

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION

DIVISION OF HEALTH PROFESSIONS

Board of Nursing

7 Eagle Square Concord, N.H. 03301 Telephone 603-271-2323 · Fax 603-271-2856



NURSING ASSISTANT EDUCATIONAL PROGRAM LNA REQUEST FOR SURVEY

Programs should complete and submit this form via email to <u>board.questions@nh.gov</u> or fax to: 271-6605 or mail to address listed above. Please <u>do not</u> send any additional forms or information unless specifically requested to do so.

Program Name:	
Concord High School	
Regional Technical Center Health Science and Tech Program Address:	Date of Report:
170 Warren Street, Concord NH 03301	10-13-2024
Coordinator Name:	Initial Coordinator Approval Date:
Sharon Bean	January 16, 2016
Coordinator Telephone:	Coordinator Fax:
603-717-7854 x 6507	603-856-0183
Coordinator E-mail Address:	Initial Program Approval date:
sbean@sau8.org	October 14, 2014
All NA Education Programs must comply with Education Commission, the state entity respon	the rules and regulations of the New Hampshire Higher nsible for Career School Review and licensing.
(If you have questions about this process, please of	contact Dept. of Education at 271-6443.)
	r Education Commission Pre-Application process (or a
Documentation of completion of the NH Higher	r Education Commission Pre-Application process (or a cation Commission License is on file at the program):
Documentation of completion of the NH Higher	•••••
Documentation of completion of the NH Higher copy of the program's current NH Higher Educ Yes NUR 704.06	ation Commission License is on file at the program):
Documentation of completion of the NH Higher copy of the program's current NH Higher Educ Yes	ation Commission License is on file at the program):
Documentation of completion of the NH Higher copy of the program's current NH Higher Educ Yes NUR 704.06 Board Approved Instructor(s): Please list all bo	bard approved instructors:
Documentation of completion of the NH Higher copy of the program's current NH Higher Educ Yes NUR 704.06 Board Approved Instructor(s): Please list all bo	eation Commission License is on file at the program):
Documentation of completion of the NH Higher copy of the program's current NH Higher Educ Yes NUR 704.06 Board Approved Instructor(s): Please list all bo	bard approved instructors:
Documentation of completion of the NH Higher copy of the program's current NH Higher Educ Yes NUR 704.06 Board Approved Instructor(s): Please list all bo Instructor Name: Christine Clarke LPN	cation Commission License is on file at the program): coard approved instructors: Date of initial board approval: 2-7-2020
Documentation of completion of the NH Higher copy of the program's current NH Higher Educ Yes NUR 704.06 Board Approved Instructor(s): Please list all bo Instructor Name: Christine Clarke LPN Instructor Name:	cation Commission License is on file at the program): coard approved instructors: Date of initial board approval: 2-7-2020 Date of initial board approval:



OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION

DIVISION OF HEALTH PROFESSIONS

Board of Nursing

7 Eagle Square Concord, N.H. 03301 Telephone 603-271-2323 · Fax 603-271-2856



NUR 704.07(e)

Qualified Resource Persons: The coordinator may appoint qualified persons to participate in the instructional experience (under the direct supervision of the coordinator or instructor).

List the name(s) and expertise of all persons who have been appointed in this capacity (for example, in some programs/facilities, the Human Resources Department participates in the curriculum by instructing students about the Federal HIPPA regulations):

Name:	Area of Expertise:
Christine Clarke LPN	Long term care
Name:	Area of Expertise:

NUR 704.10 Program Facilities and Resources

Cooperating Agency/Agencies: Programs that do not have the appropriate educational facilities may contract with a cooperating agency/institution for classroom and/or clinical facilities. Please complete the following information for each cooperating agency:

cooperating agency.	
Cooperating Agency/Clinical Facility Name:	Cooperating Agency/Clinical Facility Name:
Havenwood Heritage Heights	Date of most recent contract review:
Date of most recent contract review: 2-1-2024	Confirmation that contract is current:
Confirmation that contract is current:	Yes No
Yes	
Cooperating Agency/Clinical Facility Name:	Cooperating Agency/Clinical Facility Name:
Date of most recent contract review:	Date of most recent contract review:
Confirmation that contract is current:	Confirmation that contract is current:
Yes No	Yes No



OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION

DIVISION OF HEALTH PROFESSIONS

Board of Nursing

7 Eagle Square Concord, N.H. 03301 Telephone 603-271-2323 · Fax 603-271-2856

If the program is facility based and there are no cooperating agencies, check here:

Education Programs are required to provide a minimum of 60 hours of clinical learning activities. Each program must either be based within a facility that provides sufficient care-recipients and material resources to meet this requirement or contract with a Cooperating Agency to provide for clinical learning activities.



Please describe the clinical experiences available to students within the facility or Cooperating Agency:

Students in the CHS-CRTC LNA program spend 60 hours on an SNF level of care floor at Havenwood Heritage heights where they can complete all skills required for initial LNA licensure.

NUR 704.08 Admission Standards

Please describe how applicants are evaluated to determine the ability to read, comprehend, write and communicate in English relative to job-related assignments before being admitted to the program:

All students that enter the LNA program have completed and successfully passed the Health Science year 1 course, which includes, A+P, legal and ethical issues, safety, infection control, career exploration, and health care systems.

1.	Number of programs	conducted since	last board assessment:	3
----	--------------------	-----------------	------------------------	---

- 2. Number of candidates tested: 64
- 3. Number of candidates successfully completing the program: 64

NUR 704.09 Curriculum

Please indicate "yes" or "no" in response to each question:

Any changes in curriculum and/or program objectives since the most recent review have been submitted to and approved by the board:





OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION

DIVISION OF HEALTH PROFESSIONS

Board of Nursing

7 Eagle Square Concord, N.H. 03301 Telephone 603-271-2323 · Fax 603-271-2856



*If yes, please describe the changes:

Prior to direct care with care-recipients, students receive 16 hours of instruction including: orientation to the role, holistic approach to care throughout the lifespan, communication skills, safety and emergency procedures including the Heimlich Maneuver and protection of care-recipients rights, dignity and confidentiality:

χ□	YES
----	-----

□ NO

Students must achieve a grade of 70% or higher on the course examination and a grade of "pass" on skills test:

x YES

□NO

The student to board-approved instructor ratio does not exceed 8:1 in the clinical setting:

x YES	
-------	--

	NO
--	----

The instructor has no other work responsibilities while instructing clinical and classroom learning experiences:

x 🗌 '	YES		NO
-------	-----	--	----

Students are clearly identified as acting in the student role

🗆 x YES

The program consists of a minimum of 100 hours of instruction and, of this time, 40 hours of theory and 60 hours of clinical instruction are provided:



State of New Hampshire OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION

DIVISION OF HEALTH PROFESSIONS

Board of Nursing

7 Eagle Square Concord, N.H. 03301 Telephone 603-271-2323 · Fax 603-271-2856

x YES

□ NO

Please complete:

Actual Number of Hours of Theoretical Instruction provided: 408 +	Actual Number of Hours of Clinical Instruction provided: 60-64
	e, author name(s), publisher and copyright date):
Textbook: Nursing Assisting: A Foundation in C	aregiving, 6e
by Diana Dugan RN (Author)	
ISBN-13: 978-1-60425-154-8 ISBN-10: 1-60425-154	I-9 Edition: 6 th , March 2023
Workbook: Workbook for Nursing Assisting: A F	oundation in Caregiving, 5e
by Hartman Publishing Inc. (Author)	
ISBN-13: 978-1604251227 ISBN-10: 1-60425-1220	Edition: 5th





OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION

DIVISION OF HEALTH PROFESSIONS

Board of Nursing

7 Eagle Square Concord, N.H. 03301 Telephone 603-271-2323 · Fax 603-271-2856

NUR 704.10 Program Facility and Resources: Classroom and Laboratory Facilities

Classroom and laboratory facilities must be adequate to meet the needs of the program, the number of students and the instructional staff.

Please describe the physical facilities and educational materials available to students that provide for a clean, safe environment with comfortable temperatures, adequate lighting and audio-visual or simulated equipment necessary for care demonstrations in the:

Classroom: There are two areas for learning. The theory section of the class has bench tables and chairs to seat up to 32 students. Each student has access to a laptop. All lectures are projected on a large front of the room whiteboard. Room temperature is maintained at a comfortable temperature for learning by Concord High School. The room is cleaned daily by janitorial staff. Use of material from the lab are easily accessible to bring to the theory portion of room as needed for demonstrations. We have access to current videos to use related to the LNA program or skills.

Laboratory: The laboratory consists of 4 LTC beds that were purchased in 2023. We have 1 Hill Room bed that was last serviced in 2023. We have a handicap accessible bathroom area simulated, we have 2 sinks with running water, Manikins, a high low table, standing scale, stairs2 wheelchairs, 2 walkers, canes, crutches, a stand lift and a Hover lift.

Competency Testing Company Name: Excel

Tester Name: Mary Ellen Dooley RN and Janine Parent RN(2024)

Records

Please indicate "yes" or "no" in response to each question:

Records include, at a minimum, student name, address, date of birth, telephone number, date of program completion, dates of initiation and termination of program, contracts, tests, grades and course documents.



🗌 NO

Security of student records is maintained







OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION

DIVISION OF HEALTH PROFESSIONS

Board of Nursing

7 Eagle Square Concord, N.H. 03301 Telephone 603-271-2323 · Fax 603-271-2856

NUR 704.05 Coordinator Responsibilities

The Program Coordinator conducts and is responsible for program evaluation and maintenance of course documents including documentation of course completion and issuance of a certificate of completion to students.



The Program Coordinator submits to the board names and contact information for persons successfully completing the nursing assistant program within 30 days of program completion.

|--|

Nur 704.09 Curriculum Evaluation Please describe how the program coordinator evaluates the following:

🗌 NO

Instructional Methods: Student Progress: tests, quizzes, skill assessment

Student Progress: 100% pass rate

Effectiveness of Instructors: survey at end of program

Suitability of Cooperating Agencies: survey at end of program

Appropriateness of Course Content: Content: survey at end of program

Graduate Performance on Tests: Excel report

Program Coordinator Comments:



State of New Hampshire OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION

DIVISION OF HEALTH PROFESSIONS

Board of Nursing

7 Eagle Square Concord, N.H. 03301 Telephone 603-271-2323 · Fax 603-271-2856

Our program has gotten wonderful reviews from our clinical site as well as several other facilities where graduates have gone to work. Our clinical instructor is fabulous. Students love the program.

Board of Nursing Comments:

Board of Nursing Signature:

Date:

