

# CNA 2 Acute Care Application

## Program Description

Earn your CNA 2 license and learn a variety of advanced skills which will allow you to work in a hospital or acute care environment.

Portland Community College's CNA 2 Acute Care Training program is designed for those who have completed an Oregon State Board of Nursing approved CNA 1 training program and passed the state competency exam.

### Time

- 4 - 5 weeks.
- 60 hours classroom and skills lab instruction.
- 28 hours clinical practicum in a hospital setting.

### Tuition

- \$1,095 including lecture, lab, and clinical tuition • Textbooks - AHA BLS for Health Care Provider.
- Student Manual & Acute Care Manual for CNA 2 (about \$15 each).
- Background check and drug screen (\$76).
- Immunizations if needed.
- Appropriate uniform, stethoscope and gait belt.
- Any extra class or clinical hours due to student absence from course (\$75/day).

Full tuition payment or - arrangements must be made by your payment due date, which can be found online at <https://www.pcc.edu/pay>.

## Important Dates

Applications deadlines and orientations will be posted on the CNA website three-months in advance of each term. Check the website ([climb.pcc.edu/cna1](http://climb.pcc.edu/cna1)) for dates and times.

You must attend an orientation before the first day of class.

## Send Application Materials

### Mail or deliver required documents and this application form to:

Attn: CNA 2 Training  
PCC Institute for Health Professionals  
1626 SE Water Ave  
Portland, OR 97214

### Or email all materials to:

[sheila.meserschmidt@pcc.edu](mailto:sheila.meserschmidt@pcc.edu)  
Late or incomplete applications will not be accepted.

# CNA 2 Acute Care Application Packet Checklist

## Required Application Info

**Fill out and submit the registration form (Page 3).  
When you complete this form, make sure you.**

- Print and attach proof of having an unencumbered Oregon CNA 1 license. This is required to take the course.
- Print your name as it appears on the OSBN License verification website, so we can verify your CNA 1 license.
- Include a working email address, since you will be notified of acceptance by email.
- Sign and date the registration form.

## Before Class Begins

- Attend the mandatory orientation before
- Background check and drug screen (\$76) are required by the Oregon State Board of Nursing. You will receive more information about at orientation.
- If you attended the CNA 1 program at PCC within the last year, you may reuse your background check, but must take a new drug test (\$25).

### Note to Admissions:

## Registration and Refunds

- **The refund drop deadline is days before class begins.** If you do not attend, stop attending classes, or fail to withdraw by the deadline, you will still be responsible for payment.
- **Students are personally responsible for dropping or withdrawing** from classes, even if they do not attend. No charges will be removed if you drop after the refund period.

## Please Keep in Mind

- Submitting a registration form does not signify or guarantee that you will be registered or accepted into the CNA 2 program.
- If you are accepted into the program, PCC staff will notify you by email, at which time you can self-register and arrange for payment.

# Registration Form Non-Credit/CEU Classes

Phone: 971-722-8888, option 2 Online: pcc.edu/nc Fax: 971-722-4988 Mail: PO Box 19000, Portland OR 97280

## Part A: Course Registration Requests

<b>1</b>	CRN (5-digit number)	Course Title
	CRN (5-digit number)	Course Title
	CRN (5-digit number)	Course Title
	CRN (5-digit number)	Course Title

## Part B: Student Information

<b>2</b> PCC ID Number ("G Number")	Student Status <input type="radio"/> New PCC Student <input type="radio"/> Currently Enrolled at PCC <input type="radio"/> Previously Attended PCC	<b>3</b> Date of Birth (MM/DD/YYYY)
<b>4</b> Last Name	Other Names Used	
<b>5</b> First Name	Middle Initial	<b>6</b> Gender <input type="radio"/> Male <input type="radio"/> Female
<b>7</b> Mailing Address	City	State ZIP
<b>8</b> Email Address		
<b>9</b> Daytime Phone Number	<b>10</b> Evening Phone Number	
High School/GED – Name of School/Institution	City	State Year Graduated/Obtained

PCC is committed to affirmative action goals and would appreciate your response to the following:

Do you consider yourself to be Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	Select one or more of the following racial categories to describe yourself <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> White
Citizen Type <input type="radio"/> U.S. Citizen <input type="radio"/> Resident Alien/Refugee/Immigrant <input type="radio"/> Other, Enter Type __	
Are you an Oregon resident? <input type="radio"/> Yes <input type="radio"/> No	Are you a veteran of the U.S. Military? <input type="radio"/> Yes <input type="radio"/> No

## Part C: Registration Confirmation

<b>11</b> My enrollment with Portland Community College will signify my consent to and acceptance of all policies and procedures governing my enrollment, including financial liability. If I fail to remit payment when due, I will promise to pay to PCC all reasonable costs for collection, including collection agency fees.	
Signature	Date (MM/DD/YYYY)