



Licensed Nursing Assistant



Becoming an LNA is one of the fastest routes to starting your career in healthcare. The LNA Education Program will teach:

- basic nursing skills
- personal care skills
- basic restorative services
- mental health and psychosocial skills
- communication skills
- ethics and legal responsibilities
- nursing team member skills
- patient safety that will prepare students to pass the state exam
- function as a member of the healthcare team

321 Park Street, Bennington, Vermont 05201 -802.447.0220-

MISSION

The Southwest Vermont Regional Technical School District (Southwest Tech) is committed to preparing secondary and post-secondary students for career and lifelong learning in a rapidly changing world. To this end, the Licensed Nursing Assistant Program will develop the potential in each of our students, and to provide our communities with caregivers of the very highest possible quality. Southwest Tech will provide its students with access to dedicated instructors, and a learning environment that will motivate and equip them to take the first step toward achieving their career and personal goals.

PURPOSE

To train students to provide safe, quality and empathetic nursing assistant care to the people they serve.

OVERVIEW OF THE LNA TRAINING PROGRAM

OBJECTIVES:

1. To ensure nursing assistants are instructed in the correct procedures for care.
2. To ensure nursing assistants have an understanding and are in compliance with OBRA regulations related to LNA training and competency evaluation testing.
3. To provide the LNA with the skills needed to cope with the cognitively impaired patient.
4. To provide the LNA candidate with information with regards to maintaining LNA certification.

LENGTH OF PROGRAM:

The entire program is a total of 100 hours. These hours are earned through classroom lectures, lab practice, clinical work and evaluation of care. Below is how the hours are divided.

Classroom = 35.5

Lab practice = 24.5

Clinical = 40

All classes will be held during the weekdays unless otherwise noted. Class schedule will be reviewed during the first class.

TEACHING METHODS:

Teaching methods will include, but not be limited to lecture, demonstration, discussion, roll playing, and hands on skills practice. Classes will be interactive, allowing for questions and remediation.

HOW TO APPLY

Complete the application (page 5) and LNA Supplemental application (page 6) & Policy and Agreement Form (page 7). Completed forms can be returned to:

**Southwest Tech
Workforce and Adult Education
321 Park Street
Bennington, VT 05201**

Requirements:

Applicants must be 16 years of age by the first clinical class session in order to enroll. Students will be expected to perform, in classroom and clinical settings, the physical demands an LNA job description requires, such as moving and transferring residents safely. High school students may apply to this program if they will be 16 years of age before the first class at our clinical site.

Total Cost: \$1850

Tuition -- \$1800

Textbook Fee -- \$50

Students are responsible for the cost of scrubs and shoes for clinical practice.

The cost can be paid with cash, check, money order, credit/debit card. Southwest Tech also accepts funds from VSAC, VT Department of Labor and/or an employer of a student.

Students are required to secure funding prior to the first day of class. If an employer or organization is responsible for student's fees, proof of funding needs to be given to and confirmed by the Workforce and Adult Technical Education Coordinator prior to the first class.

A payment plan is available.

Additional questions? Contact Rob Bahny, Workforce and Adult Technical Education Coordinator

By phone: (802) 445-4940

By e-mail: rbahny@svcdc.org

LICENSED NURSING ASSISTANT TRAINING PROGRAM POLICIES

The purpose of the Licensed Nursing Assistant Training Program is to train individuals interested in obtaining work as licensed nursing assistants. Any person who wishes to enter the health care field as a licensed nursing assistant needs the skills and knowledge required to pass the state licensing exam.

Enrollment is based on how the candidate admissibility, date of submission of application, and class size. In addition to the applications, applicants are required to submit the following:

- 1) Two valid forms of ID, such as driver's license, state issued ID, or passport.
- 2) Complete immunization records to their interview.

Satisfactory completion of the LNA course enables the student to take the State of Vermont Licensure Examination.

Student's expectations include:

- 1) Students will complete work assigned.
- 2) Students are required to achieve a cumulative **minimum pass rate of 80%** on quizzes and exams and perform clinical skills at or above the required minimum standards.
- 3) Students who do not meet the required benchmarks will meet with the course instructor and Program Administrator. Students may be required to get tutoring and/or complete extra work. Students may not be allowed to participate in the clinical training or take the state examination with the class. Students who do not meet targeted improvement goals will be dismissed from the program.
- 4) Punctuality and attendance are mandatory.

Causes for Dismissal:

- 1) Absenteeism.
- 2) Unprofessional conduct.
- 3) Failure to master required skills.
- 4) Failure to maintain a passing grade in coursework.
- 5) Failure to maintain patient confidentiality (including through the use of social media)
- 6) Failure to submit payments.
- 7) Failure to meet student expectations (listed above)

If a student has a concern about the course instructor, the student should schedule a meeting with the Program Administrator to discuss the concern(s).



STUDENT INFORMATION				
Last Name:		First Name:		Middle Initial:
Street:				
City:		State:		Zip Code:
Home Phone:		Cell Phone:		
Work Phone:		EXT:	Employer:	Date of Birth:
Email:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Ethnic Origin (Optional): <input type="checkbox"/> Black (not Hispanic) <input type="checkbox"/> White (not Hispanic) <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other		Education: <input type="checkbox"/> No High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Some College, no degree <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree		Main reason for enrolling? <input type="checkbox"/> Acquire a specific skill <input type="checkbox"/> Obtain employment <input type="checkbox"/> Upgrade employment <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Personal enrichment <input type="checkbox"/> Have taken classes before <input type="checkbox"/> Other
How did you learn about the programs/class? <input type="checkbox"/> Bennington Banner <input type="checkbox"/> Brochure <input type="checkbox"/> Email <input type="checkbox"/> Employer <input type="checkbox"/> Facebook/Twitter <input type="checkbox"/> Mailing			How do you intend on paying tuition? (check all that apply) <input type="checkbox"/> Student <input type="checkbox"/> Employer <input type="checkbox"/> Grant <input type="checkbox"/> Work Based Learning <input type="checkbox"/> Other _____	
<input type="checkbox"/> State/Federal Agency <input type="checkbox"/> VSAC or Voc. Rehab. <input type="checkbox"/> Website <input type="checkbox"/> Friend or Neighbor <input type="checkbox"/> Other _____		<input type="checkbox"/> VA Benefits <input type="checkbox"/> Voc. Rehab. <input type="checkbox"/> VSAC <input type="checkbox"/> WIA – VT DOL <input type="checkbox"/> Worker's Comp		

COURSE / PROGRAM INFORMATION				
Course Number	Course Title	Start Date	Time	Tuition
	Licensed Nursing Assistant			\$1850
Tuition must be paid in full or payment arrangements made prior to the start of class.			TOTAL TUITION:	
Student Signature: _____ Date: _____				
By signing above, the student is agreeing to pay tuition according to the above requirements.				

OFFICE USE ONLY	
Payment Type: <input type="checkbox"/> Check <input type="checkbox"/> Cash (Walk-in registration only) <input type="checkbox"/> Credit card <input type="checkbox"/> Agency _____ <input type="checkbox"/> Other	NOTES:

Southwest Tech provides equal education opportunities to all learners regardless of race, color, national origin, gender, disability, religion, sexual orientation, gender identity, or marital/civil union status. Questions about this policy should be directed to the Main Office – 802-447-0220.

LNA EDUCATION SUPPLEMENTAL APPLICATION FORM

Please Print Clearly

REFERENCES	
Last Name:	First Name:
Phone Number:	Relationship:
Last Name:	First Name:
Phone Number:	Relationship:

Please write a paragraph explaining why you are interested in becoming an LNA:

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POLICY & PAYMENT AGREEMENT

Total Cost: \$1,850

Total cost includes \$1800 tuition and \$50 textbook fee. Checks are payable to SVRTSD. We are able to process credit/debit cards.

Students are responsible for the cost of scrubs and shoes for clinical practice.

My signature below acknowledges that I have read and understand the Licensed Nursing Assistant Education Program Policies.

I also understand that once accepted into the LNA program, I am financially responsible for timely payments of the full course tuition.

I further understand that failure to make payments by the due dates may be cause for dismissal from the program.

Signature: _____ *Date:* _____

Mail Application Form to:
*Southwest Tech
Workforce and Adult Education
321 Park Street,
Bennington, VT 05201*

Cancellations must be received one week before the scheduled class start date.

MEDICAL CLEARANCE FORM FOR CLINICAL STUDENTS

The following immunizations are required for all students. The MD or School Nurse completing the form should check the box to the left verifying the student is current, and put the date of the immunization to the right. **Please place the appropriate date in the boxes as indicated.**

STUDENT NAME: _____

SCHOOL: _____

DATE OF BIRTH: _____

The student's spot in the class will be cancelled if the following information is incomplete.

CHECK IF CURRENT	IMMUNIZATION	DATE
	PPD (within last 12 months) If positive, treatment documentation, CXR, negative for TB symptoms	
	Rubeola Proof of 2 MMR's or titer	
	Rubella (German Measles) Proof of 1 MMR or titer	
	Mumps Proof of 2 MMR's or titer	
	Varicella (Chicken Pox) Proof of 2 vaccines, titer or documentation by a HC provider.	
	Influenza Required annually unless exempted	
	Tdap (Proof of one > age 11)	
	Hepatitis B vaccine series Proof of 3 vaccines or positive HBSab	

Form Completed by

Date

Printed Name or Stamp & Title

Phone