

Great Oaks Health Professions Academy 2020-21 Admission Packet



Certified Clinical Medical Assistant (CCMA)

EKG Technician (EKG)

Health Unit Coordinator (HUC)

Medical Administrative Assistant (MAA)

Pharmacy Technician (PT)

Patient Access & Registration Professional (PARP)

Phlebotomy Technician (Phleb)

WELCOME STUDENTS!

This packet provides material to assist you in preparing for the above **Great Oaks/Health Professions Academy** training programs at **the Scarlet Oaks Campus**.

LOCATION:

Scarlet Oaks Career Campus
303 Scarlet Oaks Drive
Cincinnati OH 45241

Phone: 513-612-5789
Fax: 513-771-4932

All information sessions are currently in video format on our healthcare webpages. Please visit www.greatoaks.com/adult to view video information session.

All required documents and payment must be submitted to Great Oaks Health Professions Academy located at the Scarlet Oaks campus.

You must be complete & registered at least one week before class begins.

NOTE: Certification exam and CPR class fees are not included in the tuition cost. There is an additional fee for these items.

Carefully review the following program requirements. **Items with an asterisk** may have a cost. Submit all documentation and course fees to the Scarlet Oaks Health Professions Academy office at least **one (1) week before the start of class**.

PROGRAM REQUIREMENTS:

1. Attend an information session at Scarlet Oaks
2. BCI and FBI Background Check *
3. WorkKeys®*
4. Copy of high school diploma or HSE
5. Payment for the course*

The above requirements must be completed before class Starts.

CCMA, Pharmach Tech & Phlebotomy only:
Additional clinical requirements due two weeks after class begins:

- Drug Screen*
- Medical Verification*
- Two-Step TB Test *
- Immunization record (MMR, T-dap, and Varicella. Hepatitis B 3-Series)*
- Flu Shot*
- CPR/First Aid*
- Updated resume
- Externship Release Forms
- Pharmacy Tech Licensure*

(Please see following pages for detailed instructions.)

All of the above listed programs are offered at Great Oaks Health Professions Academy in partnership with Condensed Curriculum International (CCI). Since 1993, CCI has supported schools in communities nationwide with educational programs focused on healthcare and other in-demand disciplines.

Program Requirements Detailed Instructions

1. Attend an information session at Scarlet Oaks

Information sessions are usually offered 2-4 weeks before class starts. **Currently, we are offering a video information session on the healthcare web pages.** For further information and specific dates for healthcare class information sessions, please visit our website www.greatoaks.com/adult

2. BCI and FBI background check *

Complete BCI and FBI background checks (results dated up to one year before the end date of the class may be accepted). Bring a valid driver's license or state ID and Social Security card. Allow 4 to 6 weeks for background check processing. Students may go to:

Scarlet Oaks Adult Education

303 Scarlet Oaks Drive (Entry 3)

Cincinnati, Ohio 45241

513-961-4220

Call to make an appointment

Total Cost is \$47.00 (BCI & I - \$22, FBI - \$25)

You can also get a background check at some BMVs and and Police Departments. FBI code = Volunteer Childrens Act, BCI code = select OTHER and type the name of your program in box. Send results to:

Scarlet Oaks, ATTN: Colleen Baldwin, 303 Scarlet Oaks Dr, Cincinnati OH 45241

3. WorkKeys®* (you are exempt from the test if you have a bachelors degree)

Complete ACT'S WorkKeys® and achieve a level (4) on each of the three assessments:

- Applied Math (Previously Applied Mathematics)
- Graphic Literacy (Previously Locating Information)
- Workplace Documents (Previously Reading for Information)

FREE WorkKeys® Test Prep Websites

Ohio Means Jobs – <https://jobseeker.ohiomeansjobs.monster.com/Assessments/Home.aspx>

FREE WorkKeys® Preparation Classes

Scarlet Oaks – 513-771-8925

Mercy Neighborhood Ministries – 513-751-2500 x 235

Education Matters – East Price Hill & Lower Price Hill locations-- 513.244.2214 x 203

PROGRAM REQUIREMENTS DETAILED INSTRUCTIONS (Continued)

Call one of the testing sites below when you achieve at least a level (4) on each practice assessment and feel that you are ready to schedule the WorkKeys®.

Testing Sites for WorkKeys®

- **There is a \$50 fee for the WorkKeys Assessment** (unless otherwise noted)
- Arrive 30 minutes before test time and bring a valid driver’s license or state ID (required)
- The test length is 55 minutes (for each of the three assessments)
- Achieve a level (4) on each of the three assessments

<p>Scarlet Oaks Career Campus 303 Scarlet Oaks Drive (Entry 8, look for RAMTEC) Cincinnati, Ohio 45241 513-771-8925 www.greatoaks.com</p> <p><i>* Call to make an appointment. The test fee is collected at the time of scheduling (No refunds are available. To change test date contact 513.771.8881 at least 24 hours before the scheduled test. We offer a one-time transfer to a future test date. No transfer is possible with less than 24 hours notification.)</i></p>	<p>Mercy Neighborhood Ministries, Inc. 1602 Madison Road Cincinnati, Ohio 45206 Contact: Kathy Atkinson, 513-751-2500 x 235 www.mercyneighborhoodministires.org</p> <p><i>*You must obtain a referral from HPA to test at this site. Call 513-961-4220.</i></p> <p>*New cost \$75</p>
<p>YWCA 898 Walnut Street Cincinnati, Ohio 45202 Contact: Kate Ionna, 513-361-2158 http://www.ywca.org</p> <div style="border: 2px solid red; padding: 5px; transform: rotate(-15deg); display: inline-block;"> Not currently testing </div>	<p>Seven Hills Neighborhood Houses 901 Findlay Street Cincinnati, OH 45214 513-407-5362 https://7hillsnh.com</p> <p>*New Cost \$35</p> <div style="border: 2px solid red; padding: 5px; transform: rotate(-15deg); display: inline-block;"> Not currently testing </div>
<p>IKRON of Greater Cincinnati 2347 Vine Street, Cincinnati OH-45219 513.621.1117 x 3120/Computer Lab https://cincinnati.ikron.org</p> <p>Ikron only—may take one assessment at a time/\$15 ea</p>	

4. Copy of high school diploma or High School Equivalency (HSE)

Submit a copy of your high school diploma or High School Equivalency (HSE). A transcript or statement printed on school letterhead stating your graduation date is also acceptable.

5. Payment for the course*

Payment for the course, along with all documentation must be submitted at least one week before the start of class to Great Oaks Health Professions Academy office, 303 Scarlet Oaks Dr, Cincinnati OH 45241. We accept cash, check, money order or credit card.

Submit program requirements in person at the Scarlet Oaks, via fax at (513) 771-4932 or via email at baldwinc@greatoaks.com.

PROGRAM REQUIREMENTS DETAILED INSTRUCTIONS (Continued)

Additional clinical requirements completed prior to registration:
(please disregard if your program does not provide an externship)

1. Drug Screen* (page 9)

Students are required to get a minimum 10-panel drug screen.

2. Medical Verification/Physical* (page 6)

Have your doctor or nurse practitioner complete the enclosed medical verification form. An alternative physical form may be accepted if you obtained the physical within one year of class start date and the form is signed and dated by your doctor or nurse practitioner.

3. Two-Step PPD (TB) Test * (page 7)

TB test must be completed within one year of, and prior to class start date. TB tests may be obtained from your doctor, clinic OR the Hamilton County Public Health Tuberculosis Control Clinic: (513) 946-7600, 184 East McMillan Street, Cincinnati, Ohio, 45219. Call for hours of operation and costs. Individuals who have experienced a positive reaction to the PPD test are required to submit a chest x-ray.

4. Immunization Record * (page 7)

Required: MMR (Measles, Mumps & Rubella), Varicella (chickenpox) or documentation that you had chickenpox, Tdap (Tetanus, Diphtheria, and Pertussis). **Required for CCMA, Pharmacy Tech and Phlebotomy; Hepatitis B -3 Series Vaccination.**

5. Updated Resume

Students should have a current resume prepared and ready for their externship and for seeking a job once they complete their externship.

6. Pharmacy Technician Licensure*

Students in the Pharmacy Technician Program will need to register as a Pharmacy Technician Trainee on the State of Ohio Pharmacy Board Website. <https://www.pharmacy.ohio.gov/>

7. Externship Release Forms (page 10- 11)

Students must complete and sign the Authorization Release Form authorizing CCI to release your information to potential externship facilities.

All of the above clinical requirements can be completed at Doctors of Urgent Care, 360 Glensprings Drive, Cincinnati, Ohio 45246. Phone: 513.671-5050 (see page 12)

EMPLOYMENT OPPORTUNITIES:

The Great Oaks Health Professions Academy provides support to ASSIST students in finding employment, but DOES NOT PLACE students into jobs. Students who find employment are successful in the program, are aggressive about submitting applications continuously, put their best foot forward in an interview, and have excellent references. Job openings are hard to predict. During certain times of the year hiring is very active, other times of the year, employment opportunities are scarce. The instructor of the course does:

1. Provide resources and information about basic job seeking skills; resume writing, interview skills, how to dress, etc.
2. Provides information about where to look for employment
3. Provides any job leads to the class as they arise

Barriers to Employment

Great Oaks wants every student to be successful not only in the class, but also in gaining employment after obtaining a certification for those who employment as a goal. For that reason, we would like to make students aware of potential barriers to employment. Individuals with the following are less likely to obtain employment even after successful completion of the course:

- **Color Blindness (Phlebotomy):** this condition prevents individuals from being able to distinguish a wide range of color coded wires that are used to accurately place them on patients. Most health care facilities use the color coded system.
- **Felony:** Health care institutions are less likely to hire convicted felons in patient contact occupations. Any offenses listed on the disqualifier or prohibited offense list from Senate bills 38 or 160 may prohibit you from employment in the healthcare profession.
- **Certain learning disabilities:** If you have a learning disability, please let your instructor know immediately so we can determine the best way for you to learn in the program. If you have a learning disability for which you will require accommodations on the National Certification Test, you will be required to provide a written diagnosis. You are also encouraged to contact the testing agency to find out 1) if they will provide that accommodation and 2) will this particular learning disability hinder employment opportunities.
- **Smoking** is a potential barrier to employment. Most phlebotomy employers now hire non-smokers only and do a blood test or swab upon hiring to check for nicotine.

Great Oaks Medical Verification Form

To the Health Care Professional: PLEASE READ

I have, this day _____, given (print name) _____ a thorough physical examination and based on my findings, which include medical history and physical examination; I believe he/she is physically and mentally able to undertake the Certified Clinical Medical Assistant, Pharmacy Technician and Phlebotomy Programs at Great Oaks. The student is in good health. He/she is free of any communicable disease and has no known deficits that would interfere with the ability to participate in a clinical setting.

It is essential that students be able to perform a number of physical activities in the clinical portion of the program. At a minimum, students will be required to lift patients, stand for several hours at a time and perform bending activities. The clinical experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties affecting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions.

Does the student have any limitations that will interfere with patient safety? YES or NO

If yes, please explain: _____

Healthcare Provider Signature: _____

Licensed Healthcare Provider (M.D., D.O., N.P., or P.A.)

OFFICE STAMP

HEALTHCARE PROVIDER

Or

Print Name: _____ Telephone Number: _____

Address: _____ Zip Code: _____

Immunization Record

Student Name _____ Date of Birth _____

Submit a copy of high school, military or other immunization records showing prior immunization against measles, mumps, rubella (MMR), tetanus, diphtheria, pertussis (Tdap), hepatitis B (3 series) and varicella. If unable to provide a copy of prior immunization records, bring this form to your physician to be completed and signed, and then return the completed record to Scarlet Oaks. Proof of immunity to measles, mumps, rubella, hepatitis B and varicella by a blood test is also acceptable with supportive laboratory documentation.

The above named student has been immunized against
MONTH, DAY AND YEAR required

Measles/Mumps/Rubella

MMR1 ____/____/____

MMR2 ____/____/____

Or MMR titers

Measles ____/____/____ immune / non-immune

Mumps ____/____/____ immune/ non-immune

Rubella ____/____/____ immune / non-immune

Varicella

Varivax1 ____/____/____

Varivax2 ____/____/____

Or

Varicella titer

Varicella ____/____/____ immune/ non-immune

Tetanus/Diphtheria/Pertussis Within last 10 years

Tdap ____/____/____

Hepatitis B

HBV1 ____/____/____

HBV2 ____/____/____

HBV3 ____/____/____

Or Hepatitis B titers

HBSAB ____/____/____

TB Skin Test/PPD/Chest X-ray within last 12 months

1-Step PPD (Date Read) ____/____/____

2-Step PPD (Date Read) ____/____/____

Outcome _____

Or

QuantIFERON-TB or T-Spot (*circle*) ____/____/____

Outcome _____

Or

Chest X-Ray ____/____/____ Outcome _____

Physician (signature required) _____ Date _____

Office Stamp

OR

Facility Name _____

Phone Number _____

Address _____

City/State/Zip _____

Healthcare workers (HCWs) are at risk for exposure to serious, and sometimes deadly, diseases. If you work directly with patients or handle material that could spread infection, you should get appropriate vaccines to reduce the chance that you will get or spread vaccine-preventable diseases. Protect yourself, your patients, and your family members. Make sure you are up-to-date with recommended vaccines.

Healthcare workers include physicians, nurses, emergency medical personnel, dental professionals and students, medical and nursing students, laboratory technicians, pharmacists, hospital volunteers, and administrative staff.

Hepatitis B

If you do not have documented evidence of a complete hepB vaccine series or if you do not have an up-to-date blood test that shows you are immune to hepatitis B (i.e., no serologic evidence of immunity or prior vaccination) then you should:

- Get the 3-dose series (dose #1 now, #2 in 1 month, #3 approx. 5 months after #2).
- Get anti-HBs serologic tested 1-2 months after dose #3.

Flu (Influenza)

Get 1 dose of influenza vaccine annually.

MMR (Measles, Mumps, & Rubella)

If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have an up-to-date blood test that shows you are immune to measles or mumps (i.e., no serologic evidence of immunity or prior vaccination), get 2 doses of MMR (1 dose now and the 2nd dose at least 28 days later).

If you were born in 1957 or later and have not had the MMR vaccine, or if you do not have an up-to-date blood test that shows you are immune to rubella, only 1 dose of MMR is recommended. However, you may end up receiving 2 doses, because the rubella component is in the combination vaccine with measles and mumps.

For HCWs born before 1957, see the **MMR ACIP vaccine recommendations**.

Varicella (Chickenpox)

If you have not had chickenpox (varicella), if you haven't had varicella vaccine, or if you don't have an up-to-date test that shows you are immune to varicella (i.e., no serologic evidence of immunity or prior vaccination) get 2 doses of varicella vaccine, 4 weeks apart.

Tdap (Tetanus, Diphtheria, Pertussis)

Get a one-time dose of Tdap as soon as possible if you have not received Tdap previously (regardless of when the previous dose of Tdap was received).

Get Td boosters every 10 years thereafter.

Pregnant HCWs need to get a dose of Tdap during each pregnancy.

Meningococcal – Recommended

Those who are routinely exposed to isolates of *N. meningitis* should get one dose.

PHYSICIAN AUTHORIZATION

I request the laboratory to perform a common drug screen on the student listed below.

Student

Name: _____

Physician Signature: _____

Physician Name (printed or typed) _____

Date: _____

INSTRUCTIONS TO THE LAB:

THE TEST MUST INCLUDE ALL LISTED BELOW: BE A MINIMUM 10 PANEL DRUG SCREEN:

- Amphetamines**
- Cocaine Metabolite**
- Marijuana Metabolite**
- Opiates**
- Phencyclidine**
- Barbiturates**
- Benzodiazepines**
- Methadone**
- Propoxyphene**
- Methamphetamines**

Instructions for student: It is required that you turn in this form along with the **actual drug test results** with the rest of your clinical paperwork.

Clinical Externship Policy

All students who participate in the **MANDATORY** clinical externship understand and agree to comply with the following:

1. Students must be at least 18 years of age in order to participate in the externship opportunity.
2. All students will be assigned a Clinical Coordinator who will contact the student to make all arrangements necessary to place students into an externship with an appropriate facility. **All externship assignments are final** and remain at the discretion of the Clinical Coordinator and the College.
3. Student agrees to provide a Resume to their assigned Clinical Coordinator no less than 3 weeks following initial contact. **Failure to provide such resume will result in withdrawal from the externship.**
4. All externship placements are subject to the availability, scheduling and staffing needs of the externship sites. Student requests will be considered but are not guaranteed.
5. Students are expected to provide their own transportation to externship facilities.
6. Students may be required to submit to a **criminal background check and/or 10 panel drug screen**, as required by affiliated externship site. Students must provide the results of this screening to the externship site as requested.
7. Students may be required to submit proof of **First Aid/ CPR training**, as required by affiliated externship site. Up to date proof of certification must be provided to the externship site as requested.
8. Attendance and punctuality in the externship setting is required.
9. Students agree to comply with all externship site facility policies including, but not limited to, the policy on professionalism, dress, uniform, and proper hygiene practices for a medical setting.
10. Students agree to comply with all externship site **immunization requirements including TB and/or Hepatitis B series** and will submit any immunization records as requested.
11. Students are required to begin their externship experience within the assigned timeframe outline below. Failure to comply with this provision will require the student to complete an online refresher course before the student will be eligible again for placement. Students may incur additional cost for the online refresher course in accordance with the following:
 1. Classroom students must be **STARTED** in an externship within 3 months of the classroom program end date.
 2. eLearning students must be **STARTED** in an externships within 6 months of the online program end date.

By signing below, I confirm that I have read and understand this policy and sign it voluntarily.

Student birth date: _____

Signature: _____

Print Name: _____

Phone: _____

Doctors of Urgent Care

Springdale Office 360
Glensprings Drive Cincinnati,
Ohio 45246,
Tele: 513-671-5050

Quote for services:

1. Physical.....\$55.00
2. TB Test.....\$21.00 per step (2-step required)
3. 10 Instant Panel Urine Drug Screen w/Adulterants, MRO & Confirmation\$40.00

Immunization Records:

If you can't find your records but know you had them done you will need to complete the following:

1. MMR Titer\$125.00
2. Hepatitis B Titer \$30.00
3. Varicella Titer.....\$ 50.00
4. Tdap \$75.00

If you have not been immunized:

1. MMR Vaccine\$95.00
2. Hepatitis B Vaccine.....\$90.00 per injection
(series of 3 shots) 3. Tdap \$75.00

The cost of services can range from \$137 - \$517 depending on what services you need to complete for the externship.