZA**

- Proof of annual vaccination(s)

vaccinations (2 doses at appropriate intervals dated AFTER the titer)

**VARICELLA** (Chicken Pox)

- Proof of vaccination (2 doses at appropriate intervals) **OR**
- Proof of immunity by titer or
- Physician documentation of proof of disease

**TETANUS, DIPHTHERIA, PERTUSSIS (Tdap)**

- Tdap **required** every 10 years **OR**
- Td (dated within the last 24 months) and Pertussis.

**CPR**

- American Heart Association BCLS Healthcare Provider Certificate