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Welcome to the School of Allied Health Professions at Orange Coast College. The School of Allied Health Professions is comprised of a number of specialized areas of professional health studies leading to an Associate of Science Degree or Certificate of Achievement or Certificate of Specialization. These programs include:

CVT    Cardiovascular Technology
DA     Dental Assisting –Registered
DMS    Diagnostic Medical Sonography
DT/NC  Dietetic Technician/Nutrition Care
EMS    Emergency Medical Services
MA     Medical Assisting – CMA Eligible
NDT    Neurodiagnostic Technology
PSG    Polysomnography Technology – Sleep Disorders
RT     Radiology Technology
RC     Respiratory Care
SLPA   Speech Language Pathology Assistant.

The enclosed materials describe the professional guidelines and requirements for all programs. Each program may have additional specialized requirements that will be provided by the Program Director. Courses within each program will also have specific requirements as provided by the individual instructor of that course.

Mission

The School of Allied Health Professions at Orange Coast College is dedicated to providing quality programs leading to opportunities in professional health careers. The School will offer a comprehensive curriculum in medical and dental professions that provides the necessary knowledge and skills with additional opportunities for cross training. Critical thinking, assessment, creativity, and professionalism are emphasized. The School is committed to its students and the community, by offering programs which enrich, encourage growth, lead to success, and promote life-long learning.

Educational Goals

1. Prepare students to function as members of a health care team.

2. Provide effective didactic education that offers the student the knowledge required of a health care professional.

3. Provide the skills required to function as an allied health practitioner.

4. Instill the attitudes and ethics required of an allied health professional.
5. Provide programs that reflect current knowledge, trends and techniques.

6. Provide a coordinated, structured and well rounded clinical experience.

7. Provide effective mechanisms to encourage student success.

8. Provide an appropriated number of graduates to meet the needs of the community.

9. Provide guidance to students in choosing a professional health career.

**Useful contacts**

There are a number of key people that can assist you in your success.

**Consumer and Health Sciences Division Office:**

Jane McLaughlin, Ph.D. – Dean of the Consumer and Health Sciences
Christine De Nicola – CHS Division Area Office Coordinator

Caryn Plum – Allied Health Counselor
To make a counseling appointment:
http://www.orangecoastcollege.edu/academics/divisions/consumer_health/allied_health/Pages/Make_Appointment.aspx

Or go to http://www.orangecoastcollege.edu/alliedhealth and select Make an Appointment on the tabs located on the left hand side

Alexia Wood – School of Allied Health Program Assistant: 714-432-5729

General Counselors to assist with General Education and transfer: 714-432-5078
Appointment with the Allied Health Counselor: 714-432-5729

**Other useful contacts may include:**

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<td>Health Center</td>
<td>714-432-5808</td>
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<tr>
<td>Library</td>
<td>714-432-5871</td>
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<tr>
<td>Lost &amp; Found</td>
<td>714-432-6452</td>
</tr>
<tr>
<td>Records Office</td>
<td>714-432-5772</td>
</tr>
<tr>
<td>Scholarship Office</td>
<td>714-432-5730</td>
</tr>
<tr>
<td>Tutoring Center</td>
<td>714-432-5538</td>
</tr>
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How to Enter an Allied Health Program-Overview

1. Enroll as a student at OCC getting a student I.D. number. Go to www.orangecoastcollege.edu. Under “Admissions”, click on “Apply Now” and follow the instructions. If you are already an OCC student, go to #2. Once enrolled, there may be additional steps on campus such as matriculation along with English and math testing.

2. Enroll in Allied Health A010, Health Occupations. You will apply to a program within this class. You will be required to submit official sealed transcripts from other colleges attended as part of Allied Health A010, so you should start getting those copies.

3. Complete or transfer classes to meet the General Education requirements for the Associate of Science Degree. The Associate of Science Degree information is listed in the College Catalog and College Class Schedule. It is imperative to complete English A100 Freshman Composition and Math A030 Intermediate Algebra as soon as possible.

4. Complete or transfer the specific program prerequisite classes. There are five year time limits on certain prerequisite classes. See college catalog.

5. Make sure to provide the School of Allied Health Professions Office with copies of transcripts as you complete requirements.

6. If you submit transcripts from other colleges, allow adequate time after submission of transcripts before making an appointment to develop a Student Educational Plan (SEP). It takes about eight weeks for official evaluation by the Records Office.

Set up an appointment with the Allied Health Counselor: http://www.orangecoastcollege.edu/alliedhealth then click the “Make an Appointment” tab on the left hand side or call an Academic Counselor (714-432-5078) to develop a Degree Works Audit and Student Education Plan (SEP).

This plan will assist you in courses you have completed, those in progress, and those still needed. Submit a copy of this plan each time you have it updated to the School of Allied Health Professions.
Admissions Process – Details
ORANGE COAST COLLEGE
School of Allied Health Professions

All students making a career choice to enter an Allied Health Career Program should take OCC’s Health Occupation Course (Allied Health A010) FIRST. For most programs, the Allied Health A010 class is a mandatory prerequisite, and application to those programs is done ONLY in this course. To enroll in Al H A010, complete an application to Orange Coast College, then enroll for the next offering of the Allied Health A010 course. Register for the course per directions provided by Enrollment Services. Please consult the list below for program clarification:

**Programs requiring Al H A010 Prerequisite**
- Cardiovascular Technology (CVT)
- Dental Assisting – Registered (DA)
- Diagnostic Medical Sonography (DMS)
- Dietetic Technician/Nutrition Care (DT/NC)
- Medical Assisting - CMA Eligible (MA)
- Neurodiagnostic Technology (NDT)
- Polysomnography Technology (PSG)
- Respiratory Care (RC)
- Radiologic Technology (RADT)
- Speech Language Pathology Assistant (SLPA)

**Program with optional Al H A010**
- Emergency Medical Services (EMS)

**Step 1: Application Process:**

Programs having Allied Health A010 as a **prerequisite:**

- **Application to the School of Allied Health Professions (SAHP)** is made in the Al H A010, Health Occupations course. A completed SAHP application, with the requested supporting documents indicated in the class, must be submitted to have your name placed on the interest list for your designated program.

- Students may only apply to one program that has Allied Health A010 as a prerequisite. Students are allowed to change programs per instructions (see Changing Programs, page 9).

Program having Allied Health A010 as **optional:**

- Emergency Medical Services – Students enroll as first come/first serve in EMS, which is offered in both fall and spring semesters. Your American Heart Association Health Care Providers (HCP) level CPR that is currently active (not expired) must be presented at the first class session.
After submission, all applications will be reviewed for prior course work including General Education classes for the A.S. degree and required program prerequisites.

The priority **criteria for acceptance** are listed below in order of cohort placement:

1. The date of successful completion of specific program pre-requisites and the date of the last applicable GE requirement. Once validated by the CHS division office, the student will receive a **Program Readiness Date** indicating all requirements for admission have been met.

2. The date of application to the program submitted through Al HA010.

**Step 2: Verification of required GE Classes and Program Prerequisites:**

The applicant’s GE required classes are validated by official transcripts of all college work provided by the applicant and Student Education Plan (Degree Works Audit) for the A.S. degree.

**It is the responsibility of the student:**

- To keep their email address/contact information updated with the CHS division office.
- To follow the Student Educational Plan (Degree Works Audit) in meeting General Education and Prerequisite requirements.
- To submit ongoing transcripts to the School of Allied Health Professions in the CHS Division Office to update their application folder.
  - Transcripts from OCC can be unofficial.
  - Transcripts from other colleges need to be submitted sealed and official.

**Transcripts need to be submitted on a regular basis to indicate successful completion of:**

- **English A100 or equivalent** (All programs except DA, MA and DT/NC)
- **Math graduation requirement:** Math 030 or applicable test score.
  
  (All programs except DA, MA and DT/NC)
- **Biology A221, Human Anatomy & Physiology or equivalent.**
  
  (All programs except DA, and DT/NC.)
- **Allied Health A111, Medical Terminology or equivalent.** (All programs except PSG, and SLPA.)
- **Human Development A180 or equivalent** (for SLPA program only)
- **Chemistry 110, Introduction to Chemistry** (for RC program only)
- **Radiologic Technology 100, Radiation and Imaging Physics** (RADT and DMS Programs only)
- **General Education requirements for the Associate of Science degree.**
  
  (All programs except DA, MA, RC and SLPA.)

See college catalog for specific General Education requirements for the Associate in Science Degree.
Step 3 – Evaluation of Student Data Base for Acceptance:

Students are requested to submit prerequisite updates each year by February 25th. Materials submitted after February 25th will be held until April for updating to the database. Please note: this means any information submitted after February 25th will not be used for determining the priority date of admittance, until the database reopens after April 1st.

During the month of March, the database is checked and run to determine the students who have met all requirements for eligibility to start the programs. Based on the priority dates listed above in Step 1, (Program Readiness and Application Dates) and the number of program openings, eligible students are then selected for admission to their respective program for the upcoming fall semester.

Deferral: Accepted students may defer entry into a program one time with an admission date for the following year. If applicant again wishes to defer a second year, they will forfeit their original date of application, and must submit a new application form. At that time, the Program Readiness date will be reviewed and checked for compliance with regards to the application process.

In the instance of student deferral, recency for the pre-requisite courses will be based on the new Program Readiness/application date.

Please note: this could mean the student may need to retake pre-requisites to meet recency requirements.

FOR ALL PROGRAMS: To be admitted to the SAHP in the student’s chosen program, the student must be in good standing campus wide, including, but not limited to, the Dean of Students, Counseling, and Campus Safety.
Changing Programs

Cross Training to Second Program

Waiting Lists

Changing Programs:

Students may request a change in program selection by providing a written hardcopy or an email request for the change. A “Program Change Request” form is available in the Consumer and Health Sciences Division Office. An applicant relinquishes their position in their chosen program when requesting transfer to a different program. They will be given a new application date which will be the date of the request to change program, and this may affect recency.

Cross Training to Second Program:

Students who wish to pursue a second program after completing an initial program, may do so by completing a “Cross-training” application with appropriate documentation. Students will be allowed to submit a “Cross-training” application on the first day of starting their primary program. Students may not be on two waiting lists simultaneously.

Waiting lists:

Certain programs are experiencing a very high level of applicants forcing the creation of waiting lists for these programs. Upon completion of Allied Health A010, a student is placed on the requested program waiting list. Prioritization is based on the Program Readiness date which has been issued after evidence of:

- Successful completion of program specific prerequisite classes and
- Completion of A.S. degree general education requirements when required as a program prerequisite.

Application date will be used as the tie breaker for students with equal Program Readiness dates. (See Admissions Process Step 1)
Course Recency Requirements
For Programs that Require the Following Prerequisites

Allied Health A111 – Medical Terminology: must be successfully completed with a grade of ‘C’ or better within a three-year period of the Application date for the specific program.

Biology A221 – Anatomy & Physiology: must be successfully completed with a grade of ‘C’ or better within a three year period of the Application date for the specific program.

Chemistry A110: Introduction to Chemistry: must be successfully completed with a grade of “C” or better within a three year period of the Application date to the Respiratory Care program.

Math A030 – Intermediate Algebra: must be successfully completed with a grade of ‘C’ or better within a five year period of the Application date to the specific program.

Radiologic Technology A100 – Radiation and Imaging Physics: must be successfully completed with a grade of ‘C’ or better within a three-year period of the Application date to the specific program.

Prerequisite courses listed above that have exceeded the three or five year limit must be re-taken.

EXAMPLE:

If a student has an application date of October 1, 2016, the above courses would need to have been completed after October 1, 2013 (or October 1, 2011 for Math) with a grade of ‘C’ or better. If any of the identified courses were taken before October 1, 2013 (or October 1, 2011 for Math) it would need to be retaken to meet recency.

If the course is greater than three (or five for Math) years old, and the student has been working in a field that requires application of this course material, the student may ask for a waiver of the recency requirement through an Academic Petition. This Academic Petition will require a letter from the employer indicating the need and utilization of the course material. Final determination is by the program director.

DEFINITION OF TERMS:
Application date: date applied to SAHP through Al H 010 class.
Pre-requisite completion date:

- If completed at OCC, or if completed at another college outside of the district, the pre-requisite date is the semester and year a particular pre-requisite class was completed.

Program Readiness Date: Date that the student turns into the CHS Division Office, the verification that they completed their last pre-requisite class and/or their GE requirement, as shown by their Degree Works Audit form. All official transcripts from another college must be submitted and received before a Program Readiness Date will be assigned.
• If the last prerequisites is completed at another college outside of the district, the program readiness date is:
  o either the date of the academic petition approval,
  o or the date that the articulated school’s official transcript is received,
  o or the application date whichever is the more recent date.

**Recency date** for classes that require recency, as listed on page 10 of SAHP Manual:
• If completed at OCC or if completed at another college, the date of recency is also the same as the pre-requisite completion date, which must be within three (or five for Math) years prior to the application date.

• In the instance of student deferral, recency for the pre-requisite courses will be based on the new application date, **NOT** the original application date. (See Deferral section in Step 3 above.)

*Rev. 2017-03-10*
ACADEMIC HONESTY:

Academic Honesty (College catalog)
Orange Coast College has the responsibility to ensure that grades assigned are indicative of the knowledge and skill level of each student. Acts of academic dishonesty make it impossible to fulfill this responsibility and weaken our society. Faculty have a responsibility to ensure that academic honesty is maintained in their classroom. Students share that responsibility and are expected to refrain from all acts of academic dishonesty. Procedures for dealing with any violation of academic honesty will be followed. Additionally, the Student Code of Conduct and Disciplinary Procedure shall be applied to incidents of academic dishonesty.

Academic Honesty – School of Allied Health Professions
Academic Honesty is the responsibility to insure that students are honest and ethical in their course work. Students are responsible to refrain from acts of academic dishonesty, refuse to aid or abet any form of academic dishonesty, and notify your instructor about any acts of dishonesty observed.

Acts of academic dishonesty include, but are not limited to:

- Obtaining information from another student or giving information to another student during an examination, test, or quiz.
- Allowing a student to copy work completed by another student.
- Taking an exam for another student or having another student take an exam for you.
- Sharing answers unless authorized by the instructor of the course.
- Using unauthorized materials or electronic devices providing answer materials during an examination.
- Having another person or company research, write or rewrite an assigned paper, report or project or misrepresenting, altering data in laboratory or research projects.
- Plagiarism: representing ideas, works, or a creative product of another person as your own.
- Falsification of any program/clinical related documents such as: laboratory sheets, clinical forms, charts, and clinical attendance verification.

Consequences:

Students who violate the academic honesty policy will be reported to the Dean of Students for disciplinary action. These actions may include as many as apply:

- Reprimand
- Fail or zero on examination or assignment
- Failing grade in course
- Removal from program
- Academic disciplinary probation
- Suspension from the college
CODE OF CONDUCT:

Student Code of Conduct
Students enrolled at Orange Coast College assume an obligation to conduct themselves in accordance with the laws of the State of California, the California Education Code, and the policies and procedures of the Coast Community College District. The Code of Conduct has been established by the Coast Community College District Board of Trustees to provide notice to students of the type of conduct that is expected of each student. Being under the influence of drugs and/or alcohol or the existence of other mental impairment does not diminish or excuse a violation of the Code of Conduct. See college catalog for listing of misconduct.

Copies of the Coast Community College District Student Code of Conduct and Disciplinary Procedures which include complete definitions of the above violations are available in the Office of the Dean of Students.

- **Disruptive Behavior**
  A student who is uncontrollably disruptive of the educational process or a danger to themselves or students and staff may be subject to dismissal from the college. In lieu of dismissal, such students may be required to provide an attendant when on campus or at any college-sponsored event. Cost of providing an attendant shall be the responsibility of the student. The decision to dismiss or require the presence of an attendant shall be the responsibility of the College President or designee. The student shall have the right to appeal any decision to the Vice Chancellor of Human Resources of the Coast Community College District. No decision shall be made without providing the student with adequate opportunity to provide evidence in his or her behalf.

- **Attendance**
  Please note that students who miss the first meeting of a class or who have too many absences, MAY be dropped by the instructor at any time during the semester until the final deadline for withdrawal. However, it is the responsibility of the student to withdraw in order to meet all fee and withdrawal deadlines and to avoid grade penalties.

- **Deficiency**
  Students indicating less than satisfactory performance in class, laboratory, or clinical will be notified by the course instructor. A meeting with the course instructor will address concerns and assist the student in activities that will help the student overcome issues to be successful. A Deficiency Notice (See page 13) will be completed at the time of the meeting. A follow up meeting will be set to continue to assist the student and help them improve.

- **Student Conference and Due Process**
  After meeting with an instructor, concerning an issue, if that issue is not resolved satisfactorily, the student or instructor may meet with the program director. Most issues are solved at the instructor level. If resolution is not met, the student and/or instructor may meet with the appropriate Dean.
DEFICIENCY NOTICE

Course ___________________________________________

Student Name _____________________________________

Please be advised that one or more of the following concerns regarding your performance has arisen.

Tardy ____________________________

Absences _________________________________________

Areas of deficiency ___________________________________

____________________________________

This is affecting your overall grade and may lead to a failure in the above class.

Current Grade_____________

It is important for you to improve in these areas. Your progress will be evaluated again in _______ weeks. At that time, if your progress has not substantially improved, you will be considered “on probation” with the probability of failing the class. Should you fail, you will not be allowed to continue in the program until the course is repeated successfully. A second failure in the course will result in being dropped from the program.

Requirements for improvement: ________________________________

____________________________________

I ____________________________________ have reviewed this information with my instructor and understand the need for improvement.

Student Signature ___________________________ Date _____________ 

Instructor Signature ___________________________ Date _____________
Preliminary Information: The Allied Health, Nursing, and Clinical Programs at the Campuses of the Coast Community College District have been required by healthcare institutions to administer background/drug screen checks before students are placed at a clinical training site. Many healthcare institutions have also been requiring that the district and campuses have “student background/drug screen check” provisions within the clinical affiliation agreements that the parties enter into for the placement of these students.

The Coast Community College District and its Campuses have adopted The Joint Commission, TJC, (formerly known as JCAHO) requirements for background/drug screen checks for students, consistent with clinical training site requirements for their accreditation processes. Additional information about The Joint Commission requirements may be found at http://www.jointcommission.org/

All students are required to complete and submit pre-clinical background/drug screen checks. The background checks will minimally include the following:

☐ County Criminal Records - Past Seven years for three counties
☐ Residency History Search - Address verification
☐ Social Security Alert
☐ Nationwide Sexual Offender Registry - Sex offender database search
☐ Nationwide Healthcare Fraud & Abuse Registry (Office of Inspector General (OIG)/General Services Administration (GSA))

The drug checks will minimally include the following:

☐ THC
☐ cocaine
☐ opiates
☐ PCP
☐ amphetamines
☐ benzodiazepines
☐ barbiturates
☐ methaqualone
☐ propoxyphene
☐ methadone
Once a student is accepted into a program, a letter/email will be sent to their residence/email address, indicating the requirement and process for obtaining a background/drug screen check. The current service adopted to do the checks is www.CertifiedBackground.com. The background/drug screen check results issued by the company conducting the checks will be submitted directly to the Dean. The Dean will review in confidence the information submitted prior to the placement of any student at a clinical training site.

Qualifying Criminal Background/Drug Results: If the background/drug screen check produces no record which would prohibit the student from participating in clinical rotations, the students shall be cleared to be placed in their clinical rotations during their entire program (for a period of up to two years). A confidential file on each student shall be kept in the Dean’s control until the student graduates from the program.

Disqualifying Criminal Background/Drug Results: Should a criminal background/drug screen check on a student disclose any of the items above, the Dean will advise the student that their record is not clear. The student will then be responsible for obtaining documents and having the record corrected to clear it. After these efforts have been completed, the student will submit a new background certificate to the Dean for consideration. The student must follow this process if they wish to proceed with admission into clinical training at a clinical site.

The following student criminal background/drug results will prompt a disqualification from clinical placement:

1. Registered Sex Offenders history
2. Felony Convictions
3. Felony deferred adjudications involving crimes against persons (physical or sexual abuse)
4. Misdemeanor convictions that would generally prohibit employment by the clinical site
5. Any positive drug test left uncleared by a medical physician.

Appeal Processes: If the Dean informs the student that they will not be placed into a clinical training site because of their present criminal background/drug results, the student may seek review of their results by a Review Panel. Should the Review Panel approve the student, the clinical site must be informed about the student’s exception results and decide whether to allow or not allow the student to participate in clinical training.

Certain student criminal histories and drug test results will preliminarily disqualify (see above) an individual student from consideration for a clinical rotation. Student may seek a review by a panel of Human Resources Professionals (H/R) within the geographic area. This panel consists of professional H/R employees from the clinical affiliation sites used by the district. Should the panel acknowledge that they would hire the student if they were an applicant for employment with the same background/drug results in question, the student shall then be allowed to inform the actual clinical site of the background/drug results. The actual clinical site shall make the determination to accept the student to work at the site, or to reject the student for placement because of the background/drug test results.
**Appeal Denial by H/R Panel or Clinical Site:** Should an H/R Review Panel deny a student’s request for placement at a clinical site or should a clinical site deny the student placement at their institution, the student will be advised to take legal remedies to clear any derogatory information, and to apply to re-enter the clinical program.

Should the student not clear their criminal and/or drug results to the satisfaction of the H/R Review Panel or the clinical site where training is provided, the student may elect to use the Campus Grievance process as an appeal process.

Rev 2013/11/01

The process for appeal and the **Request for Appeal Form** follow on to next page.
Request for Appeal of

Denial of Clinical Placement due to Criminal Background

Name: ___________________________ Date: ___________________________

Program: ___________________________ Student ID#: ___________________________

**Disqualifying Criminal Background Issues:** Should a criminal background check on a student disclose any of the items below, the Dean will advise the student to seek legal remedies for their background issues. After these efforts have been completed, the student will submit a new background certificate to the Dean for consideration. The student must follow this process if they wish to proceed with admission into clinical training at a clinical site.

**The following student criminal background issues will prompt a disqualification:**

1. Registered Sex Offenders history
2. Felony Convictions
3. Felony deferred adjudications involving crimes against persons (physical or sexual abuse)
4. Misdemeanor convictions that would generally prohibit employment by the clinical site
5. Any positive drug test left uncleared by a medical physician.

**Appeal Processes:** If the Dean informs the student that they will not be placed into a clinical training because of their present criminal background, the student may seek review of their criminal background check by a Review Panel. Should the Review Panel approve the student, the clinical site must be informed about the student’s background Panel exception issue and decide whether to allow or not allow the student to participate in clinical training.

Certain student criminal histories and/or drug test results will preliminarily disqualify (see above) an individual student from consideration for a clinical rotation, *pending review* by a panel of Human Resources Professionals (H/R) within the geographic area. This panel consists of professional H/R employees from the clinical affiliation sites used by the district. Should the panel acknowledge that they would hire the student if they were an applicant for employment with the same background issue in question, the student shall then be allowed to inform the actual clinical site of the background issue. The actual clinical site shall make the determination to accept the student to work at the site, or to reject the student for placement because of the background issue.

**Appeal Denial by H/R Panel or Clinical Site:** Should an H/R Review Panel deny a student’s request for placement at a clinical site or should a clinical site deny the student placement at their institution, the student will be advised to take legal remedies to clear any derogatory background information, and to apply to re-enter the clinical program.

Should the student not clear their criminal and/or drug background to the satisfaction of the H/R Review Panel or the clinical site where training is provided, the student may elect to use the Campus Grievance process as an appeal process.

(Continued on Next Page)
Request for Appeal (page 2)

You may use this form or attach a typed question and answer.

Provide a brief explanation about your criminal history and any possible extenuating circumstances (include dates):

Describe any court mandated programs or course you have completed (attach receipts):

How has your life changed and why do you want the Review Panel to make an allowance for clinical placement:
School of Allied Health Professions Standards:  
Physical and Mental

No applicant shall be admitted who has not met or exceeded academic, physical/mental health and immunization requirements as required of future health care professionals in the School of Allied Health Professions.

Applicants must not be under treatment for substance abuse currently, nor within the six months prior to the date of application, nor have any conviction for the possession, administration, or furnishing of controlled substances.

Many health related employers utilize background checks on potential employees with appropriate agencies: local, state, and national. Applicants must have no record of conviction of sexual misconduct or abuse, child or elder abuse, crimes involving bodily injury, or misrepresentation.

Drug screening will be part of the initial background check when a student is accepted into a program.

Applicants must be able to perform specific physical manipulative and/or sensory functions.

Read the following statements identifying the standards appropriate to allied health professions and sign at the bottom certifying your ability to comprehend and comply with these standards.

For safety purposes, the student must:

A. Have sufficient strength, motor coordination, and manual dexterity to:

1. Quickly respond to situations in remote locations throughout the hospital.
2. Move patients, equipment, and manipulate equipment as necessary.
3. Position patients for appropriate procedures.
4. Perform CPR and required procedures in accordance with accepted practice standards.
5. Be able to stand or remain in fixed position for prolonged periods (up to 30 minutes).
6. Prevent harm to patients and self.
7. Hear well enough to monitor patient vital signs, understand verbal, telephonic information and commands, paging systems, and alarms in normal and congested situations in order to perform in accordance with accepted practice standards.
8. Communicate clearly and precisely in English, in both written and verbal formats.
9. Sufficient visual acuity to read medical records and obtain accurate readings/images for diagnostic and therapeutic procedures.
B. Have the maturity and emotional stability to:

1. Make decisions and act appropriately in life-threatening situations.

2. Provide emotional support to patients and family members when the situation requires it.

3. Communicate in English, both verbally and in written format, clearly, precisely, and effectively with patients, physicians and staff members.

4. Tolerate stressful, unpleasant, unnerving or congested situations in a stable composed manner so that job performance is not compromised.

5. Conduct oneself in a professional courteous manner, show discretion, maintain patient confidentiality, be on time for all required assignments, and be responsible for one’s own actions.

6. Adhere to all medical-legal policies related to all practices and patient care.

C. Have the intellectual capacity to learn to:

1. Gather and evaluate data to assess patient status and make clinical judgments accordingly.

2. Perform procedures in accordance with accepted standards.

3. Adapt procedures to individual patient needs.


5. Respond professionally and appropriately to new and/or patient life threatening situations.

6. Make references to appropriate health care professionals in response to patient needs.

7. Perform required calculations.

8. Access and enter information into computer systems.
D. Applicant Statement:

Having read and understood the above statements, I certify that I have no physical/mental or emotional conditions that would prevent me from performing the above listed standards with or without reasonable accommodations.

Signature ___________________________ Date ___________________________

Print Name ___________________________

Individual programs may have additional specific requirements.
Policy for Extended Absences and Temporary Physical Disability

For injury, illness, pregnancy/maternity leave, other temporary physical disabilities, and *legally defined family and medical leaves, students can expect interruptions in didactic, lab, and clinical training. To mitigate the effects of the interruptions, students should contact their clinical/program coordinator when an extended absence occurs or is anticipated. Please note the following:

- If a student is in a program that has potential exposure to radiation, separate pregnancy policies may apply due to State Radiation and Nuclear Regularity Commission Regulations.

- If accommodations for extended absences are necessary for clinical work
  - see standards listed on the School of Allied Health Professions (SAHP) Physical Exam Form page 5, (included on page 24 of this manual)
  - and General Physical and Mental Standards listed in the SAHP Manual, just discussed above
  a request must be made in writing to the program/clinical coordinator. These requests will be considered in a timely manner and a written response will be offered.

- Students are recommended to have clinical standards reviewed by their physicians should a change in health status occur (for example, pregnancy, illness affecting immune system, physical disabilities).

- Depending on the length of absence and the timing of the absence within the program sequence; reasonable accommodations may be necessary including remediation, arrangements for making up clinical hours, extensions on graduation dates and possibly program readmission procedures.

- As indicated in the Student Participation Agreement, specifically item 8.c (see SAHP Manual page 31) students returning from extended absence are required to submit a physician statement indicating they are capable of resuming clinical activities.

*Family and Medical Leave Act (FMLA) – Federal Department of Labor, Title IX, [http://www.dol.gov/dol/topic/discrimination/ethnicdisc.htm](http://www.dol.gov/dol/topic/discrimination/ethnicdisc.htm) and the California Family Rights Act (CFRA) [http://www.dfeh.ca.gov/Publications_CFRADefined.htm](http://www.dfeh.ca.gov/Publications_CFRADefined.htm).
In the best interest of our students, please be aware that certain physical, emotional and learning abilities are necessary in order to protect the individual student’s well-being and provide for the safety of each patient/client placed in their care. The following are basic physical and emotional abilities required of the student for success in their Allied Health Program:

**Standing/Walking** - Much of the workday is spent standing. Approximate walking distance per shift: 3-5 miles while providing care, obtaining supplies and lab specimens, monitoring and charting patient response, and managing/coordinating patient care.

**Lifting** - Some of the work day is spent lifting from floor to knee, knee to waist, and waist to shoulder levels while handling supplies (at least 30 times per shift). These supplies include trays (5 to 10 pounds) and equipment (5 to 35 pounds). The Allied Health Student must also assist with positioning patients or moving patients (average patient weight is 150 - 200 pounds).

**Carrying** - Some of the workday is spent carrying charts, trays and supplies (5 to 10 pounds).

**Pushing/Pulling** - A large part of the workday is spent pushing/pulling while moving or adjusting equipment such as beds, wheelchairs, furniture, intravenous pumps, diagnostic/treatment equipment, and emergency carts.

**Balancing and Climbing** - Part of the workday is spent climbing stairs. The Allied Health Student must always balance self and use good body mechanics while providing physical support for patients/clients.

**Stooping/Kneeling** - Some of the workday is spent stooping/kneeling while retrieving and stocking supplies and medications, assessing equipment attached to patients/clients and using lower shelves of carts.

**General Extremity Motion (upper and lower extremities)** - It is evident from the previous statements that extremity movement is critical. Movement of the shoulder, elbow, wrist, hand, fingers and thumb is required throughout the workday. Movement of the hip, knee, ankle, foot and toes are also required throughout the workday. It is necessary for the student to be able to turn, flex and extend their neck.

**Hearing** - A majority of the workday requires an ability to hear and correctly interpret what is heard. This not only includes taking verbal or telephone orders and communicating with patients, visitors and other members of the health care team; but also involves the physical assessment of cardiovascular, pulmonary and gastrointestinal sounds and the analysis of patient monitor alarms.

**Emotional** - A student must be emotionally stable under normal and stressful circumstances encountered in the health care setting.

*To participate in Allied Health clinical training, the selected applicant needs to be free from any physical, behavioral, emotional or mental condition that would adversely affect their behavior so as to create an undue risk or harm to themselves, other students, instructors, patients in the clinical setting, or other persons.*
If an applicant disputes a determination that they are not free from such a physical, behavioral, emotional or mental condition, the Program Director and the Dean of Allied Health shall confer with the Director of the Student Health Center. The applicant may be required, at their own expense, to be examined by either a licensed physician and/or surgeon, or by a licensed clinical psychologist. If the health practitioner deems the applicant safe to participate in the Allied Health Program, the information is shared with the Allied Health Clinical Admission Committee (AHCAC) and the Committee determines if the applicant is granted a clinical placement.

The above conditions also apply to students who are currently enrolled in Allied Health Programs. Maintenance of good health (physical, behavioral and emotional) is essential for continuation in the program.
SCHOOL OF ALLIED HEALTH PROFESSIONS

CLINICAL STANDARDS

General: All allied health program require off-site clinical training at approved and contracted facilities. Program faculty makes these assignments and students are expected to make arrangements to accommodate the assignments.

Philosophy:
The clinical phase of the program is considered to be a major component of the acquisition of knowledge and application of skills. It is here that the student will have the opportunity to learn and apply the art and science of their training in the real world.

The clinical faculty expects students to perform all duties and professional responsibilities during their clinical training to the best of their abilities. Clinical education is a college course that meets off campus for specific times and days. The student is required to adhere to the published class schedule in meeting these requirements. The student receives no monetary compensation for their clinical training, but will receive course credit.

Acknowledgement of Pathogen Exposure Risk: There may be exposure to hazardous materials and infectious and contagious pathogens in the clinical setting. Students must adhere to all safety and standard precautionary measures. Students are taught appropriate Standard Precautions to protect themselves and their patients/clients in the Allied Health A115, Patient Care and/or specific program courses.

Evaluation:
Evaluation of the student performance is the responsibility of the clinical instructor through observation, feedback, and completion of required documentation of specific skills. The purpose of the evaluation is to document the student’s skills, professionalism and progress along with basis for grade determination. Evaluations are to be done on an individual basis and shared with the student.

Additional Supplies:
Programs require students to purchase additional supplies. Some of these are listed below but will vary depending on the specific program:

- Laboratory coat or professional uniform or both
- Pens, notebooks, watch, calculator
- Photo identification name badge (the first one is supplied by the program free, replacement name badges are supplied for a fee)
- Program specific equipment

Transportation:
It is the responsibility of each student to provide for his or her own transportation to the assigned clinical sites.
**Dress Code:**
All students are required to adhere to the following dress code when reporting to any clinical facility for the purpose of clinical instruction. It is the responsibility of the student to present him/herself in such a manner as not to offend patients, staff or physicians.

1. All students must be neat, clean and professional in appearance.
2. Appropriate required uniform as set forth by the individual program. This may include scrubs, and/or lab coat as determined by the individual program.
3. Shoes must be fully enclosed with rubber soles. Shoes must be simple solid color including white, black, gray or brown. No tennis shoes, sandals, clogs, or high heels.
4. Uniforms/scrubs will be required and appropriately coordinated. No jeans, cords or brushed denims. No low cut or midriff cut tops.
5. Jewelry must be limited to a watch and wedding rings. No other jewelry is worn. Neither the college nor the clinical site is responsible for lost or damaged jewelry. There may be additional program based jewelry policy.
6. Hair must be clean and neatly combed. Long hair must be pulled back and tied so it does not fall over the shoulders.
7. No make-up. No perfume or cologne. No nail polish or artificial nails.
8. Tattoos or body art must be covered.
9. Body piercings must not be visible.
10. Program provided picture identification name badge must be worn at all times during clinical assignment.
11. Clinical sites may have specific dress code requirements. Students must adhere to any additional requirements as set forth by the individual clinical site.

**Pre-Clinical Clearance Criteria:**
Entry into the clinical phase of your program will require that specific pre-clinical criteria be met.

- **Immunizations:**
  - While waiting for admissions begin your hepatitis B vaccination series (3 steps taking 4-6 months) and retain your records. Titer verification (additional 1-2 months).
  - All applicants should obtain your immunization records – do not turn those in now, but maintain those records until required. The following will be required:
    - Mumps, Measles, and Rubella titer testing or immunization
    - Varicella titer or immunization
    - Annual Influenza
    - Tetanus, Diphtheria, Acellular Pertussis (Tdap)

- **Physical Examination and Physician clearance** – Wait for your program admittance and notification by your instructor as to when to obtain the health clearance. Once requested you can expect:
  - Tuberculosis testing every 12 months
  - Complete blood count (CBC) if indicated
  - Urinalysis if indicated
  - Physical examination by a physician
Criminal Background and Drug Screen Clearances: (See District Background/Drug Screening Procedure, page 14) You will be notified by the Consumer and Health Sciences Division office concerning the background check/drug screen the summer prior to entering a program.

Criminal Background: The background check will include County Criminal Records (Past 7 Years for three counties), Residency History Search, Social Security Alert, Nationwide Healthcare Fraud & Abuse Registry (OIG/GSA), and Nationwide Sexual Offender Registry. Certain conditions may exclude participation in clinical internships which include but are not limited to: murder, felony assault, sexual offenses/sexual assault, felony possession and furnishing, felony drug and alcohol offenses, other felonies involving weapons and/or other violent crimes, Class B and Class A misdemeanor theft, felony theft and fraud.

Drug Screen: The drug screening will include marijuana (THC), cocaine, opiates, PCP, amphetamines, benzodiazepines, barbiturates, methaqualone, propoxyphene and methadone. Please note: Due to Federal Rules that govern community colleges, medical marijuana is not considered a legal substance and a positive THC result will preclude participation in clinical internships.

Student Liability Insurance: After you are admitted to the program, your instructor/director will require you to purchase a student level professional liability policy.
This Student Participation Agreement is entered into by and between the Coast Community College District, a public educational agency ("District") and ________________________________ ("Student"), concerning the Student’s participation in a clinical experience rotation ("Clinical Rotation").

In consideration of District allowing Student to participate in the Clinical Rotation at Clinical Facility, Student hereby fully agrees with the following requirements for participation:

1. **Compliance with Laws, Rules and Regulations.** While participating in the Clinical Rotation, Student at all times shall abide by and comply with all applicable local, state and federal laws, rules, statutes, ordinances, regulations, policies and procedures, including but not limited to those of District and Clinical Facility. The supervision of Student at Clinical Facility shall be the responsibility of Clinical Coordinator.

2. **Student Background Check.** The Coast Community College District and its Campuses have adopted the TJC (The Joint Commission, formerly known as JCAHO, Joint Commission on Accreditation of Healthcare Organizations) requirements for background/drug screen checks for students, consistent with clinical training site requirements for their accreditation processes. Additional information about TJC requirements may be found at [http://www.jointcommission.org/](http://www.jointcommission.org/). All students are required to complete and submit pre-clinical background/drug screen checks. The background check will include County Criminal Records (Past 7 Years), Residency History Search, Social Security Alert, Nationwide Healthcare Fraud & Abuse Registry (OIG/GSA), and Nationwide Sexual Offender Registry. The drug screening will include THC, cocaine, opiates, PCP, amphetamines, benzodiazepines, barbiturates, methaqualone, propoxyphene and methadone.

   The background checks will be performed by a service approved by the District and must be completed prior to beginning the first clinical rotation. Student understands that the results of background checks will be provided to the clinical sites by the Program Coordinator before patient care or clinical work commences. The procedures for such background/drug screen checks are set forth in the District’s written “Background/Drug Screen Checks Procedure” which will be provided upon request.

   Student’s Initials ____________

3. **No Unsupervised Patient Care.** There shall be no direct, hands-on patient care by any Student participating in the Clinical Rotation unless said care is provided under the supervision and control of medical or nursing staff and in conformance with all applicable laws, rules, regulations, statutes, ordinances and policies.

4. **Confidentiality.** Student hereby understands that patient records are confidential and that confidentiality is protected by the rules and regulations of District, all healthcare providers where Student may receive clinical experience and by federal law. Student therefore hereby agrees to keep strictly confidential and hold in trust all confidential information of any healthcare provider and/or its patients and not to review, disclose or reveal any confidential information to any third party without the prior written consent of the patient and healthcare provider.
Student has been advised of and is aware of the federal Health Insurance Portability and Accountability Act of 1996 as codified at 42 U.S.C. § 1320 through d-8 (“HIPAA”) and understands the requirements and regulations promulgated thereunder requiring strict confidentiality of patient records. Student understands the federal privacy regulations as contained in 42 C.F.R. Part 164 and the federal security standards as contained in 45 C.F.R. Part 142 (collectively the “Regulations”). Student shall not use or further disclose any protected health information of the patient or any information as defined in 45 C.F.R. 164.504, or individually identifiable health information in 42 U.S.C. § 1320d (collectively the “Protected Health Information”), other than as permitted in writing by the healthcare provider and the requirements of HIPAA or its regulations. Student further understands that Student is only allowed to review patient records that are directly related to Student’s assignment and for which Student has been specifically authorized to review by student’s instructor. Violations of this confidentiality protection by Student shall subject Student to immediate removal from any clinical experience, a possible failing grade and possible expulsion from Coast Community College District and any of its colleges.

5. **Release and Hold Harmless.** Student hereby releases, discharges, and agrees to hold harmless District, District’s governing board (“Board”), and each of their trustees, instructors, employees, agents and representatives from any and all liability arising out of or in connection with Student’s enrollment in the nursing program (Golden West College) or allied health programs (Orange Coast College) and participation in its classes, training courses, activities, field trips, practice sessions, hospital clinical experiences, and related exercises. For the purpose of this release, liability means all claims, demands, losses, causes of action, suits or judgments of any kind that Student or Student’s heirs, executors, administrators, and assigns may have against District, Board, College, and any of their trustees, employees, agents, and representatives or that any other person or entity may have against District, Board, College, and any of their trustees, instructors, employees, agents, and representatives because of Student’s failure to pass any course or class or obtain any particular grades, personal injury, accident, illness or death, or because of any loss of or damage to property that occurs to Student or to Student’s property during Student’s participation in the nursing program or allied health program including classes, training courses, activities, field trips, practice sessions, hospital clinical experiences, and related exercise, that result from any cause, including but not limited to District’s, Board’s, College’s, or their trustees’, employees’, agents’, or representatives’ own passive or active negligence or other acts other than fraud, willful misconduct or violation of law.

Student’s Initials _____________

6. **Acknowledgement of Inherently Dangerous Activities and Assumption of the Risk Thereof.** Student acknowledges that the nature of Student’s training in the nursing program/allied health programs may involve dangerous and hazardous activities, including but not limited to exposure to disease, blood borne pathogens, illness, personal injuries and possible death. Student acknowledges the inherently hazardous and dangerous nature of these activities and voluntarily participates therein and assumes all risk of injury, illness, or death from Student’s participation therein. Student represents and warrants that Student is mentally and physically fit, capable, able and willing to participate in these inherently hazardous and dangerous activities without any limitations.

Student’s Initials _____________
7. **No Right to Employment/Removal.** Student understands and agrees that Student’s participation in the Clinical Rotation does not create any right to employment at Clinical Facility. Student understands and agrees that Student may be removed from the Clinical Rotation at any time for any reason, except in violation of any law. If Student is asked to leave by any representative of Clinical Facility, Student shall do so promptly and without protest.

8. **General Rules.**
   a) Students entering the clinical phase of their education shall read and familiarize themselves with all the rules, regulations and obligations of the Clinical Facility and shall at all times strictly abide thereby.
   
   b) **Clinical Rotations** are scheduled courses with specific days and times. Student is to adhere to these and adjust any outside work or activities accordingly. Student must complete a physical within a six-month period prior to the start of the clinical phase (see supplied form). The physical may be completed at the college health center, Student’s private physician, or group health care facility. Blood work, urinalysis, and annual T.B. tests or chest x-rays are required as may be immunizations (rubella, rubeola and varicella titer) or proof of immunity. Hepatitis B vaccine is highly recommended by College or waiver must be signed. Certain clinical sites will not allow Student participation without Hepatitis B vaccination. The completed information must be returned to the clinical coordinator or director of Student’s program. See Student’s program or clinical coordinator for specific details.
   
   c) Any Student participating in a clinical rotation shall, at the request of Clinical Facility, provide a current statement from a physician that the Student is in good health and capable of participating in the Rotation. Clinical Facility may require that any Student, returning from an extended absence caused by illness or injury, submit to a physical examination or present a statement from a physician indicating that the Student is capable of resuming clinical activities. Any such physical examination shall be the financial responsibility of Student.
   
   d) All Students in a clinical rotation must have an active CPR card (per specific program protocol). If Student’s CPR card expires at any time during clinical training, it is Student’s responsibility to become recertified. Student will be removed from clinical experience rotation if Student does not have an active CPR card.
   
   e) In programs that require Allied Health 115 – Patient Care, Student must enroll in Patient Care just prior to entry into the clinical phase, in accordance with the program schedule sequence. Students taking Allied Health 115 will become CPR certified.
   
   f) Student must adhere to appropriate dress code and grooming standards designated by Clinical Facility. This may include a laboratory coat or uniform. Closed, soft-soled shoes are required. A nametag will be provided that must be worn at all times at Clinical Facility site. See Student’s program director or clinical coordinator for specific requirements for Student’s program.
   
   g) Specific clinical sites may have certain health related requirements and may include random drug testing, Hepatitis B vaccination, or blood work. Student is expected to meet the requirements of the site when scheduled to be at that site. There may be exposure to hazardous materials and blood borne pathogens in the clinical setting. Student must adhere to all safety and universal precautionary measures.
   
   h) Student must have adequate reliable transportation to the clinical site and will be responsible for parking.
9. **Student Acknowledgement of Terms.** Student has read this Student Participation Agreement including the Background check requirement in paragraph 2, the Release requirement in paragraph 5, and the Assumption of Risk requirement in paragraph 6. Student has read and agrees to abide by and comply with all terms of this Student Participation Agreement. Student understands that failure to abide by and comply with any term herein may subject Student to immediate removal from any clinical experience, a possible failing grade and possible expulsion from Coast Community College District and any of its colleges.

Dated: ______________________

__________________________________________

Student

__________________________________________

Student ID Number
CODE OF PROFESSIONAL ETHICS AND BEHAVIOR

Health care professionals engaged in the performance of patient/client care must strive to maintain the highest personal and professional standards. The following define the basic ethical and moral behavior of an allied health professional:

I. Confidentiality
   A. Never discuss in public or during your breaks or in any other potentially open forum any information or incident that may have occurred in the workplace.
   B. Never give out any information about your patients/clients. All inquiries pertaining to your patient’s condition, care or prognosis from family or friends should be referred to the appropriate medical professional as deemed necessary.
   C. Information contained in the chart should only be shared with those medical personnel directly involved with the care of the individual.

II. Patient respect
   A. Respect the need for privacy. Knock gently before entering a patient room. Screen and/or drape your patient prior to all procedures. Provide adequate draping for examinations or treatments.
   B. Take proper care and respect for your patient’s/client’s possessions. Treat the others’ personal effects as you would your own.
   C. Treat each person with equal consideration and respect. Discrimination due to gender, race, creed, color, age, religion, socioeconomic status, sexual orientation or other status has no place in patient care. Avoid promoting personal points of view to others. Do not allow personal bias or discrimination in the workplace and the quality of care to provide.
   D. Do not eat or drink in patient/client care areas.
   E. Respect a patients/client’s personal beliefs and requests.
   F. Do not discuss your personal or family life and problems with your patient or other staff.
   G. Certain procedures may require touching or exposure. Assuring that proper draping and touch is done in a professional mature manner in accordance to the required procedure. At no time should the patient feel embarrassed or uncomfortable. Inappropriate actions on the part of the student may be considered as reason for removal from clinical and the program.

III. Professional conduct
   A. Show respect for your fellow workers at all times.
   B. Understand and be responsible for your actions and your professional scope of practice.
C. Assume responsibility for your mistakes, errors or misjudgments. Report them at once to the appropriate supervisor or staff member and fill out any required appropriate paperwork. Failure to do so may place you, your supervisor, patient, medical staff, facility and college in jeopardy.

D. Remain in your assigned area, leaving only under appropriate times. Let your co-workers and supervisor know where you are.

E. Treat all co-workers, clients, patients, and patient’s family with courtesy and respect.

F. Avoid loud, noisy behavior.

IV. Communication

A. Do not talk about your superiors or co-workers with other personnel or patients/clients. Do not berate your co-workers or employer to other personnel or patients.

B. Avoid any comments that may be offensive or misinterpreted.

C. Do not ask for personal favors from physicians: such as writing prescriptions.

D. Be polite and courteous when answering the telephone. Channel all telephone calls to the appropriate person. Never use the telephone for personal use.

IV. Materials

A. Use only appropriate medical supplies, conserving use. Never take home any medical supplies, patient supplies, hospital supplies, or other items that do not belong to you.

B. Never take medications from a medical facility.

V. Legal practices

A. Never diagnose or prescribe for any patient/client. To do so, is to practice medicine without a license and is illegal.

B. Being under the influence of any alcohol, drug, or controlled substance will be grounds for dismissal.

C. Any abnormal behavior by the student as observed by the supervisor may be grounds for dismissal.

D. Any abnormal behavior observed by the student of others, must be reported to the appropriate supervisor immediately.

VI. Professional Activities

A. Allied health personnel need to continually strive to increase and improve knowledge and skills by participating in continuing education and professional activities.
## Examples of Professional Functions

<table>
<thead>
<tr>
<th>Function</th>
<th>Standard</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical thinking</td>
<td>Critical thinking and problem solving skills sufficient for clinical judgment and problem solving.</td>
<td>Identify cause and effect relationship in clinical situations. Assimilate knowledge from lecture, lab, and clinical areas.</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>Ability to interact maturely and professionally with individuals and groups from a wide variety of social, educational and cultural backgrounds.</td>
<td>Establish rapport with health care providers, patients, colleagues and faculty. Respond appropriately to instructions. Work well with others.</td>
</tr>
<tr>
<td>Communication</td>
<td>Communication abilities sufficient for interaction with others in verbal and written form.</td>
<td>Communicate clearly in class, lab and clinical settings. Be able to explain procedures and document outcomes.</td>
</tr>
<tr>
<td>Motor Skills</td>
<td>Gross and fine motor abilities sufficient to provide safe and effective procedures.</td>
<td>Utilize manual dexterity to safely operate and handle equipment and machinery.</td>
</tr>
<tr>
<td>Mobility</td>
<td>Physical ability sufficient to move in clinical settings appropriate to the conditions.</td>
<td>Be able to move around patient conditions in close proximity to others without disruption.</td>
</tr>
<tr>
<td>Physical strength</td>
<td>Physical strength, stamina, and flexibility sufficient to sit and/or stand in ergonomically correct positions for four hour increments. Program specific requirements for lifting and moving.</td>
<td>Sustain specific positions for extended periods of time, perform extended CPR, move patients, lift equipment, and “be on your feet” for extended time periods.</td>
</tr>
<tr>
<td>Hearing</td>
<td>Auditory ability to monitor and assess health needs. There may be program specific requirements.</td>
<td>Ability to hear verbal information orally and electronically. Clearly hear verbal patient, physician, healthcare worker information. Clearly hear alarms.</td>
</tr>
<tr>
<td>Visual</td>
<td>Visual ability sufficient for observation, assessment, reading charts &amp; records, and evaluation of test results in both paper and digital forms.</td>
<td>Read and chart in patient records, observe and evaluate subtle color and other patient changes, electronic monitors, and test results.</td>
</tr>
<tr>
<td>Tactile</td>
<td>Tactile ability for assessment and performance of medical/dental procedures.</td>
<td>Properly handle small equipment, tactile assessment of patient conditions, and perform delicate procedures.</td>
</tr>
</tbody>
</table>
WORKER’S COMPENSATION INFORMATION OVERVIEW

General Guidelines and Procedures:

1. The Coast Community College District provides worker’s compensation coverage at no cost for students who are assigned to a clinical education center. The coverage is in effect while the student is on-site at the clinical facility. The student must be officially enrolled in the designated clinical course in order to have valid coverage. No student is permitted to attend any clinical course until they have completed the required enrollment procedure at Orange Coast College.

2. This insurance covers an injury the student may receive during the course of a clinical assignment. Injury must occur during the student’s assigned clinical class time.

3. Severity of the injury determines where the student should receive treatment. Consult the Workers’ Compensation Information Sheet and the “How to Proceed” flow charts on the next few pages for appropriate procedures.

4. The injured student should complete the Workers’ Compensation (WC) Forms Packet (5 forms total) as provided by Personnel Services and also included on the Allied Health web site.

5. The program director or clinical director will complete the form Supervisor’s Report of Injury found here or as provided by Personnel Services.
WORKERS’ COMPENSATION INFORMATION SHEET

(FOR: ALLIED HEALTH STUDENTS)

If you are injured on the job while you are working during your scheduled work hours, you must report your injury to your supervisor and to Campus HR. Attached with this notice are the 5 forms you need to complete (all areas highlighted in yellow) immediately if your injury is not life threatening – otherwise, no later than 24 hours from the time of the injury or occurrence. This is required for the reporting of the injury or occurrence to our Workers’ Comp Insurance Carrier to ensure appropriate medical treatment and for the student to receive any appropriate payments by our Carrier.

**Note:** First, obtain *Authorization for Medical Treatment Slips* from one of the following locations:

<table>
<thead>
<tr>
<th>During Business Hours:</th>
<th>During Evenings or Weekends:</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCC Campus HR office</td>
<td>OCC Maintenance &amp; Operations</td>
</tr>
<tr>
<td>OCC Campus Health Center</td>
<td>OCC Campus Safety Office</td>
</tr>
</tbody>
</table>

*Authorization for Medical Treatment Slips* must be signed by an OCC HR manager or an authorized designee (OCC Campus Health Center, OCC Maintenance & Operations or OCC Campus Safety Office) to take to an authorized treatment facility. Our primary healthcare provider is Newport Urgent Care Center.

If injury should occur outside of regular business hours, please be sure to contact either individual listed below, leaving injury information and best contact number to reach you during regular business hours:

- **EEO Recruitment Coordinator – Edwina Recalde at:** (714) 432-5132 or erecalde@occ.cccd.edu
- **Director of Personnel Services - Dianna Deis at:** (714) 432-5670 or ddeis@occ.cccd.edu

Here is what to do if you are injured at your clinical site as an Allied Health Student:

- Report the injury or occurrence to your supervisor.
- If injury requires urgent medical attention, seek treatment at one of the identified primary medical providers listed below.
- Report the injury or occurrence immediately to the Campus HR Office, to an individual listed above in blue.
- If the injury does not require urgent medical attention, report the injury or occurrence to Campus HR Office first to complete the required forms and receive *Authorization for Medical Treatment Slip* for treatment.
- Return the doctor’s work status report directly to the Campus HR Office to an individual listed above in blue.
- A meeting regarding any accommodations needed will take place prior to you returning to clinical assignment. You cannot return to clinical site without this taking place first.
- Make sure to keep all follow-up appointments.

**WORKERS’ COMP PROVIDERS:**

- **Primary Provider:**
  - Newport Urgent Care~1000 Bristol Street North, #1B, Newport Beach, CA
    - (949)752-6300

- **Secondary Providers:**
  - Pacifica Orthopedics~18800 Delaware St., #1100, Huntington Beach, CA
    - (714) 841-5333
  - Memorial Prompt Care~15464 Goldenwest St., Westminster, CA
    - (714) 891-9008

Please complete all five forms attached as it pertains to you and return to OCC Campus HR. They will make a copy for you and send to you for your files. For assistance in your claim processing or questions, please contact:

- **EEO Recruitment Coordinator – Edwina Recalde at:** (714) 432-5132 or erecalde@occ.cccd.edu
- **Director of Personnel Services - Dianna Deis at:** (714) 432-5670 or ddeis@occ.cccd.edu

Thank you for your patience, understanding, and cooperation in regards to these very time sensitive items.
# TO BE COMPLETED IMMEDIATELY!

The district/college employee who either witnesses the injury or is supervising the injured person at the time of injury/incident should complete this form immediately. The report should be submitted to Administrative Services the same day. Should other pertinent facts develop, notify Administrative Services by means of a supplemental report.

FOR EMPLOYEE INJURIES, CONTACT THE CAMPUS PERSONNEL SERVICES OFFICE IMMEDIATELY.

---

## STUDENT/NON-STUDENT ACCIDENT/INCIDENT REPORT

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>District</td>
<td>College/Location</td>
</tr>
<tr>
<td>Coast Community College District</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>College/Location Address</th>
<th>Phone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Injured's Name</th>
<th>ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address</th>
<th>Phone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Where did the incident occur?</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How did the incident occur?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

## Nature of injury

<table>
<thead>
<tr>
<th>First aid applied</th>
<th>By whom?</th>
<th>Disposition of injured person (return to class, home, doctor, hospital)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;&quot; Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;&quot; No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does injured person have own medical insurance coverage?</th>
<th>Name of Insurance Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;&quot; Yes</td>
<td></td>
</tr>
<tr>
<td>&quot;&quot; No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was any district rule violated?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&quot;&quot;</td>
<td></td>
</tr>
</tbody>
</table>

If so, explain. Comment on supervision.

## Witnesses present at time of incident

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Has anyone contacted school?

<table>
<thead>
<tr>
<th>If yes, explain below</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&quot;&quot;</td>
<td></td>
</tr>
</tbody>
</table>

Was family contacted by school?

<table>
<thead>
<tr>
<th>If yes, explain below</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&quot;&quot;</td>
<td></td>
</tr>
</tbody>
</table>

Was family or injured person told they would be contacted again? Explain below.

<table>
<thead>
<tr>
<th>Yes</th>
<th>&quot;&quot; No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

## Report submitted by

<table>
<thead>
<tr>
<th>Position</th>
<th>Date</th>
<th>VP Administrative Services</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

This report is for the confidential use of District and legal counsel for the District and its employees in defending litigation.

* * * * * * *
WORKERS’ COMPENSATION INFORMATION SHEET

RE: Employee / Student Name: 

Employer: Coast Community College District

Claim#: 

Date of Injury: 

In order to assist us in processing your workers’ compensation claim, we need you to complete and sign the enclosed Medical Release Authorization and Medical History forms. We would appreciate your returning these forms promptly.

Also, please advise of any prior Workers’ Compensation Awards or Permanent Disability Ratings you may have received.

Thank you for your consideration in this matter.

Enclosures
MEDICAL CLAIM HISTORY OF:

RE:  
Employee / Student Name:  
Employer: Coast Community College District  
Claim #:  
Date of Injury:  

For the purpose of having a complete medical history to provide your treating doctor, please complete the bottom of this sheet to the best of your ability. If you have been treated at a Kaiser facility, please include your medical record number and the names of the physicians who have treated you. Also, if you are a Medicare recipient, please include your Medicare card number or HIC number.

During the past ten years, I have received medical treatment at the following:  
(Please prove the names of Hospital/Physician, Address, Body Part and Year of Treatment)

1.  
2.  
3.  
4.  
5.  
6.  
7.  
8.  

Have you ever had a prior workers’ compensation award or disability? Yes or No (please circle) if yes, please explain and provide the name of the employer and the physician who made the determination of your disability.
# OCC Employee's / Allied Health Student Report of Injury

**YOUR NAME:**

<table>
<thead>
<tr>
<th>Home Address:</th>
<th>Social Security #:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Hire:</th>
<th>Phone Number:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Job Title:</th>
<th>Date of Birth:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Circle One:</th>
<th>Date of Injury/Exposure/Occurrence:</th>
</tr>
</thead>
</table>

**Time you started work:** ____________________________  **Time Injury Occurred:** ____________________________

**Circle Employment Status:**  
- Full-time  
- Part-time  
- Temporary  
- Allied Health Student

Were you unable to work at least one full day following date of injury/occurrence? (Please circle): YES or NO

<table>
<thead>
<tr>
<th>Date last worked/scheduled:</th>
<th>Date Returned to Work:</th>
<th>Days Missed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work / Allied Health Clinic Schedule:</td>
<td>Hours per day:</td>
<td>Days per week:</td>
</tr>
</tbody>
</table>

Please state specific injury/exposure/occurrence: ____________________________

Part(s) of Body affected: ____________________________

Location where the injury/exposure/occurrence occurred: ____________________________

**If it was not on OCC campus please provide location name & address:**

Specify Department: ____________________________

Equipment, materials, & chemicals being used at time of injury/exposure/occurrence:

Specific activity being performed at time of injury/exposure/occurrence:

How did the injury/exposure/occurrence occur? Describe the sequence of events. Specify the object or exposure which directly produced the injury/exposure/occurrence:

Date of employer knowledge: ________________

Date claim form provided: ____________________

WC FORM # 4
State of California
Department of Industrial Relations
DMISION OF WORKERS' COMPENSATION

WORKERS' COMPENSATION CLAIM FORM (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included as the cover sheet of this form.

You should also have received a pamphlet from your employer at time of hire describing workers' compensation benefits and the procedures to obtain them.

Any person who makes any statement or causes to have made any material statement or material representation for the purpose of obtaining or claiming workers' compensation benefits or part thereof knowing such statement or representation to be false, is guilty of a felony.

Employee--complete this section and see note above
1. Name. Nombre. _______________________________ Today's Date. Fecha de Hoy. ____________________________

Date of Injury. Fecha de la lesión (accidente). _______________________________ Time of Injury. Hora en que ocurrió. ________ a.m. ________ p.m.

Address and description of where injury happened. Dirección/donde ocurrió el accidente. _______________________________

Describe injury and part of body affected. Describa la lesión y parte del cuerpo afectada. _______________________________

Social Security Number. Número de Seguro Social del Empleado. _______________________________

Signature of employee. Firma del empleado. _______________________________

Employee--complete this section and see note below. Empleado--complete esta sección y note la notación abajo.

9. Name of employer. Nombre del empleador. _______________________________

10. Address. Dirección. _______________________________

11. Date employer first knew of injury. Fecha en que el empleador supo por primera vez de la lesión o accidente. _______________________________

12. Date claim form was provided to employee. Fecha en que se le entregó al empleado la petición. _______________________________

13. Date employer received claim form. Fecha en que el empleador devolvió la petición al empleador. _______________________________

14. Name and address of insurance carrier or adjusting agency. Nombre y dirección de la compañía de seguros o agencia administradora de seguros. _______________________________

15. Insurance Policy number. El número de la póliza del seguro. _______________________________

16. Signature of employer representative. Firma del representante del empleador. _______________________________

17. Title. Título. _______________________________ Telephone. Teléfono. _______________________________

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

0 Employer copy/Copia del Empleado 0 Employee copy/Copia de Empleado 0 Claim Administrators/Administrador de R.王朝 0 Temporary Receipt/Recibo de Empleado

Keenan & Associates 8/2004
**Temporary Prescription Services ID**

**Important Benefit Information**

**Attention Injured Worker:**

The attached injured worker prescription instructions identify you as a member of ExpressComp Program. It is important when filling prescriptions that you present this Temporary Prescription Service ID form to your pharmacist before obtaining your prescription. If you have any questions about your injured worker drug program or to locate a participating pharmacy, please contact Customer Service toll-free at 1-877-595-3665.

**NOTICE TO INJURED WORKER**

This injured worker Temporary Prescription Services ID form MUST BE PRESENTED to your pharmacist when you fill your initial prescription(s). Use of this card allows you to get immediate pharmacy service for your work-related injury but, does not constitute the acceptance of compensability of your claim.

---

**Keenan & Associates**

Express Scripts ExpressComp Authorization for Prescription Services

9 digit ID number, pre-printed group number, and date of birth are required fields to process on-line.

<table>
<thead>
<tr>
<th>ID# Social Security Number here</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE OF INJURY CCYY/MM/DD</td>
</tr>
<tr>
<td>GROUP# KEENAN</td>
</tr>
<tr>
<td>EMPLOYEE DATE OF BIRTH ---/---/---</td>
</tr>
<tr>
<td>EMPLOYEE NAME FIRST LAST</td>
</tr>
<tr>
<td>EMPLOYEE MAILING ADDRESS STREET</td>
</tr>
<tr>
<td>CITY STATE ZIP</td>
</tr>
<tr>
<td>EMPLOYER'S NAME</td>
</tr>
<tr>
<td>EMPLOYER'S LOCATION</td>
</tr>
</tbody>
</table>

**Attention Pharmacist:**

Keenan & Associates- injured worker prescription benefit program is administered by Express Scripts. The following are the steps necessary to submit a claim.

Please follow the action steps listed below to enter the claim. Be sure you are using NCPDP version 3.2 allowing for loser service.

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Enter Bin Number 003858</td>
</tr>
<tr>
<td>2</td>
<td>Enter Processor Control A4</td>
</tr>
<tr>
<td>3</td>
<td>Enter the Group Number as it appears above: KEENAN</td>
</tr>
<tr>
<td>4</td>
<td>Enter the injured worker's SSN# XXX-XX-XXXX</td>
</tr>
<tr>
<td>5</td>
<td>Enter first name &amp; last name</td>
</tr>
<tr>
<td>6</td>
<td>Enter the injured worker's date of birth</td>
</tr>
</tbody>
</table>

**NEED ASSISTANCE?**

Pharmacist, if you have any questions while processing the claim, please call Express Scripts Help Desk toll-free at 1-877-595-3665.
HOW TO PROCEED FOR MEDICAL CARE AND REPORTING OF INJURY AT CLINICAL/FIELD STUDY SITE – OFF OCC CAMPUS
TO PROGRAM/CLINICAL DIRECTOR, DIVISION OFFICE and OCC PERSONNEL SERVICES

NEED IMMEDIATE CARE

1. Treatment at clinical site if applicable. Inform provider that you are OCC student with worker’s compensation coverage. Site should call OCC Personnel Office for verification:
   (714) 432-5132 OR (714) 371-6362 OR (714) 432-5670
2. CALL 911
Using either option: Fill out any documentation of forms required at treatment site and get a copy for your claim/files.

DO NOT NEED IMMEDIATE CARE
(Ambulatory, Not Life Threatening Event)

Report incident immediately to:
1. Appropriate supervisor/clinical educator at clinical site.
2. Program/Clinical Director
3. OCC Personnel Services in Administrative Services Bldg.
   (714) 432-5132 OR (714) 371-6362 OR (714) 432-5670
   Within 24 hours.

Get Authorization for Medical Treatment Slip from OCC Personnel for:

- Newport Urgent Care OR
- Memorial Prompt Care

- Fill out WC Forms Packet (5 forms)
  (also on Allied Health web site)
- Make 4 copies: Keep one for files
- Return others to: OCC Personnel Services and Program/Clinical Director and Division Office

If other Medical visits are needed: Get Referral Authorization Notice from OCC Personnel Services for –

- Newport Urgent Care OR
- Memorial Prompt Care

Complete and get copies of any required forms from the treatment center. Be sure to keep all follow-up appointments.

Copies of ALL forms go to:

- Injured Student
- OCC Personnel Services
- Program/Clinical Director
- Allied Health Division Office

Clearance: Get written authorization from doctor or treatment center that you are cleared to return to clinical site.
**HOW TO PROCEED TO FILE FOR A WORKER’S COMPENSATION CLAIM**

Report incident immediately to:
1. Appropriate supervisor/clinical educator at clinical site.
2. Program/Clinical Director
3. **OCC Personnel Services in Administrative Services Bldg.**
   (714) 432-5132 OR (714) 371-6362 OR (714) 432-5670
   Within 24 hours.

- Fill out WC Forms Packet (5 forms)
  (also on Allied Health web site)
- **Make 4 copies and give to:**
  - Injured Student
  - OCC Personnel Services
  - Program/Clinical Director
  - Allied Health Division Office

Failure to follow the above procedures will result in the student being responsible for all medical expenses incurred.

**INJURIES OCCURRING ON OCC CAMPUS**

**PLEASE NOTE:** Injuries occurring on the OCC campus are **NOT COVERED BY WORKER’S COMPENSATION.**

If an injury occurs at OCC, students should adhere to the following procedure:

If need immediate care: Call 911 for immediate attention
If still ambulatory: Go to OCC Student Health Center for attention

*I have read and acknowledge notification of the Worker’s Compensation procedures at Orange Coast College/Coast Community College District.*

---

Student name (Print)  
Student Signature  
Date
STUDENT SUCCESS

TWO HOURS PER UNIT PER WEEK

A very important student success strategy is to impress the necessity of studying a minimum of TWO HOURS PER UNIT PER WEEK in addition to class time. Students sometimes think they can do with much less until they are so far behind in a course, they withdraw.

ALL students should be alerted to the fact that there is no escape.

1. Determine your college workload and your outside commitments.

2. Schedule in study time as part of your daily and weekly activities.

3. This scheduled time outside of class time would include:
   - Reading
   - Review/rewriting of notes
   - Homework assignments
   - Reviewing materials
   - Other study techniques (flashcards, self testing, objectives)

Sample semester load

14 units x 2 hours per unit = minimum 28 hours of study/homework per week

Add minimum of 14 hours of class time = 42 hours per week

HOW WILL YOU BUDGET YOUR TIME?
So, you want to get an “A”?

Study Techniques:

1. Using the objectives provided in the class: write out each objective on a separate sheet, and then organize by writing your notes and reading materials under each objective.

2. After you have studied using the above sheets, without your study materials except your objectives, again write out the objectives (one per page) and fill in the answer as a self-test.

3. Now the hard part…go back and grade your answers with a BIG FAT RED pen. Fill in all the information you got wrong or forgot.

4. Go back and study the information in RED. This is the material that you do not know and need to study more.

5. Repeat this process continuing to add more objectives as you complete them in your class.

6. Flash cards: write an objective on one side and all answer information on the other side. You can now have a mobile self-study and self-test available for review. Remember to carry these with you.

7. Group study: a small group of no more than 3 or less than 1. More than 3 becomes a social group and less than 1 doesn’t work. Have one person read the objective from a card and another person to teach back the information. Check that all information was covered from the information on the back of the card.

8. REVIEW, REVIEW, REVIEW constantly and consistently. Remember, a minimum of 2 hours study time for each class hour.

Other tips:
Use acronyms
Ask questions
Test Taking Tips

Bring at least two pencils with good erasers, calculator with enough batteries and any other resources that your instructor allows you to.

Keep a positive attitude throughout the whole test and try to stay relaxed, if you start to feel nervous take a few deep breaths to relax.

Keep your eyes on your own paper, you don't want to appear to be cheating and cause unnecessary trouble for yourself.

When you first receive your test, do a quick survey of the entire test so that you know how to efficiently budget your time.

Answer all the questions you know first; don't stay on a problem that you are stuck on especially when time is a factor. If you don't know an answer right away, skip it, go on with the rest of the test and come back to it later, maybe in another part of the test there'll be something that will help you out with that question.

Read the entire question before you look at the answer. Highlight or circle key words of the question.

Always read the whole question carefully, don't make assumptions about what the question might be.

Don't rush, but pace yourself, read the entire question and look for keywords. Highlight or circle key words.

Ask the instructor for clarification if you don't understand what they are asking for on the question.

Write legibly, if the grader can't read what you wrote they'll most likely mark it wrong.

Don't worry if others finish before you; focus on the test in front of you.

When you are finished, if you have time left look over your test, make sure that you have answered all the questions, only change an answer if you misread or misinterpreted the question because the first answer that you put is usually the correct one. Watch out for careless mistakes and proofread your essay and/or short answer questions. An erasure will most likely cause you to change a right answer to a wrong answer.

Double check to make sure that you put your first and last name on the test.

If allowed, draw a box and enter your study acronyms, formulas, or key terms you used when studying on the back of the test paper. You can then refer back to these during the test.
Multiple Choice Test Taking Tips

Come up with the answer in your head before looking at the possible answers, this way the choices given on the test won't throw you off or trick you.

Read all the choices before choosing your answer. Eliminate answers you know absolutely aren't right by drawing a line through those incorrect answers.

If there is no guessing penalty, always take an educated guess and select an answer.

Don't keep on changing your answer; usually your first choice is the right one, unless you misread the question.

A positive choice is more likely to be true than a negative one.
Guidelines for Classroom Success

Positive behavior in the classroom, laboratory and clinical settings contributes significantly to creating an environment that promotes educational success. Fostering positive relationships leads to personal and professional achievement. The following table identifies some common positive and negative behaviors that provide students with a guide for success:

<table>
<thead>
<tr>
<th>Positive Classroom Behavior</th>
<th>Negative Classroom Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coming to class on time with reading assignments and homework completed and prepared with</td>
<td>Disrupting the class by arriving late, leaving early, or coming to class unprepared.</td>
</tr>
<tr>
<td>books, pens, paper, colored pencils, etc.</td>
<td></td>
</tr>
<tr>
<td>Maintaining regular attendance is a critical factor in student success. Absences should only</td>
<td>Falsely calling in sick. Scheduling appointments (doctor, dentist, personal, interviews, etc)</td>
</tr>
<tr>
<td>occur in unavoidable emergencies.</td>
<td>during class time.</td>
</tr>
<tr>
<td>Taking notes is essential to preparing successfully for tests, lab activities, and assignments.</td>
<td>Not giving instructor full attention, “daydreaming”, text messaging, using internet on phone, and note passing.</td>
</tr>
<tr>
<td>Interacting responsibly by asking questions that are relevant to the subject matter.</td>
<td>Asking unrelated questions or stating irrelevant comments.</td>
</tr>
<tr>
<td>Participating responsibly in classroom discussions and activities.</td>
<td>Monopolizing discussions, nonparticipation, acting as if the class or topic of discussion is irrelevant or uninteresting.</td>
</tr>
<tr>
<td>Using appropriate humor at appropriate times.</td>
<td>Attempting to be the “class clown”, clowning is distracting. Using inappropriate sexual innuendo and flirting.</td>
</tr>
<tr>
<td>Showing interest and staying on task by maintaining focus throughout the entire class period,</td>
<td>Sitting in the back of the class when room is available up front, sitting with back to instructor, making distracting noises: foot tapping, pen twirling/tapping, and putting away books/zipping up backpacks before class has ended. Leaving frequently to take care of personal business (i.e. phone calls, coffee, smoking, bathroom breaks) doing other course work or paying bills in class.</td>
</tr>
<tr>
<td>showing where you can see and being attentive.</td>
<td></td>
</tr>
<tr>
<td>Showing instructor and fellow classmates the same respect you wish to be shown.</td>
<td>Holding side conversations during class, confronting instructor or classmates about unrelated issues during class time.</td>
</tr>
<tr>
<td>Utilizing scheduled faculty office hours or emailing to check in with instructors regarding missed assignments due to absences or being tardy.</td>
<td>Interrupting the instructor during class time to ask what you missed when you were absent or if you missed anything “important”.</td>
</tr>
<tr>
<td>Keeping an open mind when issues arise you disagree with. Disagreeing with dignity. Giving respect to fellow students when they ask relevant questions to check for understanding.</td>
<td>Interrupting, belittling, or putting down fellow students. Rolling eyes, heavy sighs or laughing at someone when they are speaking or asking a lot or relevant questions to gain understanding of material.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Submitting well prepared, typed assignments on time, asking if there is supplemental material to explore to better complete assignments such as website, journals, magazines, etc.</td>
<td>Skipping assignments and/or breaking assignment policy, giving excuses for missing assignments, handing in substandard, unstapled, or ripped out pages that show no care for the assignment.</td>
</tr>
<tr>
<td>Using correct grammar and spelling for submitted work. Using resources necessary to accomplish task if necessary.</td>
<td>Not proofreading thoroughly, using gross grammatical and spelling errors, demonstrating obvious disregard for accuracy.</td>
</tr>
<tr>
<td>Taking personal responsibility for organizing time to complete quality work and studying for tests adequately to learn material.</td>
<td>Offering excuses for late assignments, careless workmanship, or poor test results.</td>
</tr>
<tr>
<td>Staying on task when using the internet in class projects or instruction on software in Allied Health Hoag Lab.</td>
<td>Using internet for personal reasons (Myspace, twitter, Facebook, checking email, etc) during class time.</td>
</tr>
<tr>
<td>Keeping personal belongings stowed in such a manner they are not in the way of another’s path or space. Keeping personal items, electronic devices put away in backpack.</td>
<td>Leaving personal belongings where they inconvenience others, or where they may trip on them, or spread over another’s work area. Leaving electronic devices out on tables or textbook during class time.</td>
</tr>
<tr>
<td>Taking responsibility for keeping your work station clean and tidy, cleaning up after lab, picking up after yourself before leaving class.</td>
<td>Forgetting your supplies, books, notes, etc., in class and not being able to locate them when they are needed.</td>
</tr>
</tbody>
</table>
Termination of Program and Procedure for Readmission

TERMINATION:
A break in enrollment due to any of the items listed below, will cause a termination in the program.

The following is an outline for students who have started an allied health program and who need to terminate because of:

1) Voluntary withdrawal due to extenuating circumstances, defined as personal/family health issues, personal/family financial issues, or family related issues preventing the student from continuing (NOTE: Grades are not applicable as extenuating circumstances) or

2) Non-passing grades in Didactic Courses (D or F) or

3) Non-passing grades in Clinical and/or Laboratory Experiences by earning a D or F or

4) Non-passing grades in Clinical and/or Laboratory Experiences for Unsafe Practices or sub-standard Professional performance.

READMISSION:
If the student desires readmission to the program, the following are the Procedures for Readmission after:

1) Voluntary withdrawal due to extenuating circumstances: To be considered in this section, the student who withdraws must be passing all classes at the time of withdrawal.

   A. If withdrawal is during the first semester

      1. The student will be placed back on the waiting list with a new Program Readiness Date corresponding to their withdrawal date. They will keep their same original application date. There is no guarantee of the specific date of program readmission.

      2. When the student is readmitted, they may be required to have a contract for program readmission. If so, the contract will be negotiated with the faculty program coordinator and approved by the dean. It may include elements such as courses to repeat, timelines for successful transitions, clinical skills expectation, and behavioral outcomes.

      3. Student will waive catalog rights and follow the curriculum in the year of readmission. Readmission is allowed only one time. For a re-admitted student, the recency requirement will be based on the new Program Readiness date (see 1. A. 1 above) NOT the original Program Readiness date.

      4. If, when the student is readmitted, they want to defer starting the program, student must submit a new application form. The student will have a new Program Readiness Date and application date and will be placed on the appropriate list as a new applicant. The new Program Readiness/application date will be the date the application form is received in the Allied Health Division Office. In the instance of student deferral, recency for the prerequisite courses will be based on the new Program Readiness/application date, NOT the original Program Readiness/application date.

Please note: this could mean student may need to retake prerequisites to meet recency requirements.
B. If withdrawal is in subsequent semesters

1. The student will be placed back on the waiting list with a new Program Readiness Date and application date corresponding to their withdrawal date. There is no guarantee of the specific date of program readmission.

2. Granting a leave of absence will be based on whether or not the specific Program accreditation agency allows for a leave of absence. If they do, with program coordinator approval, then the leave of absence will be granted. However, the student will be expected to resume course work within one semester of withdrawal. The conditions of re-admittance will be decided by the faculty program coordinator and approved by the dean. The student will be allowed to recommence the program in accordance with the program accreditation standards and guidelines.

If they are unable to be re-admitted following the guidelines listed here, then the student will need to submit a new application and will follow new applicant procedures.

2) Non-passing grades in didactic courses

A. If this occurs in the first semester and:

1. Occurs in one didactic course, the student will be placed back on the waiting list with a new Program Readiness Date corresponding to the date at the end of that academic year. They will keep their same original application date. There is no guarantee of the specific date of program readmission, and it must be after the successful completion of the proscribed remediation plan designed in consultation with the program director.

2. Occurs in two or more didactic courses, the student must submit a new application form. The student will have a new Program Readiness Date corresponding to the date at the end of that academic year and be placed on the appropriate list as a new applicant. There is no guarantee of the specific date of program readmission, and it must be after the successful completion of the proscribed remediation plan designed in consultation with the program director.

3. When the student is readmitted, they will be required to have a contract for program readmission. Any required classes that were previously successfully completed must be repeated for educational content and continuity. The contract will be negotiated with the faculty program coordinator and approved by the dean. It may include elements such as courses to repeat, timelines for successful transitions, clinical skills expectation, and behavioral outcomes.

4. Student will waive catalog rights and follow the curriculum in the year of readmission. Recency of Pre-requisite courses will be based on the new Program Readiness Date.

Note: this could mean student may need to retake pre-requisites to meet recency requirements. Readmitted students are allowed only one repetition of a required program course.

Readmission is allowed only one time.
2) Non-passing grades in didactic courses (cont.)

B. If this occurs in subsequent semesters

1. The student may request consideration for a contract for readmission. However, this is not automatically granted and will depend on:

- Severity of deficiency identified in course, lab and/or clinical setting, as determined by faculty evaluation on a case by case situation.
- Availability of additional clinical placement sites.
- Faculty and Dean approval.

2. If readmission is not approved and the student still would like to seek readmission, the student must reapply to the program and receive a new Program Readiness Date and Application date based on the date the Reapplication form is received in the Allied Health Division Office.

3. Student will waive catalog rights and follow the curriculum in the year of readmission. Recency of prerequisite courses will be based on the new application date.

Note: this could mean student may need to retake pre-requisites to meet recency requirements. Readmitted students are allowed only one repetition of a required program course. Readmission is allowed only one time.

3) Non-passing grades in clinical and/or laboratory experiences by earning a D or F.

A. The student must submit a new application form. The student will have a new Program Readiness Date which is the same as the new application date and be placed on the appropriate list as a new applicant. The new application date will be the date received in the CHS Division office.

B. If the student is readmitted, they will be required to have a contract for program readmission. Any required classes that were previously successfully completed must be repeated for educational content and continuity. The contract will be negotiated with the faculty program coordinator and approved by the dean. It may include elements such as courses to repeat, timelines for successful transitions, clinical skills expectation, and behavioral outcomes.

C. Student will waive catalog rights and follow the curriculum in the year of readmission. Recency of prerequisite courses will be based on the new application date.

Note: This could mean student may need to retake all pre-requisites to meet recency requirements. Readmitted students are allowed only one repetition of a required program course.

Readmission is allowed only one time.

4) Non-passing grades in clinical and/or laboratory experiences for unsafe practices or substandard professional performance.

A. The student will be unable to continue in their chosen program, and will be unable to reapply to the School of Allied Health Professions for any program.
5) Dismissed from any clinical experience or failed out of a clinical experience.

   A. The SAHP, represented by the relevant Program director(s) and/or the Dean of the CHS Division, will determine if the student can reapply to a new program, or be allowed to attempt the program for a second time.

*Rev. 2017-03-10*
I ________________________________ verify that I have thoroughly read
(Printed Student Name)

and fully understand all information and requirements as set forth in the School of Allied Health
Professions (SAHP) Student Manual.

Initial specific sections listed below:

_______ Admissions Process
_______ Code of Conduct
_______ SAHP Standards: Physical and Mental
_______ Clinical Standards
_______ Termination and Procedure for Readmission

_____________________________  __________________________
Student signature          Date

This form must be filled out, signed and dated, then submitted along with your application in
Allied Health A010, Health Occupations course.