



22 Concord St. Floor 3, Manchester, NH 03101 • Phone 603-647-2174 • Fax 603-647-2175

Dear Nursing Assistant Candidate,

Thank you for your interest in our nursing program that we have designed with **quality** in mind. Enclosed is the information you requested. Included are:

**The Application:** Fill in the top section and send it back to us with the pretest, and a \$60.00 non-refundable check or money order for the processing fee. (Please note, the application fee is for processing your application and does not reserve your space in class.)

**The Pre-test:** Is a required pre screening to measure basic reading comprehension and math skills. If English is your second language you may be asked to complete an English comprehension evaluation in addition.

**The Schedule:** Find the class that best fits your own schedule, and then write it on the application for quicker processing.

***Spaces are limited and are offered on a first come first served basis; therefore we strongly encourage you to complete the process quickly.***

The total cost of the program is \$1450\* which includes all of your class supplies, tuition, criminal record check and application fee. ***Your State Exam is Free\*\*!*** ***You will also get same day test results.*** In order to reserve your space in class a tuition deposit of \$725 must be received in the office along with the necessary application and pre-test. The balance would then be due one week prior to graduation. The following payment options may be available to you: credit card (MC/Visa/Disc), money order, cash, or personal check. If you are in need of financial assistance, the following programs offer tuition assistance to those that qualify: Workforce Opportunity Council ([www.nscite.org](http://www.nscite.org)), NH Employment Program, NH Works, Voc Rehab and the NH Charitable Foundation ([www.nhcf.org](http://www.nhcf.org)). If you would like more information on how to pursue these options, please call our admissions office. These methods can take several weeks, so you should start the process as soon as possible.

**Students are required to provide a negative TB reading or negative chest x-ray within the past year.** You will be required to provide a copy of the results to your teacher on your first day of class. There are several places students may go to receive a TB test for a small fee (\$10-\$30), call our office for locations in Manchester, Nashua, Somersworth and Dover. You may also go to your Primary Care Physician.

A uniform consisting of navy blue scrub pants, an all white scrub top, white shoes and watch with a second hand is required for class ***including the first day of class.*** You may purchase these at any uniform store.

Please feel free to call us at 603-647-2174 if you have any questions about the program, enrollment, or directions/locations of the training facilities. Our admissions staff is always available to help you throughout this process and we want you to have a great experience! ***(Please do not call the facilities directly as we contract with them and do not have offices at their sites.)*** We will call you once we receive your application, pre-test, criminal history inquiry form and application fee. We look forward to helping you start on your way to a rewarding career in healthcare!

Sincerely,

Shelly Ling, RN  
Director of LNA Health Careers, LLC

\*The State of NH will reimburse 100% of the tuition cost once a license has been issued and the LNA is working in a long-term care facility. Criminal record fees are not reimbursable.

\*\*The state exam is free unless a retake is needed.

## Attendance:

Our expectation is that students will come to class prepared, on time and as scheduled. A class calendar will be provided to each student upon registration. Leaving early/coming in late more than 2 times for any reason will result in progressive discipline. Proof of an excused absence is required for ANY missed time. An excused absence consists ONLY of (1) a Doctor's note, (2) vehicle accident report, (3) pre-approved court date, (4) death in the immediate family. Any missed clinical time must be made up. Clinical make up is only available to those who provide proof of an excused absence. All excused clinical absence must be made up and will be an additional fee of \$30 per make up hour. Missing 10 or more hours of the course will result in termination from the program without a refund.

## Refund Policy:

Our refund policy has been adopted from the State of NH Postsecondary Education Commission, based on Pos 1111.05 ([://www.gencourt.state.nh.us/rules/pos.html](http://www.gencourt.state.nh.us/rules/pos.html)). Refunds are based on the amount of program hours offered at the time of withdrawal. LNA Health Careers will retain the one time application fee of \$60. The \$90 supplies fee and \$25 criminal record fee is non-refundable once supplies have been received and criminal record check has been processed. In addition, there is a \$275 administrative fee assessed to **all** withdrawals/terminations. A student who withdraws before completing 50% of the program (55 hours) shall be entitled to a pro rata refund based on the tuition fee of \$1275. *Any student withdrawing from the program before it starts with less than a 24 hour notice will be assessed the \$275 administrative fee. Likewise, any student transferring out of one class, with less than a 24 hour notice before it is scheduled to start, into another, will be charged the \$275 administrative fee.*

## Essential Functions/Requirements:

The following is a list of **essential** functions and requirements of each potential student. Students must be able to perform these functions in order to be successful. Students not able to perform these duties may not be granted acceptance into the LNA program.

- Ability to lift, bend and squat
- Ability to move or lift up to 50 pounds *without any* restrictions
- Must be able to communicate in English. This includes reading, writing and speaking as all text books, patient charts and medical records are all printed in English. Students with English as a second language will be required to take an English Comprehension Evaluation prior to being accepted into the program.

## Criminal Record Policy:

***In the event that an applicant has a positive criminal record they must disclose it on their application.*** The Program Coordinator will call the applicant and ask them to complete a criminal background check prior to gaining acceptance into the program. After reviewing the completed criminal background check, the program Coordinator will determine acceptance or denial of the individual into the program. All students enrolled in the LNA training program at LNA Health Careers will be required to complete a NH State Police criminal background check on their first day of class.

Individuals with a positive criminal record may have difficulty finding gainful employment in the healthcare field and may not be eligible for licensure. Because of this, LNA Health Careers has adopted a strict criminal record policy. Individuals with any misdemeanors within the past 3 years, repeat offenders, or with any felony convictions **will not** be accepted into the program. Individuals with vehicular convictions (ex. DUI) within the past 2 years will not be accepted into the program. Falsifying information on the application can and may result in termination from the program.

**All individuals wishing to obtain licensure from the NH Board of Nursing upon graduation will be required to complete an additional criminal background check that includes FBI fingerprint technology.**

# LNA Health Careers

## NURSING ASSISTANT APPLICATION

Mail to: 22 Concord St., Floor 3, Manchester, NH 03101 or Fax to: 603-647-2175  
Office Phone: 603-647-2174

Please Print Legibly in Blue or Black Pen

### Applicant Information:

|   |               |   |                |                         |
|---|---------------|---|----------------|-------------------------|
| Last Name:  | First Name:   | MI:   | Date of Birth: | Social Security Number: |
| Mailing Address:  |               | City:   | State:         | Zip Code:               |
| Primary Phone #:  | Cell Phone #: | Email Address:  |                |                         |
| Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No  |               | GED or Highest Grade Completed?   |                |                         |
| Is English your second language?<br><input type="checkbox"/> Yes -or- <input type="checkbox"/> No   |               | Do you have a documented disability that you would like us to be made aware of?<br><input type="checkbox"/> Yes -or-- <input type="checkbox"/> No If yes, please attach an explanation. |                |                         |
| Upon registering for a class, would you like to receive text message reminders on your cell phone about your class and final payment? <input type="checkbox"/> Yes -or- <input type="checkbox"/> No |               |   |                |                         |
| Have you <b>EVER</b> been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes -or- <input type="checkbox"/> No   |               |   |                |                         |
| <i>*please note, criminal record checks are conducted on all of our students. Falsifying information on this application can result in termination from the program.</i>                            |               |   |                |                         |

### Please indicate the person to be notified in the event of an emergency:

|       |          |                    |
|-------|----------|--------------------|
| Name: | Phone #: | Alternate Phone #: |
|-------|----------|--------------------|

### Course Information:

How did you hear about us?  
 Newspaper  Radio  Internet Search  TV  Friend/Family  Other \_\_\_\_\_

I would prefer to take:  
 Specific Start Date/Location: \_\_\_\_\_ -OR-  Day Classes  Evening Classes  Weekend Classes  Anytime is fine

### Certify:

**I CERTIFY THAT ALL INFORMATION PROVIDED HEREIN IS TRUE AND COMPLETE AND THAT I HAVE TAKEN THIS TEST BY MYSELF WITHOUT ANY ASSISTANCE. I also certify that I have read the requirements, attendance, refund and criminal record policies. I agree to the terms and am able to FULLY meet the requirements. I further acknowledge that upon completion of the program if I wish to obtain a license, I must complete a NH State Police criminal record check and FBI Fingerprinting.**

*The information provided by the applicant on this application form will be held confidential unless requested by the NH Board of Nursing. LNA Health Careers reserves the right to deny admission to any application, within the judgment of the Program Coordinator. Once accepted a photo ID is required to attach to your application for our file. LNAHC reserves the right to require further English comprehension testing prior to admission into the program.*  
 [Per RSA188-D: 23 "Any (student) may cancel this transaction any time prior to midnight of the third business day after the date of this transaction."]

### Please Sign:

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

Please include a \$60.00 (non-refundable) application/processing fee and mail to:  
 LNA Health Careers, LLC  
 22 Concord St. Floor 3  
 Manchester, NH 03101

*\*Please note the application fee is for processing your application. It does not reserve your space in class.*

### This Space for Office Use Only

|  |                          |
|--|--------------------------|
| Pre-Entrance Exam Score _____ <input type="checkbox"/> Accept <input type="checkbox"/> Decline   | Sponsor (If applicable): |
| Counseled regarding licensure & employment in reference to criminal background:<br><input type="checkbox"/> N/A <input type="checkbox"/> Yes Initials: _____ Date: _____ | Payment Received:        |
| Program Coordinator Signature:   | Date:                    |

# LNA Health Careers, LLC

## PRE-ENTRANCE EXAMINATION

Mail to: 22 Concord St., Floor 3, Manchester, NH 03101 or Fax to: 603-647-2175

Please Print in Ink

**Please Circle the Correct Answer. Make sure you answer all 15 questions.**

Last Name:

First Name:

MI:

Date:

Terminally ill patients need psychological and psychosocial support as well as physical care. Being a good listener is the best way to provide psychological support. Recognizing the five stages of dying will help you as a nurses assistant to be even more supportive of your patients, families and significant others. The patient may choose hospice care so they can remain at home rather than a hospital or long-term care setting.

1. The writer discusses the importance of:

- a.) A patient's life
- b.) Providing support to a terminally ill patient
- c.) The five stages of cancer

2. A dying patient needs psychological support. As an LNA you can provide that support by:

- a.) Providing your own opinions about death
- b.) Providing poor physical care
- c.) Being a good listener

3. Some patients choose to die at home. This is an example of:

- a.) Hospice care
- b.) Skilled nursing care
- c.) Long term care

4. Define the word "privacy":

**Calculations:** Based on the information that 30cc = 1 ounce, calculate the following:

5.) 15cc = \_\_\_\_\_ **ounce** 6.) 120cc = \_\_\_\_\_ **ounces** 7.) 2 ounces = \_\_\_\_\_ **cc's** 8.) 6 ounces = \_\_\_\_\_ **cc's**

9. A Nursing Assistant can show he/she is listening carefully to a patient by:

- a.) Looking away while the patient talks
- b.) Responding to the patient when appropriate
- c.) Rolling their eyes when the patient says something they don't agree with
- d.) Changing the subject

10. Most patients would prefer:

- a.) To skip meals
- b.) To feed themselves
- c.) To eat when nauseated
- d.) To be fed

11. A patient is on **isolation**. This means they are:

- a.) Depressed
- b.) Separated
- c.) Blended
- d.) Connected

12. If a patient has a **terminal disease**, it is:

- a.) Fast
- b.) Curable
- c.) Incurable
- d.) Non-threatening

13. Skin damage caused by \_\_\_\_\_ is a burn.

- a.) Soap
- b.) Rain
- c.) Germs
- d.) Heat

14. Which word means the opposite of **safe**?

- a.) Protected
- b.) Harmful
- c.) Secure
- d.) Careful

15. What type of **non-verbal communication** describes a patient who is sad and depressed?

- a.) A patient that participates in activities
- b.) A patient that stays in their room and cries
- c.) A patient that volunteers to help other peers
- d.) A patient that smiles at all the visitors that pass by