

# MANCHESTER COMMUNITY COLLEGE

1066 Front Street, Manchester, NH 03102 | P: (603) 206-8160 | F: (603) 624-1576 | [www.mccnh.edu/wdc](http://www.mccnh.edu/wdc) | [ManchesterWDC@ccsnh.edu](mailto:ManchesterWDC@ccsnh.edu)

## LNA Program Admission Eligibility and Submission Checklist

### ELIGIBLE STUDENTS SHALL:

- Demonstrate the ability to read, comprehend, write & communicate in English, relative to job-related assignments
- Have not been convicted of a felony
- Pass a drug screening
- Comply with MCC's application procedures
- Comply with MCC's tuition requirements

### SUBMISSION CHECKLIST:

Please complete the following and submit as a whole package. We will not consider your application unless all pieces are complete.

- Application for LNA Program Admission
- Workforce Development Center Non-credit Registration Form
- A copy of resume
- A copy of current Basic Life Support Certificate
- An essay explaining desire to be an LNA
- Criminal History Background Check form, found at: [www.nh.gov/safety/divisions/nhsp/ssb/crimrecords/documents/dssp256.pdf](http://www.nh.gov/safety/divisions/nhsp/ssb/crimrecords/documents/dssp256.pdf). (\$25 fee assessed by the State of NH; Notary Required)

### Applicants will complete the following at a designated partner site:

- Drug Screening\* (*estimated fee of \$35-75*).  
*MCC partners with Convenient MD or Employer provided.*  
*\*TB testing may be required at some of the healthcare facilities.*

### Applicants will complete the following at MCC Workforce Development Center:

- English assessment tests
- Brief interview with LNA Program Coordinator or Instructor

### Applicants will purchase the following text:

- Textbook: Hedman, S. A., Fuzy, J. L., & Rymer, S. A. (2018). Hartman's nursing assistant care: Long term care and home care. Albuquerque, New Mexico: Hartman Publishing, Inc. ISBN 978-1-60425-070-1.
- Workbook: Hedman, S. A., Fuzy, J. L., & Rymer, S. A. (2018). Hartman's nursing assistant care: Long term care and home care. Albuquerque, New Mexico: Hartman Publishing, Inc. ISBN 978-1-60425-071-8 ISBN.

### Supplies required once admitted to the program include:

Scrubs, watch with a second hand, stethoscope, no open toe shoes.

### Non-Discrimination Policy

Manchester Community College does not discriminate in the administration of its admissions and educational programs, activities, or employment practices on the basis of race, color, religion, national origin, age, sex, disability, veteran status, sexual orientation, or marital status. This statement is a reflection of the mission of the Community College System of New Hampshire and Manchester Community College and refers to, but is not limited to, the provisions of the following laws

1. Title VI and VII of the Civil Rights Act of 1964
5. The Americans with Disabilities Act of 1990 (ADA)
2. The Age Discrimination Act of 1967 (ADEA)
6. Section 402 of the Vietnam Era Veteran's Readjustment Assistance Act of 1974
3. Title IX of the Education Amendment of 1972
7. NH Law Against Discrimination (RSA 354-A)
4. Section 504 of the Rehabilitation Act of 1973

Inquiries regarding discrimination may be directed to the Vice President of Student Affairs, Manchester Community College at (603) 206-8000, to Sara A. Sawyer, Director of Human Resources for the Community College System of New Hampshire, 26 College Drive, Concord, NH 03301, (603) 271-6300. Inquiries may also be directed to the US Department of Education, Office of Civil Rights, J.W. McCormack Post Office and Courthouse, Room 701, 01-0061, Boston, MA, 02109-4557, (617) 223-9662, FAX (617) 223-9669, TDD (617) 223-9695, or Email [OCR\\_Boston@ed.gov](mailto:OCR_Boston@ed.gov); the NH Commission for Human Rights, 2 Chennell 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.

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## LNA Program Application for Admission

### GENERAL INFORMATION

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender  Male  Female

Former Names (*i.e. maiden name*) listed on school records \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (*if different from above*) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Opt out of MCC Academic Text Notifications?

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

If you are not a legal resident, what is your current visa status? \_\_\_\_\_

Ethnicity (*Optional*):  White, Non-Hispanic  Black, Non-Hispanic  Asian  American Indian/Alaskan  Hispanic

### Emergency Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### HIGH SCHOOL LAST ATTENDED

School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Date of Graduation \_\_\_\_\_ Or Year of G.E.D./HiSET Award \_\_\_\_\_

### COLLEGES PREVIOUSLY ATTENDED (*list all colleges you have attended*)

| School Name | City | State | Dates Attended |
|-------------|------|-------|----------------|
|             |      |       |                |
|             |      |       |                |
|             |      |       |                |
|             |      |       |                |

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### NEW HAMPSHIRE RESIDENCE INFORMATION

I have always lived in New Hampshire  Yes  No

If No, what month and year did you move to NH \_\_\_\_\_ - \_\_\_\_\_

Current state of residence if not New Hampshire \_\_\_\_\_

### TO BE SIGNED BY ALL APPLICANTS

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. Manchester Community College reserves the right to deny admission to any applicant who, in the judgment of the 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 to abide by the rules and regulations set forth in the publications and in the Student Handbook, I also agree that the College has permissions to use any College sponsored pictures in which any 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 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.

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## FOR OFFICE USE

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Date \_\_\_\_\_

Registered by \_\_\_\_\_

Phone Registration \_\_\_\_\_

## Non-Credit Registration Form

### GENERAL INFORMATION

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)

Employer Name/Address (If applicable) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### FEDERAL GOVERNMENT STATISTICAL INFORMATION: (Optional)

| Gender                          | Race  | Ethnicity  | Veteran Status                                      |
|---------------------------------|---|--|---|
| <input type="checkbox"/> Male   | <input type="checkbox"/> American Indian/Alaskan          | <input type="checkbox"/> Hispanic/Latino         | <input type="checkbox"/> Vet Using GI Bill          |
| <input type="checkbox"/> Female | <input type="checkbox"/> Asian                            | <input type="checkbox"/> Not Hispanic/Not Latino | <input type="checkbox"/> Dependant Using GI Bill    |
| <input type="checkbox"/> Other  | <input type="checkbox"/> Black/African American           |  | <input type="checkbox"/> Disabled Vet Using GI Bill |
|                                 | <input type="checkbox"/> Native Hawaiian/Pacific Islander |  |   |
|                                 | <input type="checkbox"/> Hispanic                         |  |   |
|                                 | <input type="checkbox"/> White                            |  |   |

### COURSE REGISTRATION

| CRN # | Course # | Course Title/Description | Tuition |
|-------|----------|--------------------------|---------|
|       |          |                          |         |
|       |          |                          |         |
|       |          |                          |         |

**Financial Obligation Statement** - I understand by registering for courses at MCC, 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 days prior to the first session and submit a Drop Form to receive a full 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 MCC.** Upon registration, you are enrolled unless otherwise notified. Classes are subject to change. Students need to visit the MCC 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 \_\_\_\_\_