MANCHESTER COMMUNITY COLLEGE

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

MNA Program Admission Eligibility and Submission Checklist

ELIGIBLE STUDENTS SHALL:

- ❑ Hold a valid and unencumbered nursing assistant license issue by the Board of Nursing
- ❑ Have worked as an LNA for two full years (4,160 hours) within the past 5 years
- ❑ Possess proficiency in Math and English
- ❑ 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 MNA Program Admission
- ❑ Workforce Development Center Non-credit Registration Form
- ❑ A copy of resume
- ❑ A copy of LNA license
- ❑ A copy of current Basic Life Support Certificate (BLS)
- ❑ Proof of working as an LNA for two years (4,160 hours of experience)
- ❑ An essay explaining desire to be proficient in the administration of medications.
- ❑ Two character references from nurse managers or directors on behalf of the employer affirming the applicant's honesty, integrity, compassion and enthusiasm for nursing-related activities
- ❑ Criminal History Background Check form: https://services.dos.nh.gov/chri/cpo/
  ($25 fee assessed by the State of NH; Notary Required)
- ❑ Bureau of Adult and Aging Care Services(BAAS)State Registry Consent Form

AFTER ACCEPTANCE

- ❑ 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).

We partner with Convenient MD. The CMD treatment form is available online where you found this application. 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.

Applicants will complete the following at MCC Workforce Development Center:

- ❑ Math and English proficiency tests
- ❑ Brief interview with instructor

Applicants will use the following text:

- Mosby's Textbook for Medication Assistants, Second Edition 2023 by Elsevier, ISBN: 978-0-323-79050-5

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; 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.

Last Modified August 13, 2026

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MNA Program Application for Admission

GENERAL INFORMATION

Social Security Number _____-_____-_____ Date of Birth _____

First Name_____ Middle Name Initial _____ Last Name _____

Gender ❑ Male ❑ Female

Former Names *(i.e. maiden name)* listed on school records_____

Street Address

City _____ Zip Code: _____ State_____

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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MNA Program Application for Admission

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.

MANCHESTER COMMUNITY COLLEGE

Workforce Development Center
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www.mccnh.edu/wdc

FOR OFFICE USE

Fall _____ Spring _____ Summer _____
Date_____
Registered by_____
Phone Registration_____

Non-Credit Registration Form

(Complete all items. Please print clearly and sign in ink.)

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)*

_____

Who is paying: Self-pay ☐ Employer/ Agency ☐

If Employer/Agency is paying, please provide their contact information:

Employer/Agency Name: _____Email: _____

Phone:_____Address/City/State/Zip: _____

FEDERAL GOVERNMENT STATISTICAL INFORMATION: *(Optional)*

Gender	Race	Ethnicity	Armed Forces Status
☐ Male	☐ American Indian/Alaskan	☐ Hispanic/Latino	☐ Army
☐ Female	☐ Asian	☐ Not Hispanic/Not Latino	☐ Navy
☐ Other	☐ Black/African American		☐ Marines
	☐ Native Hawaiian/Pacific Islander		☐ Airforce
	☐ Hispanic White		

COURSE REGISTRATION

CRN #	Course #	Course Title/Description	Tuition
	NCHC103M	Medication Nursing Assistant	$1,800

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 business days prior to the first session and submit a Drop Form to receive a full refund minus any fees, if applicable. If students registered online or with a credit/debit card, there is a 9.5% transaction fee and $2.49 administration that will be deducted from your refund. You can avoid these fees by paying with cash or check in person at the college. Students who cancel within 3 business days prior to the first session of class will not receive a 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 _____

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MNA Program Professional Reference Form

GENERAL INFORMATION

First Name_____ Middle Name _____ Last Name _____

Last 4 Digits of Social Security Number _____ Desired program of study _____

To the Applicant:

Please select two persons who know you but are not related to you that are willing and capable of evaluating:

1. Your academic performance and aptitude
2. Your ability to perform capably in positions of responsibility
3. Your potential to achieve the objectives of this program of study

This recommendation will become part of your admissions file. It will be used only for admissions consideration and will not be disclosed to any unauthorized individual without your consent. If you are admitted to the Nursing program, you will be given access to the contents of this reference form unless you voluntarily waive your right of access.

Release of access to this reference: The applicant must complete and sign one of the following statements before submitting this form to the evaluator per Federal Law P.L. 93-380 (Family Educational Rights and Privacy Act of 1974).

I hereby voluntarily waive and relinquish any right of access to this confidential reference. Signed: _____Date: _____	I retain my rights to access this confidential reference. Signed: _____Date: _____

Note: Professional references must be completed, placed in a sealed envelope, given back to the applicant, and submitted to MCC in the white packet along with <u>all other documents.</u>

To the Evaluator:

The above named applicant is a candidate for admission to the Medication Nursing Assistant Program with the Workforce Development Center at Manchester Community College. We appreciate your candid evaluation of the applicant's past performance and potential for success in this program. If the applicant has agreed to the above waiver, the college will keep this evaluation confidential. When you have completed this form, please sign and mail it directly to the applicant in the self-addressed envelope provided.

How long have you known the applicant? _____

Which best describes your professional relationship with the applicant?

- ❑ Employer
- ❑ Professional (e.g. Guidance Counselor/Teacher/Faculty/Academic Advisor/ Clergy)
- ❑ Other (must be supervisory role). Please describe: _____

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Your thoughtful and frank estimate of this applicant's qualifications and potential will be used in consideration for admission. On a scale of 1-5, please rate the applicant's ability in the areas below.

Circle the appropriate ranking with 1 being Unsatisfactory and 5 being Excellent.

Qualifications and Skills	Unsatisfactory		Average		Excellent
Establishes good working relationships: Cooperates with others	1	2	3	4	5
Communication: Strong verbal and interpersonal skills, articulates well	1	2	3	4	5
Exhibits social skills necessary to treat individuals equally regardless of race, religion, gender, disability, sexual orientation, age or value system	1	2	3	4	5
Respectful and open-minded to other points of view	1	2	3	4	5
Displays empathy toward others	1	2	3	4	5
Ability to cope with variations of workload and stressful situations	1	2	3	4	5
Demonstrates problem solving skills: Effective use of judgment to assess situations and ability to solve problems efficiently	1	2	3	4	5
Ability to organize, prioritize, and work under pressure	1	2	3	4	5
Adapts easily to change	1	2	3	4	5
Takes accountability for actions	1	2	3	4	5
Acts with integrity and honesty	1	2	3	4	5
Protects confidential information, uses discretion on when and where to share and discuss information with appropriate individuals	1	2	3	4	5
Able to retain facts and grasps new concepts quickly	1	2	3	4	5
Follows oral instructions	1	2	3	4	5
Comprehends and composes the written language accurately	1	2	3	4	5
Attentive to detail and accuracy	1	2	3	4	5
Exhibits a positive attitude	1	2	3	4	5
Demonstrates self-motivation and initiative	1	2	3	4	5
Sets and achieves realistic goals	1	2	3	4	5
Proficient computer skills	1	2	3	4	5

Please Print Name _____ Title _____

Business/Agency _____ Phone _____

Business/Agency Address _____

Signature _____ Date _____

Do not mail this form to the Office of Admissions.

Please return all Professional References to the applicant in a sealed envelop.

Applicant: References must be returned with your MNA Application Packet.

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Business/Agency Address _____

Signature _____ Date _____

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