WHITE MOUNTAINS COMMUNITY COLLEGE

2020 Riverside Drive, Berlin, NH 03570 | P: (603) 342-3064 | www.wmcc.edu | wmcclna@ccsnh.edu

LNA Program Admission Eligibility and Submission Checklist

Program Pre-requisites:

- ☐ Demonstrate the ability to read, comprehend, write, and communicate in English, relative to job related assignments.
- ☐ Minimum of 16 years of age; diploma or GED not required.
- ☐ Have not been convicted of a felony.
- ☐ Comply with WMCC's application procedure.
- ☐ Comply with WMCC's tuition requirements.
- ☐ Able to pass a drug screening.

To Apply:

The following items must be submitted before your application is reviewed:

- ☐ Application for LNA Program Admission.
- ☐ A copy of your resume.
- ☐ Criminal Background check: go to https://services.dos.nh.gov/chri/cpo scroll down and click the green button: "Request Online NH Criminal Conviction Check" ($25).

  ***Requestor Information: KathyAnn Sager, LNA Program Coordinator, (603) 342-3064, wmcclna@ccsnh.edu.**
- ☐ *(If applying to the 150-Hour Acute Care Course only)* Current BLS certification.

Following Application Review:

- ☐ Brief interview with the LNA Program Coordinator.

After Acceptance:

Medical information required:

We partner with Convenient MD. **The CMD treatment form is available online where you found this application**. It has the tests we require checked off. You are responsible for payment for your health requirements. CMD has a safe portal through which they share the results. If you choose to seek testing elsewhere, you will be responsible for submitting the information.

- ☐ 12 panel Drug Screen
- ☐ QuantiFERON blood test (a 2 step Tb tine can be substituted if BCG has not been received, or proof of a previous 2 step TB coupled with a current Tb tine test).

Registration: You will receive a welcome Email and Registration Form.

Once medical requirements are received you will receive an email that includes your Registration Form.

***Pay close attention to completing the payment portion of this form. By signing and submitting you agree to attend and comply with the tuition payment. Complete and return the registration as instructed in the email.**

APPLICATION FOR ADMISSION
LICENSED NURSING ASSISTANT (LNA) PROGRAM

WHITE MOUNTAINS COMMUNITY COLLEGE
Workforce Development and Community Education
2020 Riverside Drive, Berlin, NH 03570
(603) 342-3062
wmcclna@ccsnh.edu

DIRECTIONS AND INFORMATION FOR THE APPLICANT

1. Be sure to read and complete all pages of this application.
2. Please **type** or **print** all responses on the application in ink or use the fillable document.
3. Please **sign** the application on Page 5.
4. **LICENSED NURSING ASSISTANT APPLICANTS**: Please request a copy of your high school transcript or GED-HiSET be sent directly to wmcclna@ccsnh.edu or mailed to Annette Cole, Director of Workforce Development, 2020 Riverside Dr, Berlin, NH 03570.

Notice of Non-Discrimination

White Mountains Community College and the Community College System of NH do not discriminate in the administration of its admissions and educational programs, activities, or employment practices on the basis of race, creed, color, religion, ancestry or national origin, age, sex, sexual orientation, gender identity and expression, physical or mental disability, genetic information, or law enforcement, military, veteran, or marital status. This statement is a reflection of the mission of the Community College System of NH and refers to, but is not limited to, the provisions of the following laws:

- Title VI and VII of the Civil Rights Act of 1964, as amended
- The Age Discrimination in Employment Act of 1967 (ADEA)
- Title IX of the Education Amendment of 1972
- Section 504 of the Rehabilitation Act of 1973
- The Americans with Disabilities Act of 1990 (ADA)
- Section 402 of the Vietnam Era Veteran's Readjustment Assistance Act of 1974
- NH Law Against Discrimination (RSA 354-A)
- NH Law RSA 188-F:3-a.
- Genetic Information Nondiscrimination Act of 2008

Inquiries regarding discrimination may be directed to: Mark Desmarais, WMCC Vice President of Student Affairs 603-342-3009 mdesmarais@ccsnh.edu Inquiries may also be directed to: Sara Sawyer, Human Resources for the Community College System of NH, 26 College Drive, Concord, NH 03301, 603-230-3503. Inquiries may also be directed to the NH Commission for Human Rights, 2 Industrial Park Drive, Concord, NH 03301, 603-271-2767, FAX: 603-271-6339; and/or the Equal Employment Opportunity Commission, JFK Federal Building, 475 Government Center, Boston, MA, 02203, 617-565-3200 or 1-800-669-4000, FAX: 617-565-3196, TTY: 617-565-3204 or 1-800-669-6820.

APPLICATION FORM

PERSONAL DATA

Social Security Number_____–_____– _____

For compliance purposes, the Community College System of New Hampshire and its Colleges collects names and social security numbers from all students attending the college. For example, the Internal Revenue Code requires the college to produce a 1098-T tax form. The college's use of social security numbers will be limited to legitimate educational purposes. The college will ensure the security of the student's social security number and will not disclose it to anyone outside the college, except as authorized by federal or state laws or applicable policies.

NAME: Last_____First_____Middle _____

List other names used on school records _____

MAILING ADDRESS: _____

City_____State_____Zip_____

PHYSICAL ADDRESS (if different from above): _____

City _____State _____Zip _____

TELEPHONE: Home: _____ Work: _____ Cell: _____

WOULD YOU LIKE TO RECEIVE IMPORTANT TEXT REMINDERS FROM WMCC? ❑ Yes ❑ No

EMAIL ADDRESS _____

DATE OF BIRTH_____ OPTIONAL: ❑ Male ❑ Female

Are you a U.S. Citizen? ❑ Yes ❑ No If NO, are you a U.S. permanent resident? ❑ Yes ❑ No

Country of Citizenship_____ Current Visa Status_____

SERVICES

If you are a student with a disability, or who suspects that you might have a disability, and are planning to enroll in the Licensed Nursing Assistant program, you may be eligible for a Reasonable Accommodation Plan (RAP) to assist you in accessing your LNA classes.

If you have questions about the accommodations process or want to apply for accommodations for the LNA classes, please contact the Accessibility Services Coordinator as soon as possible, preferably prior to the start of the program to ensure that your RAP can be in place as you begin the classes. College accommodations are not retroactive and are not in effect until you, **the student**, has shared your plan with and discussed your plan with your instructors.

Are you eligible for a Reasonable Accommodation Plan? ❑ Yes ❑ No

To apply for college accommodations, please fill out and submit a "Self-Referral for Support Services" form to the WMCC Accessibility Services Coordinator, along with the documentation of disability information detailed at the top of the self-referral form. The testing done to support your most recent IEP or 504 and/or documentation from a physician or mental health provider (must be within 3 years' current) will be reviewed by the Accessibility Services Coordinator to determine whether you are eligible for accommodations for college classes. You, **the student enrolling in college classes**, must also contact the Accessibility Services Coordinator to set up a meeting (in-person, virtual or by phone) to discuss your learning strengths and needs. You will then work with the Accessibility Services Coordinator to develop a Reasonable Accommodation Plan (RAP) which you will sign, then share with your college class instructors. **Lynne Bacon** is the Accessibility Services Coordinator, and she can be reached via phone at 603-342-3059 or via email at lebacon@ccsnh.edu

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HEALTH INFORMATION

Do you have any health problems that may restrict your ability to carry out the duties of a Licensed Nursing Assistant?

❑ Yes ❑ No

If yes, please explain: _____

_____

ESSAY

Attach to this application, or use the fillable page six of this application, a 2 to 4 paragraph statement describing the following:

Why I want to become a Licensed Nursing Assistant

REFERENCES

Please provide the names and contact information for two references who would recommend you for consideration to become a Licensed Nursing Assistant that we can contact.

REFERENCE #1 _____

REFERENCE #2 _____

HIGH SCHOOL INFORMATION

High School C.E.E.B. Code _____

School Name_____ Address _____

City_____ State_____ Zip _____

High School Graduation Date _____ OR Year G.E.D. Awarded _____

COLLEGE(S) PREVIOUSLY ATTENDED

Name_____ City_____State _____

Dates Attended_____ Degree _____

Name_____ City_____State _____

Dates Attended_____ Degree _____

TO BE SIGNED BY ALL APPLICANTS

I acknowledge that upon completion of this course, I will receive a certificate of completion from the WMCC Licensed Nursing Assistant Program for Long-Term and Acute Care. This certificate entitles me to be eligible to take the NH Board of Nursing LNA Licensing Exam. To receive my LNA License, I must pass the LNA licensing test and submit the required state application. This includes the NH Board of Nursing Criminal Background Check. The NH Board of Nursing makes the final determination to grant all LNA licenses. Be aware that there are several factors, which may, according to the New Hampshire State Board of Nursing Rules and Regulations, affect the person's ability to become licensed as an LNA in the State of New Hampshire.

These include:

A.) Conviction of a felony

B.) Abuse of chemical substances

C.) Mental and physical incompetence to provide nursing-related activities

D.) Disciplinary action against a nursing or nursing assistant license.

The information provided by the applicant on this admission application form shall be held confidential to the extent determined by Federal law and college policy. White Mountains Community College reserves the right to deny admission to any applicant who, in the judgment of college officials, does not qualify for admission. The college also reserves the right to require withdrawal of any student who does not satisfy the ideals of citizenship, character, or scholarship.

In accordance with the terms and conditions set forth in its publications, and if accepted, I agree to abide by the rules and regulations set forth in the publications and in the Student Handbook. I also agree that the college has permission to use any college-sponsored pictures in which my likeness appears.

This program requires submission of Official High School/GED/HiSET transcripts.

I certify that I have read and agree with the above, and that all information provided herein is true and complete.

Signature of Applicant_____ Date _____

FOR OFFICE USE ONLY

Action _____ Date _____

Residency: IS OS NERSP

WHITE MOUNTAINS COMMUNITY COLLEGE

Workforce Development
2020 Riverside Drive, Berlin, NH 03570 P: (603) 342-3062 F: 603-752-6335
www.wmcc.edu

FOR OFFICE USE

Fall _____ Spring _____ Summer _____

Date_____

Registered by_____

Phone Registration_____

Non-Credit Registration Form

GENERAL INFORMATION *(Complete all items. Please print clearly and sign in ink.)*

Student ID _____ Social Security Number* _____ Date of Birth _____

First Name_____ Middle Name _____ Last Name _____

Former Names *(i.e. maiden name)* _____

Street Address_____

City _____ State _____ Zip Code _____

Mailing Address *(if different from above)* _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address *(Please provide in the instance your class is cancelled/changed)*

If a business or other organization is paying for your training, please provide their contact information below:

Contact Name:_____ Email: _____

Phone:_____ Address:_____

FEDERAL GOVERNMENT STATISTICAL INFORMATION: *(Optional)*

Gender	**Race**	**Ethnicity**	**Armed Forces Status**
☐ Male	☐ American Indian/Alaskan	☐ Hispanic/Latino	☐ Army
☐ Female	☐ Asian	☐ Not Hispanic/Not Latino	☐ Navy
☐ Other	☐ Black/African American		☐ Marines
	☐ Native Hawaiian/Pacific Islander		☐ Airforce
	☐ Hispanic		
	☐ White		

COURSE REGISTRATION

CRN #	Course #	Course Title/Description	Tuition

Financial Obligation Statement - *I understand by registering for courses at WMCC, I am financially obligated for **ALL** costs related to the registered course(s) by the established tuition deadline, or I may be subject to withdrawal from course(s). Upon a drop or withdrawal, I understand I will be responsible for all charges as noted in the student catalog and handbook. I further understand that if I do not make payment in full, my account may be reported to the credit bureau and/or turned over to an outside collection agency. I also understand that I will be responsible for the cost of the outside collection agency, any legal fees and any bounced check fees under RSA 6:11, which will add significant costs to my account balance.*
Refund Policy - *Students registered for non-credit courses, workshops, or seminars must notify the Workforce Development Center in writing at least three business days prior to the first session and submit a Drop Form which can be found at https://www.wmcc.edu/add-drop/ to receive a full refund. Students who cancel tess than 3 business days prior to the first session of class will not receive a refund.*

***The Workforce Innovation and Opportunity Act (WIOA)**, designed to help job seekers access employment, education, training, and support services to succeed in the labor market and to match employers with the skilled workers they need to compete in the global economy requires that we obtain information from students. The use of your social security number is requested in order to access wage and employment information through the state Unemployment Insurance wage information database to conform to WIOA regulations. You cannot be denied enrollment for failure to provide your social security number although we strongly encourage you to do so in order to enable the program to determine employment-related outcomes. Your personal information will be kept confidential and secure and will not be shared with any outside agencies other than New Hampshire Employment Security.

Registrations will NOT be processed if you have an outstanding obligation to WMCC. Upon registration, you are enrolled unless otherwise notified. Classes are subject to change. For some courses, students may need to visit the WMCC website and proceed to the Student Information System (SIS) for their classroom location(s), schedule, grades, financial aid information, student email account, etc.

Student Signature _____ Date _____

This completed form may be mailed to Workforce Development 2020 Riverside Drive Berlin, NH 03570; dropped off at the Workforce Development office at the Berlin or Littleton campus, or emailed to acole@ccsnh.edu

White Mountains Community College
Licensed Nursing Assistant (LNA) Health Screening Form

Please fill in your name and date of birth on this form. Bring this form to your provider to complete and sign. This form is to be returned to Jeff Smith, at White Mountains Community College. This form must be received prior to the beginning of the Licensed Nursing Assistant Program.

Student name: _____ DOB: _____

1. **Hepatitis** (series of three, must be initiated prior to class)
   #1 Date rec'd_____ #2 Date rec'd_____ #3 Date rec'd_____

   Or evidence of a Hepatitis B Titer. Date completed _____ Result _____

2. **Two-Step TB test** to be completed one year prior to the start of the LNA Course. (*note that the Morrison Nursing Home requires the TB tests to be done within six months of starting the LNA Course.)

   Date _____ Result_____
   Date _____ Result_____

   If positive result Chest x-ray date_____ Result_____

   Annual Health Screening Questionnaire for History of Positive TB Skin Test Submitted
   or
   QuantiFERON-TB Gold blood test. Date _____ Results _____

3. **Influenza Vaccine**: Date Received_____

4. **COVID-19 Vaccine**
   #1 Date rec'd _____ #2 Date rec'd _____

CURRENT HEALTH STATUS (allergies, chronic illnesses, medications, injuries, *Provider must sign below that the student is in good health and is physically and mentally capable of performing the duties of a Nursing Assistant*):

_____
_____
_____

The above information concerning this student's health record is correct.

_____ _____
Provider's Signature *Date*