



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

Dear Licensed Nursing Assistant,

Thank you for your interest in the Medication Nursing Assistant (MNA) program at LNA Health Careers! Our MNA program has been designed with *quality* in mind. Employers trust that graduates from LNA HC are well trained and well prepared to enter the workforce as an MNA. Enclosed is the application package that you requested.

There are several items required in order to be considered for the MNA program. They are:

- Completed Application.** The Application for admission is enclosed. Fill out all fields and sign and date at the bottom. Send this application in to the Admissions Office first (along with your essay and pre-test) so that an account can be created for you.
- Essay.** Part of the application includes writing an essay. You may use the space provided on the “essay” document, or you may attach it separately to your application if you prefer to type it.
- MNA Pre-Entrance Exam.** All applicants are required to take a pre-entrance exam consisting of various medical terminology mathematical equations such as adding/subtracting decimals and fractions and other basic math calculations. This exam is included in this packet. Please complete and submit with your application and essay. Applicants will need to pass the pre-entrance exam with an 80% or greater.
- Proof of Working Hours Verification.** Use the enclosed “Proof of Hours” form to be completed by your facility Administrator. You may make copies of the form if you require additional copies for more than one employer. You will need to provide proof of at least 3,744 LNA working hours which is equivalent to approximately 2 years full time or 5 years part time. This form must be received by the Admissions Office directly from the person completing it. It will *not* be accepted if turned in by the applicant.
- Two Character References from Nurse Managers/Administrators.** Use the enclosed “Character Reference” forms to be completed by two different Nurse Managers or Administrators on your behalf. These forms must be received by the admissions office directly from the individuals completing the references. References will *not* be accepted if turned in by the applicant.

Once you have satisfied all of the application requirements, you will be notified by phone of your acceptance into the program and may begin the enrollment process. Upon acceptance, a tuition deposit is required in order to enroll into the class of your choice. The total cost of the MNA program is \$1,650. This fee includes the non-refundable/non-transferable registration fee of \$150, tuition, supplies/textbook, criminal background check and final competency exam. A minimum tuition deposit of \$850 will be required to reserve your seat in a class once accepted. The balance of \$800 will then be due one week prior to graduation. Extra fees the student may incur include the cost of a uniform (any type of nursing scrubs) and the results of a two-step TB test current within the past 12 months. We strongly encourage students applying for the MNA program to purchase the text book early and read through it entirely prior to starting the class.

Please feel free to call us 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. We look forward to helping you begin this new chapter in your career!

Sincerely,

Shelly Robinson, RN
Director of LNA Health Careers, LLC

MNA – LNA HC’s 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 time over 5 hours (but less than 11) must be made up. Make up is only available to those who provide proof of an excused absence and will be charged \$50 per hour. Missing 11 or more hours of the course will result in termination from the program.

Refund Policy:

Our refund policy follows the Department of Education’s Office of Career School Licensing rules (PART HEDC 307 REFUNDS). ***The \$150 registration fee is non-refundable and non-transferable.*** Switching classes prior to the start date will require a new \$150 registration fee. Refunds are based on the amount of program hours offered at the time of withdrawal. LNA Health Careers will retain the registration fee of \$150. The \$80 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 \$200 administrative fee assessed to **all** withdrawals/terminations after the 1st day of class. A student who withdraws before completing 50% of the program (35 hours) shall be entitled to a pro rata refund based on the tuition fee of \$1,395.

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.

- Proficiency communicating in English. This includes reading, writing and speaking as all text 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.
- Ability to provide proof of a negative TB test (dated within 12 months) or chest x-ray (within 5 yrs) prior to clinical
- Ability to provide proof of Hepatitis B vaccination or sign a Hep B declination
- During flu season (Oct-Apr) must provide proof of a flu vaccine **or** agree to wear a mask during clinical

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 MNA 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.

Individuals with a positive criminal record will not be eligible to enroll in any class sessions where clinical is held at Pleasant View Genesis in Concord. The facility does not allow students to train in their building if they have any violations or misdemeanors on their record.

LNA Health Careers

MEDICATION NURSING ASSISTANT APPLICATION

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

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		What school did you attend for your LNA Training?		
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.		
Do you hold a valid, unencumbered New Hampshire LNA license? <input type="checkbox"/> Yes -or- <input type="checkbox"/> No License # _____				
Have you EVER been convicted of a violation, misdemeanor or felony? <input type="checkbox"/> Yes -or- <input type="checkbox"/> No If yes, please attach an explanation.				

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? <input type="checkbox"/> Facility <input type="checkbox"/> Board of Nursing <input type="checkbox"/> Internet Search <input type="checkbox"/> TV <input type="checkbox"/> Friend/Family <input type="checkbox"/> Facebook <input type="checkbox"/> Other _____
Are you being sponsored by a Facility? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide facility name: _____
Which class schedule are you interested in? <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends Specific Date _____

Disclosure of Hours:

Have you been employed as an LNA within the past 5 years for the hours-equivalent of 2 years of full time employment? (per NUR 802.01b) (Equivalent to 3,744 hours) <input type="checkbox"/> Yes -or- <input type="checkbox"/> No

Certify:

I CERTIFY THAT ALL INFORMATION PROVIDED HEREIN IS TRUE AND COMPLETE. 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 of LNA Health Careers and Nur 802.03 (duties of students). *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 Medication Nurse-Reviewer. 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
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The following items will need to be completed in order to be considered for admission into the MNA program:

- Proof of Working Hours verification from employer/s that you have worked the equivalent of two years full time within the past 5 years. (See Attachment)
- Applicant Essay (See Attachment/on back)
- Two Character references from nurse managers or directors (See Attachment)
- Completion of LNA HC MNA program Pre-Entrance (See Attachment)

This Space for Office Use Only

Pre-Entrance Mathematics Exam Score: _____ <input type="checkbox"/> Accept <input type="checkbox"/> Decline	Sponsor (If applicable) or Payment Received
Received: <input type="checkbox"/> Verification from employer/s equivalent of two years full time within the past 5 years. <input type="checkbox"/> Applicant Essay <input type="checkbox"/> Character reference from nurse manager or director <input type="checkbox"/> Character reference from nurse manager or director <input type="checkbox"/> Approval (if applicable)	
Medication Nurse-Reviewer Signature:	Date:

Medication Nursing Assistant

Applicant Essay

Applicant Name: _____ Date: _____

Please answer the following question in paragraph form, 200 words or less:

1. Describe your hopes, desires and goals as pertaining to becoming proficient in the administration of medications as a Medication Nursing Assistant. Feel free to describe strengths you possess and how they may benefit those you serve as an MNA.

Sign and date: _____

(Please submit to the LNA Health Careers Admissions Office by hand, mail or fax.)



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MEDICATION NURSING ASSISTANT PRE-ENTRANCE EXAMINATION I

Name: _____ Date: _____

No handheld devices, calculators, books or notes allowed. You may use blank paper for calculating. Please answer all (20) questions. You will need an 80% or greater to pass the test.

1. Mrs. Anderson weighed 157.9 pounds 3 days ago. She now weighs 160.4 pounds. How much weight did she gain? _____
2. Mr. Smith weighed 172 pounds six days ago. He now weighs 169 and $\frac{1}{4}$ pounds. How much weight did he lose? _____
3. Your patient's heartbeat is 35 beats in 30 seconds. What is the number of beats in one minute?

Round as directed:

4. 28.43 to the nearest whole number _____
5. 190 to the nearest hundred _____
6. 12.37 to the nearest tenth _____
7. 98.577 to the nearest hundredth _____

Solve:

8. The order is for Namenda XR 28 mg. The supply is Namenda XR 7 mg. How many tablets would you give? _____
9. The order is for Diclofenac 25 mg. The supply is Diclofenac 50 mg. How many tablets would you give? _____
10. The order is for Zithromax Suspension 100 mg. The supply is Zithromax Suspension 200 mg/10ml. How many mls of liquid would you give? _____

Given the formula: 30 cc = 1 ounce, calculate the following:

11. 15 cc = _____ ounce(s)
12. 120 cc = _____ ounce(s)
13. 2 ounces = _____ cc
14. 6 ounces = _____ cc

Given the formula: that 1 fluid ounce = 30 milliliters (ml), calculate the following:

15. Your patient drinks an 8 ounce container of milk. How many milliliters did she drink? _____ ml

16. Mrs. Smith consumes 120 ml of orange juice. She consumed _____ fluid ounces

Multiple Choice

17. Based on the information that 10 mg equals 1 ml. Mr. Thompson has an order to administer 10 mg of a liquid medication. How many ml do you administer?

- a. 10 ml
- b. 1 ml
- c. 2 ml
- d. 20 ml

18. Ms. Rose has an order to administer 50 mg of Medication X. You have 25 mg tablets on hand. How many tablets do you administer?

- a. $\frac{1}{2}$ tablet
- b. One
- c. Two
- d. Four

19. High blood pressure is also called:

- a. Diabetes
- b. Emphysema
- c. Hypertension
- d. Inflammation

20. An acute inflammation or infection of the lungs is:

- a. Gastritis
- b. Constriction
- c. Myocardial Infarction
- d. Pneumonia



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Medication Nursing Assistant

Proof of LNA Work Hours Documentation

MNA Applicant Name: _____ Applicant Phone #: _____

Company Name & Address:

Please provide the following information for the MNA Applicant named above:

Dear MNA Program Reviewer,

This is to verify that _____ has worked in the
(MNA Applicant's Name)

capacity of a Licensed Nursing Assistant (LNA) with our company

from _____ to _____. **(Hours only within the past 5 years are applicable)**

The total number of working hours as an LNA being _____.

Signed _____

Printed Name _____

Title _____

Phone number: _____

Email : _____

Please return this completed form directly to the LNA Health Careers Admissions office by mail, fax or email:

LNA Health Careers, LLC
22 Concord St. Floor 3
Manchester, NH 03101

Fax 603-647-2175
info@lnahc.com

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Thank you,
LNA Health Careers Admissions



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Medication Nursing Assistant Character Reference

(To be completed ONLY by Nurse Manager, Director or Administrator)

MNA Applicant Name: _____ Applicant Phone #: _____

Dear Nurse Manager/Director,

The above LNA has expressed a desire to join a Medication Nursing Assistant (MNA) program with LNA Health Careers. Please provide information attesting to the LNA's reliability, honesty, integrity, compassion, enthusiasm and proficiency in English by completing the chart below.

Characteristics	Please rate on a scale of 1-5. Five being highest.
Reliability	
Honesty	
Integrity	
Compassion	
Enthusiasm	
English language Proficiency	

Feel free to also include any comments on the above characteristics.

Please include why you would recommend this LNA for participation in the MNA program.

Signed _____

Printed Name _____

Title _____

Phone number: _____

Email: _____

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Medication Nursing Assistant Character Reference

(To be completed ONLY by Nurse Manager, Director or Administrator)

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Dear Nurse Manager/Director,

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Characteristics	Please rate on a scale of 1-5. Five being highest.
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Compassion	
Enthusiasm	
English language Proficiency	

Feel free to also include any comments on the above characteristics.

Please include why you would recommend this LNA for participation in the MNA program.

Signed _____

Printed Name _____

Title _____

Phone number: _____

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