



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 the Licensed Nursing Assistant (LNA) program at LNA Health Careers! Our LNA program was designed with **quality** in mind. Employers trust that graduates from LNA HC are well trained and well prepared to enter the workforce as an LNA. Enclosed is the information you requested. Included are:

**The Application:** Fill out all fields and send it back to us with the pretest (and financial agreement/payment if you wish to reserve a seat in a specific class).

**The Pre-test:** Is a required pre screening to measure basic reading comprehension and math skills. If English is not your primary language you may be asked to complete an additional comprehension evaluation.

**The Financial Agreement:** If you wish to make a partial deposit of \$450 to reserve your seat in class, please complete the enclosed financial agreement with your payment. (A deposit of \$850 does not require a Financial Agreement)

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

**Financial Assistance Options:** If you are in need of financial assistance, refer to our list of financial assistance options to get you started.

***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 \$1,650\* which includes all of your class supplies, tuition, criminal record check and registration fee. ***Your State Exam is Free\*\*!*** ***You will also get same day test results.*** In order to reserve your space in class a registration fee and tuition deposit totaling \$450 must be received in the office along with the necessary application, pre-test and financial agreement. From there, a \$400 tuition payment would then be due by the first day of class and the balance of \$800 due one week prior to graduation. Or, you may choose to pay the entire deposit of \$850 where no financial agreement is needed, with the balance of \$800 due one week prior to graduation. Included in this packet is information on financial assistance options that are available. Please know that 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 dated 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 (\$15-\$60), call our office or visit our website for locations. 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 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 and pre-test. We look forward to helping you start on your way to a rewarding career in healthcare!

Sincerely,

Shelly Robinson, 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 licensed nursing home facility. Criminal record fees are not reimbursable.

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

## LNA Health Careers Attendance, Refund & Criminal Record Policies and Class Requirements

### 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.

### Refund Policy:

Our refund policy follows the Division of Educator Support and Higher Education rules (PART HEDC 304 BUSINESS PRACTICES). ***The \$450 registration fee is non-refundable and non-transferable.*** The \$125 supplies fee and \$25 criminal record fee are non-refundable once supplies have been received and criminal record check has been processed. Once a student attends the second day of class or later, there will be no refund; and if there is a balance due, based on the enrolment agreement, it needs to be paid within five (5) business days of withdrawal. ***Withdrawing before the class begins, once registration is final and complete, will result in forfeiture of \$450 registration fee, or in the event of sponsorship, will result in a bill for the \$450 registration fee.***

*All refunds shall be paid within 30 days upon written notification from a student of cancellation or withdrawal; and Students receiving benefits from federal programs shall be subject to federal refund policies, rules and regulations.*

### 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 without any restrictions, 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 test books, patient charts and medical records are printed in English. Students whose primary language is not English may be required to complete additional English comprehension evaluations prior to being accepted in the program.
- Must provide proof of a negative TB test (dated within 12 months) or chest x-ray (within 5 yrs) prior to clinical
- During flu season (Oct-Apr) must provide proof of a flu vaccine **or** agree to wear a mask during clinical

\*\* Please Note: LNA Health Careers cannot accept transfer of credits from any other institution, nor does our LNA program provide transfer credits to any other institution.

### Criminal Record Policy:

***In the event that an applicant has a positive criminal record they must disclose it on their application.*** The applicant will be asked to provide details in writing, to the Program Coordinator, regarding the charge(s) including the date(s) of the event(s) and circumstances surrounding the incident(s). The Program Coordinator will determine acceptance or denial of the individual into the program. If acceptance is granted, a consent form will be provided for the applicant to sign prior to admission 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. Falsifying information on the application can and may result in termination from the program.

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 and each applicant with any prior convictions will be evaluated on a case by case basis. However, individuals with any felony convictions **will not** be accepted into 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.**

7/24/2019

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:
Home 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 primary language? <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? (ADA Accommodations or other) <input type="checkbox"/> Yes –or-- <input type="checkbox"/> No If yes, please attach an explanation.		
Have you ever been listed on the Bureau of Elderly and Adult Services abuse registry? <input type="checkbox"/> Yes –or-- <input type="checkbox"/> No				
Have you <b>EVER</b> been convicted of a felony, misdemeanor or violation? <input type="checkbox"/> Yes –or- <input type="checkbox"/> No If yes, please attach an explanation letter outlining the type of charge(s), details of the charge(s) and date(s). <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 describe what you hope to achieve from this program. Attach a separate page if needed.				

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

Name:	Phone #:	Alternate Phone #:
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**Course Information:**

How did you hear about us?  
 Newspaper  TV  Internet Search  Caseworker  Friend/Family  Facebook  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
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If you wish to reserve your seat in a specific class, please include a \$450.00 deposit, along with a completed financial agreement and mail to:  
 LNA Health Careers, LLC  
 22 Concord St. Floor 3  
 Manchester, NH 03101

**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: <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. It is important for patient's to feel as independent as possible. For this reason, 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

# FINANCIAL AGREEMENT

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

**\*\*THIS FORM IS ONLY NEEDED FOR PARTIAL DEPOSITS OF \$450\*\***

I, \_\_\_\_\_, am entering into a payment agreement with LNA Health  
*(print applicant name, legibly)*  
Careers as it relates to my first tuition payment for the Licensed Nursing Assistant (LNA) training program.

I understand that a \$450 deposit/registration fee is required in order to reserve my seat into the LNA class of my choice. **I understand that an additional \$400 tuition payment will be due by the first day of my class, in order to continue in that class.** I understand that if the \$400 tuition payment is not received by the LNA Health Careers Admissions Office by the first day I will not be able to continue in that class and I will forfeit the \$450 registration fee.

**I understand that the \$450 registration fee is a non-refundable and non-transferable fee.** I understand that if I choose to transfer to another class prior to my original start date, I will be required to pay a new registration fee of \$450.

My final balance of \$800 will be due one week prior to graduation.

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By signing below, I agree to enter into this financial agreement with LNA Health Careers and I acknowledge that I have read, understand and agree to the terms outlined above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian if Applicant is under 18

\_\_\_\_\_  
Date