



**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



**NURSING ASSISTANT EDUCATIONAL PROGRAM LNA  
REQUEST FOR SURVEY**

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

Program Name: <i>Seacoast School of Technology</i>	Date of Report: <i>10/28/24</i>
Program Address: <i>40 Linden Street Exeter NH 03833</i>	Initial Coordinator Approval Date: <i>10/2/23</i>
Coordinator Name: <i>Catherine Koravian</i>	Coordinator Fax: <i>603 775 8983</i>
Coordinator Telephone: [REDACTED]	Initial Program Approval date: [REDACTED]
Coordinator E-mail Address: [REDACTED]	

**All NA Education Programs must comply with the rules and regulations of the New Hampshire Higher Education Commission, the state entity responsible for Career School Review and licensing.**

(If you have questions about this process, please contact Dept. of Education at 271-6443.)

**Documentation of completion of the NH Higher Education Commission Pre-Application process (or a copy of the program's current NH Higher Education Commission License is on file at the program):**

Yes                  No

**NUR 704.06**

**Board Approved Instructor(s): Please list all board approved instructors:**

Instructor Name: <i>Catherine Koravian</i>	Date of initial board approval: <i>10/2/23</i>
Instructor Name:	Date of initial board approval:
Instructor Name:	Date of initial board approval:
Instructor Name:	Date of initial board approval:
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Please describe the clinical experiences available to students within the facility or Cooperating Agency:

geriatric, ADL assist impaired, Dementia, cardiac, respiratory  
physically impaired, mobility impaired

**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:

1. Number of programs conducted since last board assessment: one
2. Number of candidates tested: eight
3. Number of candidates successfully completing the program: eight

**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:

YES\*     NO     N/A



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<b>Actual</b> Number of Hours of <b>Theoretical</b> Instruction provided: 00	<b>Actual</b> Number of Hours of <b>Clinical</b> Instruction provided: 00
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**Please indicate the text(s) used (include book title, author name(s), publisher and copyright date):**

**Textbook:** 6<sup>th</sup> Edition Hartman's Nursing Asst. Care: The Basics ©2022 Hartman Publishing with Jetta Pray

**Workbook:** 6<sup>th</sup> Edition Hartman's Nursing Asst. Care: The Basics ©2022 Hartman Publishing

**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:** tables, chairs, projector for movies & powerpoints

**Laboratory:** 4 patient beds, 4 mannequins, wheel chair/walker, DME

**Competency Testing Company Name:** Excel testing

**Tester Name:**

**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.

YES                       NO

Security of student records is maintained

YES                       NO



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**\*If yes, please describe the changes:**

Hartman's 6<sup>th</sup> edition book and workbook added

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:

YES       NO

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

YES       NO

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

YES       NO

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

YES       NO

Students are clearly identified as acting in the student role

YES       NO

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:

YES       NO

**Please complete:**



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**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.

YES  NO

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.

YES  NO

**Nur 704.09 Curriculum Evaluation**

Please describe how the program coordinator evaluates the following:

**Instructional Methods:**

Student feedback, tests, workbooks, instructional videos

**Student Progress:**

skills checklist, weekly check ins after clinicals

**Effectiveness of Instructors:**

evaluation forms

**Suitability of Cooperating Agencies:**

Student feedback

**Appropriateness of Course Content:**

evidence based, updates to skills per guidelines

**Graduate Performance on Tests:**

tests kept in office, locked

**Program Coordinator Comments:**



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<b>Board of Nursing Comments:</b>	
<b>Board of Nursing Signature:</b>	<b>Date:</b>