

Oregon Coast Community College
Medical Assisting Program
Application Checklist
2020-2021

The following must be completed as part of the application and enrollment process

SECTION I

- Make an [Academic Advising Appointment](#) with an Advisor who specializes in Nursing and Allied Health
 - 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.

- Complete and submit the Online Application for the Medical Assistant Program which is on the OCCC Medical Assistant webpage

- Read the disqualifying and potentially disqualifying crimes document on the OCCC website/ Medical Assistant (located under the “additional details” tab or use this link:

[Potentially Disqualifying Convictions](#)

[Potentially Disqualifying Condition](#)

- Register for fall term 2020 Medical Assistant classes

SECTION II

- After your online application is received, you will be registered for the Medical Assisting Orientation Session to be held on September 16, 2020 from 9 am to 1 pm in room 249. At the orientation you will be directed to complete the following to insure your place in the program:

- Be certain that you have registered for fall term 2020 classes

- Create your account in Complio by American Databank by October 26, 2020. 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 9th 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”. Rapid Rescue offers BLS/CPR classes in Newport and they may be reached at 360-421-6268.
- Order scrubs and medical devices. All scrubs (top/bottom) must be ordered from [AllHeart](#) : 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.

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

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)

- If titer is **negative or equivocal** Proof of 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