

WHITE MOUNTAINS COMMUNITY COLLEGE

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

LNA/MNA 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.

(If applying for the MNA Course) Have at least two full years (4,160 hours) of LNA work experience within the past five years.

To Apply:

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

LNA/MNA Application for Admission (including **essay**).

A copy of your current **resume**.

WMCC Workforce Development **Non-Credit Registration Form**.

LNA/MNA Health Screening Form (to be signed by your Health Care Provider).

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/MNA Program Coordinator, (603) 342-3064, wmccina@ccsnh.edu

(If applying for the LNA Course) Current **Basic Life Safety certification**.

(If applying for the MNA Course) Signed **LNA Work Experience Verification Form**.

Following Application Review:

Brief interview with the LNA/MNA Program Coordinator.

After Acceptance:

You will receive a welcome Email from the WMCC Workforce Development Office.

Medical information required:

We partner with Convenient MD. The CMD treatment form will be emailed to you. 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).

Course tuition is due immediately after acceptance and registration. Students will not be permitted to attend classes if there are unpaid course fees.

APPLICATION FOR ADMISSION LICENSED NURSING ASSISTANT (LNA) or MEDICATION NURSING ASSISTANT (MNA) PROGRAM

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

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: Karen Graham, 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 or Medication Nursing Assistant program, you may be eligible for a Reasonable Accommodation Plan (RAP) to assist you in accessing your LNA/MNA classes.

If you have questions about the accommodations process or want to apply for accommodations for the LNA or MNA 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.

HEALTH INFORMATION

Do you have any health problems that may restrict your ability to carry out the duties of an LNA or MNA?

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 or Medication 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 or Medication 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

For LNA Students:

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 Program. The LNA certificate of completion 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.

For MNA Students:

I acknowledge that upon completion of this course, I will receive a certificate of completion from the WMCC Medication Nursing Assistant Program. The MNA certificate of completion entitles me to be eligible to apply for a NH Board of Nursing MNA License. The NH Board of Nursing makes the final determination to grant all MNA licenses.

For All Students:

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 or an MNA 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.

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
LNA/MNA Health Screening Form

Please fill in your name and date of birth on this form. Bring this form to your health care provider to complete and sign. This form is to be returned to the Workforce Development & Community Education Office at the White Mountains Community College (WMCC) and must be received prior to the beginning of the Licensed Nursing Assistant Program. Only this form will be accepted.

Student name: _____ DOB: _____

LNA/MNA students must comply with New Hampshire law and clinical facility requirements related to immunizations. Students shall not provide official medical records to the White Mountains Community College. Student should retain copies of all immunization records and related medical documentation for their own records.

WMCC's clinical partners dictate vaccination requirements. Although some clinical partners allow for exemptions of certain immunizations, WMCC cannot guarantee that a clinical partner will grant an exemption. The WMCC Workforce Development & Community Education Office may be unable to place a student in a clinical rotation if the student has not met the applicable clinical facility's requirements for proof of immunization. The student has been advised and understands that WMCC has no duty to seek out alternative clinical experiences to accommodate a student's immunization history but will guide students to obtain needed forms from clinical agencies.

Students are responsible for remaining in compliance with all clinical partner mandated immunizations and must adhere to all deadline requirements for demonstrating compliance with immunization requirements or approved exemption from participating clinical facilities. Students who have upcoming expirations for any requirements that will occur during the course of the program must renew the requirement prior to expiration. Any student who cannot provide documentation of all required immunizations must have an approved exemption from a participating clinical partner on file with WMCC to demonstrate compliance with requirements and to meet all deadlines. An exemption must be approved by the clinical partner and not by the college. Approved requests for vaccine exemptions may be submitted in place of proof of the relevant vaccination.

IMMUNIZATION REQUIREMENTS

- 1. Hepatitis-B (series of three, must be initiated prior to class) Yes No
2. Measles, Mumps, Rubella (MMR) Yes No
3. Varicella (Chicken Pox) Yes No
4. Influenza Vaccine (within the current flu season) Yes No
5. COVID-19 Vaccine (a completed series) Yes No

CURRENT HEALTH STATUS (allergies, chronic illnesses, and 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:

Three horizontal lines for signature and date.

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

Health Care Provider's Signature

Date

Health Care Provider's Name (Printed) & Associated Practice



**White Mountains Community College
LNA Work Experience Verification Form**

Per Nur 802.01 *Eligibility To Be a Student in a Board Approved Medication Administration Education Program*, a potential student must be employed as a Licensed Nursing Assistant within the past 5 years for the hours-equivalent of 2 years of full-time employment (4,160 hours).

To be completed by the applicant:

Name	Signature
Complete Address	Phone Number

The above applicant is applying for the Medication Nursing Assistant Program at the White Mountains Community College.

He/She is requesting _____ (Name of Facility/Agency) to furnish WMCC with the following information.

To be completed by the employer:

The above-named person was employed by:

Name of Facility/Agency	Date of Employment – From	Date of Employment – To
Employment was (circle one) Full-time Part-time	For a total of how many hours?	Position or Title
Description of Job Duties:		

By completing this form for the applicant, you are verifying the above to be true and accurate:

Name/Title	Signature	Date
Facility/Agency	Complete Address	Phone Number