

4000 Lancaster DR NE •PO Box 14007 • Salem, OR 97309

Chemeketa Community College is an equal opportunity, affirmative action, institution

Application Packet for Anesthesia Technician Program

Winter 2022

☐ Program Information

☐ Current Program Advising Worksheet

☐ Program Application Form

Packet Includes:

It is the policy of Chemeketa Community College and its Board that there will be no discrimination or harassment on the basis of race, religion, color, sex, age, national origin, ethnic origin, sexual orientation, gender identity, marital status, citizenship status, pregnancy and related conditions, family relationship, veteran's status, disabilities, tobacco usage during work hours, whistle blowing, victim of domestic violence and genetic information in any educational programs, activities or employment. Persons having questions about equal opportunity/affirmative action should contact the Affirmative Action Officer at 4000 Lancaster Dr. NE, Salem, Oregon 97309-7070, or call 503.399.4784. To request this publication in an alternative format, please call 503.399.5192

Anesthesia Technician Program Information

Apply now for winter term entry. Applications will be accepted August 11-November 15, 2021 between the hours of 8:00-4:30 pm.

The Anesthesia Technician Program is a limited enrollment, two-year AAS degree program. Applicants must first meet with an advisor to review and complete the Academic Advising Worksheet (see page 5) before applying. Once the Academic Advising Worksheet is completed and signed by the advisor, students then can submit their application into the Health Sciences Department in Building 8, Room 104 on Chemeketa's Salem campus or by email to the Health Sciences Department at healthsciences@chemeketa.edu. At this time, they will be given their next steps for potential entry into the program which will include CPR requirement, immunization information, criminal background check and drug screen.

This cohort will have 20 seats. Preference will be given to applicants who: 1.) have all prerequisites of the program complete. 2.) submit a signed Advising Worksheet.

Applicants will be notified of acceptance by December.

Transcripts from Other Colleges and/or Universities

Applicants that have courses completed from other colleges and/or universities can submit official transcripts along with the "Request for Evaluation and Transfer of Previous Credit" form. Please submit official transcripts and form to Enrollment Services at evaluation@chemeketa.edu . You can find the Request for Evaluation and Transfer of Previous Credits form at this link https://www.chemeketa.edu/media/content-assets/documents/pdf/admission/transfer-evaluation/RequestforEvaluationandTransferofPreviousCredits.pdf

Once transcripts have been evaluated an Academic Advisor will review and sign the Advising Worksheet.

Immunizations and CPR

Accepted applicants are required to submit copies of the following to Magnus Health: a.) the results of a current quantiferon gold test or 2-step TB test; b.) documentation of immunity to chickenpox (varicella), measles, mumps, and rubella (MMR), diphtheria, pertussis, tetanus (Tdap), and hepatitis B; and c.) documentation of current CPR from the American Heart Association "BLS for Healthcare Providers" certification.

Information on the required immunizations and CPR process will be provided with admission letter.

Criminal Background Check and Drug Screen

Once accepted into the program, applicants are required to pass a criminal background check and random drug screen which fulfills the requirements of clinical sites. If a potential student does not pass the criminal background check and or drug screen, acceptance will be denied.

Information on the required criminal background check and drug screen will be provided with admission letter.

Technology Requirements

It is highly recommended that students have access to a computer with high speed internet access and a printer. Electronic technology is used extensively in the presentation of content throughout the Anesthesia Tech Program. If students do not possess their own equipment, they should plan to spend at least ten hours per week utilizing oncampus computer lab and/or library resources.

Student Accessibility Services

Students should seek accommodation advising as soon as possible after admission to the Anesthesia Technician program so that a plan for accommodation can be in place at the beginning of the program. Contact the Office of Student Accessibility Services to discuss the process of identifying reasonable accommodations. This office is located in Building 2, first floor (telephone 503.399.5192 [voice/TTY] or email studentaccess@chemeketa.edu). Reasonable accommodation will be directed toward providing an equal educational opportunity for students with disabilities while adhering to the standards of Anesthesia Technician practice for all students.

If a student is dissatisfied with any outcomes from Student Accessibility Services, they may appeal the decision through the Dean of Health Sciences.

Disclosure of Student Information

In compliance with the Family Educational Rights and Privacy Act (FERPA), Chemeketa Community College releases only very limited information regarding students. All Anesthesia Technician students, including those who have filed a Request for Non-Disclosure of Student Information Form, should be aware that some confidential information may be shared. Contracts with many practicum placement sites require that the criminal background check information be made available about students placed at these sites. This information is needed for purposes of student and patient safety.

Every effort is made to limit access to confidential student information to those who have a need to know. For more information regarding Non-Disclosure of Student Information, contact Enrollment Services at 503 399-5001.

Course Costs

The fees for the program are subject to change.

Questions?

Please contact one of the following:

Erika Coker, Advisor 503.399.6557 Health Sciences Department 503.399.5058



Application Form Anesthesia Technician Program Winter 2021

Studer	nt ID/K#:	
Name	(Print):	
Addres	ss (Print):	
City, S	tate, Zip (Print):	
Teleph	none Number (Include area code):	
Cheme	eketa email address:	
<u>Applic</u>	cants must first meet with an Advisor to review and complete the Academic Advising Wo	orksheet.
	ations will be submitted in the Health Sciences Department in Building 8, Room 104 on Cheme is or by email to the Health Sciences Department at healthsciences@chemekeat.edu	keta's Salem
	Please contact the following advisor:	
	Erika Coker, Advisor 503.399.6557	
This fo	orm must include the current Academic Advising Worksheet.	
	I have attached the Academic Advising Worksheet to this application form.	
	I have met with an Academic Advisor for preliminary advising to the Program.	
	I have updated my current address and/or phone number with Chemeketa.	
	I have clicked on the Gmail icon at the top of the page in MyChemeketa to verify MyChemeketa active.	a email is
	I have <u>detached</u> the Program Information form from this packet (this page) and will retain the reference.	packet for my
	I have read and accept the statement on page 2 regarding a) disclosure of student information sites; b) criminal background check and drug screen; c) immunizations and CPR requirements.	

Anesthesia Technician Program AAS DEGREE Advising Worksheet

Student: Student ID:		Advisor: Phone: Date:				
Pre-requisite Courses						
Course No.	Course Title	Cr Hrs	Completed with a C grade or higher	Name of the School the Course was Completed		
Term 1						
BI231	Human Anatomy and Physiology (w/in the last 7 years)	4				
BI232	Human Anatomy and Physiology (w/in the last 7 years)	4				
BI233	Human Anatomy and Physiology (w/in the last 7 years)	4				
BI234	Microbiology (w/in the last 7 years)	4				
BI112	Cell Biology Health Occupation	4				
HM120	Medical Terminology 1	3				
HM121	Medical Terminology 2	4				
MTH095	Intermediate Algebra (or higher)	4				
PSY201	Psychology: Mind and Body	4				
WR121	Academic Composition	4				
By signing this form, I hereby attest that the transcripts submitted were reviewed.						
Student Signature Date		dvisor S	ignature	Date		
Comments:						