WHITE MOUNTAINS COMMUNITY COLLEGE

2020 Riverside Drive, Berlin, NH 03570 | P: (603) 342-3064 | www.wmcc.edu | wmcclna@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**.
- ☐ **DISA Healthcare Complio Requirements (registration link will be provided)**

  WMCC has contracted with DISA Healthcare Complio to do the required **criminal background check**, provide information on the required **drug screening,** and give you access to the immunization and medical history tracker, a secure system to upload and store the **required medical and immunization history** as well as a copy of your **CPR/BLS certificate**. The cost of this package is $186.50 which you must pay at the time you register.

  Note: It will take 3-4 weeks for all of this to be completed, so we encourage you to register with Complio as soon as you have submitted your LNA/MNA Application for Admission to ensure that there is no delay in your enrollment.
- ☐ *(If applying for the MNA Course)* Signed **LNA Work Experience Verification Form**.

Following Application Review:

- ☐ Brief interview with the LNA/MNA Program Coordinator.

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
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.

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
Workforce Development & Community Education Office
2020 Riverside Drive
Berlin, NH 03570
Phone: (603) 342-3063 Fax: (603) 752-6335
www.wmcc.edu/workforce-education

TERM: _____

NON-CREDIT REGISTRATION FORM

(Complete all items. Please type or print clearly and sign at the bottom.)

A_____ _____
STUDENT ID # LAST NAME FIRST NAME MIDDLE NAME

Prior Name(s):_____ Personal Email Address:_____

*Social Security #: _____ Date of Birth: _____ / _____ / _____

*For compliance purposes, the Community College System of New Hampshire and its Colleges collect 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 exercise due diligence to protect 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.

☐ **Check here if this is a change in address, or phone**

Current Address: _____ City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cell _____

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

Employer Name: _____ Employer Contact: _____

Employer Address: _____ City _____ State _____ Zip _____

Employer Contact Email Address & Phone Number: _____

Federal Governmental Statistical Information (Optional):
Sex: ☐ Female ☐ Male **US Citizen:** ☐ Yes ☐ No
Ethnic Background: Are you Hispanic or Latino: ☐ Yes ☐ No
Select one or more races: ☐ American Indian / Alaskan ☐ Asian ☐ Black or African American ☐ Native Hawaiian / Pacific Islander ☐ White

CRN #	Course # and Section	Course / Workshop Title	Comments	Tuition

Please Note -- All Non-Credit courses must be paid for at time of registration

Financial Obligation Statement -- I agree that by registering for courses within the Community College System of New Hampshire (CCSNH), I am financially obligated for ALL costs related to the registered course(s). Upon a drop or withdrawal, I agree that 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 agree to pay for the fees of any collection agency. Which may be based on a percentage of the debt up to a maximum of 35%, and all additional costs and expenses, including any protested check fees, court filing costs and reasonable attorney's fees, which will add significant costs to my account balance.

Non-Credit Course Refund Policy -- Students must withdraw in writing at least three (3) days prior to the first day of class to receive a full refund of tuition and fees.

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. Students need to check the WMCC website (www.wmcc.edu) under the Student Information System (SIS) for their classroom location(s), schedule, grades, financial aid information, student email account, etc.

Student Signature: _____ **DATE:** _____

Department Chair Signature (For ESOL Students Only): _____ **DATE:** _____

FOR OFFICE USE ONLY
Date: _____ Entered By: _____

Revised: 02/26

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