Dear Applicant,

Congratulations on exploring the Nursing Assistant career path!

In this packet, you will find the basic information and application requirements to apply for the Nursing Assistant Course at Tillamook Bay Community College (TBCC).

TBCC is proud to be accredited by the Northwest Commission on Colleges and Universities. The goal of Tillamook Bay Community College's NA class is to provide the best education possible to prepare competent entry-level NA's in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains. This is assured by maintaining the quality of our teaching staff, teaching aides, and equipment, and following the national curriculum. Ultimately, we aim to provide students with the knowledge and skills needed to successfully complete the certification process and function as an entry-level CNA.

Registration at TBCC is required prior to application to the Nursing Assistant Class.

Application Process

- Submit application (Forms 1, 2, & 3) and supporting documentation to: AH Apply@mail.tillamookbaycc.edu
- Email subject line format:
  LastName FirstName ID Number TBCC NA Application Packet
- Save application document and supporting documents with the following naming structure: LastName_FirstName_TBCCIDNumber_NA26.
  For example: **Smith_John_88888888_NA26**

Applications may also be mailed, or delivered in person to:
Tillamook Bay Community College Attn: Nursing Assistant
4301 Third Street
Tillamook, OR. 97141

Tillamook Bay Community College and the Allied Health Program have specific requirements pertaining to clinical/field experience. The various healthcare organizations providing student training opportunities have requirements as well. An acceptable Criminal History Background Check, negative toxicology report, and current appropriate medical documentation is mandatory prior to participation in clinical/field experiences.

FORM 1: Nursing Assistant Application

Complete application packets are due no later than **February 27, 2026 for Spring Term and May 22, 2026 for Summer Term.**

Applicant Information

TBCC Student ID Number:	
TBCC Student E-mail:	
Last 4 of Social SS#	

Last Name	
First Name	
Middle Name	
Cell Phone:	Personal E-mail:

Current Address	Street:		
	City:	State:	Zip:
Emergency Contact Name:		Phone:	

High School Diploma or GED (Yes/No): __

Post-Secondary Education

Name of College or Training Facility	Date From	Date To	Degree/ Certificate

Relevant Work or Life Experience

Employer/Situation	Date From	Date To	Location

Tillamook Bay Community College does not discriminate on the basis of race, color, national origin, disability, sex, age, religion, height/weight ratio, marital status, gender, gender identity, sexual orientation, organizational affiliation, political affiliation or protected veterans with regard to employment, admissions, access to educational programs or activities as set forth in compliance with federal and state statutes and regulations.

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Attestation

I hereby affirm that all information supplied on this form, including all required documentation, is complete and accurate. It is my understanding that failure to list previously attended colleges or universities or the submission of false information and/or academic records is grounds for denial of admission or immediate suspension.

Applicant Signature: _____ Date: _____

Form 2: Immunizations and Certifications

Immunizations

Immunizations must be current. Immunizations requiring multiple steps that are not yet complete must have a projected completion date. ***Please provide a copy of your immunization record or proof of titer reactivity.***

Immunization	Date Completed	Notes
Varicella		
MMR		
Hepatitis B (Series)		
Tdap (<10 years)		
COVID-19 (or declination)		
Influenza (or declination)		

**If a declination was signed for COVID-19 or Influenza, please attach to this application with other documentation.*

Other Certifications or Licensures

Certificate/License	Expiration Date	Number
Basic Life Support		
Other:		

**BLS Certification must be kept current while in program. Certification must be from the American Heart Association (AHA), which is valid for 2 years and must be obtained before beginning the class.*

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FORM 3: NURSING ASSISTANT CHECKLIST

I have completed the following and submitted prior to the application deadline. Please read and check each box.

☐ A. Completed the TBCC Admission process at https://tillamookbaycc.edu/getting-started/apply/ and obtained a TBCC E-mail address

☐ B. Submitted the application documents and all supporting documents to AHApply@mail.tillamookbaycc.edu
- Application documents (FORM 1, FORM 2, FORM 3)
- Supporting documents (unofficial transcripts, DD214 (if applicable), proof of healthcare certification or licensure, etc.)

Conditions of Application: (Read and check each box)

☐ A. I have read ALL information in the Nursing Assistant Application Information Packet.

☐ B. I understand that my application will not be returned and that it is my responsibility to keep a personal copy.

☐ C. I understand that I am NOT considered an applicant to the class unless all required admission steps are completed, and documentation has been received prior to the application deadline.

☐ D. I understand that if accepted into the class, **mandatory** attendance at the **orientation session** on **March 4, 2026 for Spring Term** and/or **June 1, 2026 for Summer Term**, is required. Information about the following requirements will be provided: Fingerprints, immunizations, CPR certification, background check; drug screening, TB Testing etc in preparation for clinical rotations.

☐ E. I understand that this program is eligible for Financial Aid and that Scholarships are also available. Please see https://tillamookbaycc.edu/financial-aid-cost/financial-aid/ and https://tillamookbaycc.edu/financial-aid- cost/scholarships/ for more information.

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☐ F. I understand that I must provide copies of my immunizations with this application, and they must be current. Immunizations that require several steps and are not complete should have an anticipated date of completion.

- Quantiferon Gold or two-step PPD is required before beginning classes.

☐ G. I understand that it is required I purchase personal health insurance if I do not already have it.

I affirm that all application information and documentation submitted by me is accurate and authentic and I understand that errors I may have made on the forms will not be corrected by the Allied Health Department.

Applicant Signature: _____ Date: _____