



22 Greeley St. Suite #6 • Merrimack, NH 03054 • Phone 603-429-2174 • Fax 603-429-2085

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 with the pretest and a \$35.00 non-refundable check or money order for the processing fee.

**The pre-test:** A required pre screening to measure basic reading comprehension and math skills.

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

*Spaces are limited, so we strongly encourage you to complete the process quickly.*

The total cost of the program is \*\$1325 which includes your book, tuition, and registration fee. **Your State Exam is \*\*Free! You also get same day test results.** The following payment options may be available to you: credit card (MC/Visa/Disc) money order, cash, or personal check. We also offer a payment plan. Call to speak with a representative from LNA Health Careers to discuss payment options. The following programs offer financial assistance to those that qualify: Workforce Opportunity Council ([www.nscite.org](http://www.nscite.org)), NH Employment Program, and NH Works. Call us for information on how to pursue these options. We also work with SLM Financial, a company that issues students loans. You may fill out an application with SLM Financial online, through our website, or call our office for assistance. 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.** Once you are approved for the program, you will be required to provide a copy of the results on your first day of class. There are several places students may go to receive a TB test for a small fee (\$10-\$20), call our office for locations in Manchester, Nashua, Somersworth and Dover. You may also go to your Primary Care Physician.

An **all white uniform** is required for your class **including the first day of class.** You may purchase these at any uniform store. We have contracted with Work N Gear to give our students a 10% discount. If you'd like to take advantage of this discount please request a discount form from our office. Walmart also has white scrubs available.

You will want to bring a pen, notebook, highlighter, a copy of your id, and a watch with a second hand to class. Your book will be provided to you on your first day of class, (unless you want to pick it up at the office prior to class). You may also want to bring a bag lunch. There will be a refrigerator and microwave available to use.

Thank you for your time and feel free to call us if you have any questions. ***(Please do not call the facilities directly as we contract with them and do not have offices at their sites.)*** Call us at (603) 429-2174 for directions to the facilities or for any other questions. Return your pre-test and application today along with the \$35.00 fee, which will be applied towards your payment, and start on your way to a rewarding career. You'll be contacted via telephone once we receive your paperwork.

Sincerely,  
Shelly Ling, RN  
Director of LNA Health Careers, LLC

\*The State of NH will reimburse 100% of the program cost once a license has been issued and the LNA is working in a long-term care facility

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

# LNA Health Careers Refund & Attendance Policy

## **Attendance:**

Our expectation is that students will come to class prepared and on time as scheduled. A class calendar will be provided on the first day of class to each student. Leaving early/coming in late more than 2 times for any reason will result in progressive discipline. Missing 10 or more hours of the course will result in immediate expulsion from the program. Emergencies will be handled on a case-by-case basis. Any make up classes will be the responsibility of the student and will be charged to the student at a rate of \$25 per hour for each hour to be made up. The state Board of Nursing requires 100 hours of training—40 hours of theory and 60 hours of clinical. LNA Health Careers consists of 110 hours—50 hours of theory and 60 hours of clinical.

## **Refund Policy:** *(Taken directly from the NH Postsecondary Education Commission)*

### Pos 1111.05 Partial Refunds

- (a) A student who withdraws or is dismissed after the period of a time identified under Pos 1111.03 (a) has passed, but before completing 50% of the potential units of instruction in the current time period, shall be entitled to a pro rata refund, as calculated below, less any amounts owed by the student for the current time period, less a one-time administration fee not exceeding \$500 or 20% of the program tuition, whichever is less.
- (b) Pro rata refund shall be the ratio of the number of units remaining after the last unit completed by the student to the total number of units in the time period, rounded downward to the nearest 10%. Pro rata refund is the resulting percent applied to the total tuition and other required costs paid by the student for the current time period.
- (c) All efforts shall be made to refund prepaid amounts for books, supplies and other charges unless the student has consumed or used those items and they can no longer be used or sold to new students, or returned by the school to the supplier.
- (d) No refund shall be required for any student who withdraws or is dismissed after completing 50% of the potential units of instruction in the current time period unless a student withdraws due to mitigating circumstances, in which case refunds shall be calculated based on the pro rata method described in Pos 1111.05 (a).
- (e) The 50% completion limitation does not apply in cases where the student cannot complete the program due to action taken by the school. Examples of school's action shall include school closing, or bankruptcy, or cancellation of the program. In these and similar situations, refunds and fees shall be based on the pro rata method described in Pos 1111.05 (a) for up to 100% of the tuition paid.

Source. #8221, eff 12-16-04

Pos 1111.06 Timely Refunds: Payments Refunds shall be paid within 30 days after the effective date of termination.

Source. #8221, eff 12-16-04

Pos 1111.07 Good Faith Effort: A school shall be considered to have made a good faith refund effort to make a refund, if the student's file contains evidence of the following attempts:

- (a) Certified mail to the student's last known address;
- (b) Certified mail to the student's permanent address; and
- (c) Certified mail to the address of the student's parent or listed next of kin, if different from the permanent address.
- (d)

Source. #8221, eff 12-16-04

### Pos 1111.08 Notice of Withdrawal

- (a) A school shall require that notice of withdrawal be in writing, but shall not require a specific manner of delivery.
- (b) The school shall honor any valid notice of withdrawal given, reimburse the student any refund amount due, and arrange for a termination of the student's obligation to pay any sum in excess of that permitted under the refund standards.
- (c) All schools shall have a constructive notice of an intention to withdraw policy.
- (d) For students receiving funds under federal programs, schools shall comply with applicable federal guidelines for providing notice of an intention to withdraw.

Source. #8221, eff 12-16-04

Pos 1111.09 Distribution of Refunds to Financial Aid Sponsors. All or a portion of any refunds shall be paid to sponsors furnishing grants, loans, scholarships or other financial aid to students, in conformity with federal and state laws, regulations and rules and requirements of financial aid sponsors. After any disbursements to financial aid sponsors have been made, the student shall receive the balance, if any; of the amount due under the schools refund policy.

# LNA Health Careers, LLC

## NURSING ASSISTANT APPLICATION

Mail to: 22 Greeley St., Suite 6, Merrimack, NH 03054 or Fax to: 603-429-2085

Office Phone: 603-429-2174

Please Print Legibly in Blue or Black Pen

### Applicant Information:

|  |               |                |                                 |                             |           |
|--|---------------|----------------|---------------------------------|-----------------------------|-----------|
| Last Name:   | First Name:   | MI:            | Date of Birth:                  | Social Security Number:     |           |
| Street Address:  |               |                | City:                           | State:                      | Zip Code: |
| Home Phone #:  | Cell Phone #: | Email Address: |                                 |                             |           |
| Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No |               |                | GED or Highest Grade Completed? |                             |           |
| Have you ever been convicted of a felony or misdemeanor?                       |               |                | <input type="checkbox"/> Yes    | <input type="checkbox"/> No |           |
| If yes, have you contacted the NH Board of Nursing?                            |               |                | <input type="checkbox"/> Yes    | <input type="checkbox"/> No |           |
| Briefly describe event and date occurred:                                      |               |                |                                 |                             |           |

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

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

### Course Information:

Describe what you hope to achieve from this program:

How did you here about us?  Newspaper  Website  Friend/Family  Other \_\_\_\_\_

I would prefer to take a:  Day Class  Evening Class  Weekend Class  Anytime is fine  Specific Date \_\_\_\_\_

### 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 attendance and refund policy and agree to the terms. I further acknowledge that LNA Health Careers may complete a criminal record check on me at any time during the program.**

*The information provided by the applicant on this application form will be held confidential. 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.*

[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 \$35.00 (non-refundable) application/processing fee and mail to:<br><br>LNA Health Careers, LLC<br>22 Greeley St., Suite 6<br>Merrimack, NH 03054 |      |

### This Space for Office Use Only

|   |                         |
|---|-------------------------|
| Pre-Entrance Exam Score<br><input type="checkbox"/> Accept <input type="checkbox"/> Decline | Sponsor (If applicable) |
| Program Coordinator Signature   | Date                    |

# LNA Health Careers, LLC

## PRE-ENTRANCE EXAMINATION

Mail to: 22 Greeley St., Suite 6, Merrimack, NH 03054 or Fax to: 603-429-2085

Please Print in Ink

### Applicant Information:

|            |             |     |       |
|------------|-------------|-----|-------|
| 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.

- The writer discusses the importance of:
  - A patient's life
  - Providing support to a terminally ill patient
  - The five stages of cancer
- A dying patient needs psychological support. As an LNA you can provide that support by:
  - Providing your own opinions about death
  - Providing poor physical care
  - Being a good listener
- Some patients choose to die at home. This is an example of:
  - Hospice care
  - Skilled nursing care
  - 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. It is a good practice for anyone with a cold to cover his/her nose and mouth when coughing or sneezing. The chief reason for doing this is to:

- Prevent disagreeable odors
- Prevent the spread of germs
- Avoid injury to the lining of the nose and mouth
- Avoid spoiling the clothing

10. If something is a **requirement**, it is:

- Difficult
- Necessary
- Desirable
- Convenient

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

- Depressed
- Separated
- Blended
- Connected

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

- Fast
- Curable
- Incurable
- Non-threatening

13. Which word means the opposite of **permanent**?

- Durable
- Enduring
- Lasting
- Temporary

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

- Weak
- Healthy
- Shaky
- Ill

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

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