



Lyndon Institute

Adult Career & Technical Education

P.O. Box 127

Lyndon Center, VT 05850

802-535-3713

Licensed Nurse Assistant

VERMONT
Department of Education

TRAIN TO BECOME AN LNA

FUNDING AVAILABLE THROUGH VSAC
FIND A PROGRAM IN YOUR AREA TODAY!

Emotionally Rewarding

High Demand

Job Stability

Enriching

vt.edu/ctte.org/

LNA Registration Packet



Lyndon Institute

Adult Career & Technical Education

Licensed Nursing Assistant (LNA)

Cost & Information: \$2,000.00 that includes the following: Textbook (which must be returned), workbook, all supplies for classroom and lab work, fingerprinting costs, exam/testing fee for licensed nurse assistant license, and one retake of exam/text if necessary. Classroom (64 hours) and clinical hours (36 hours) a total of 104 hours, approximately 8 weeks. Classes will held on weekdays and weekends.

Documentation needed: Back Ground Check, fingerprinting, Physical, vaccines including COVID-19, flu, Hepatitis B Vaccination and negative TB Test. TABE assessment testing at Northeast Kingdom Learning Services (NEKLS-if needed)

Items/Supplies required not included in tuition: application & registration fee for BON, uniforms, shoes, wristwatch with second hand and any additional tutoring outside the schedule hours.

Description: This class is an entry-level paraprofessional position in the health care field, preparing students to care for the sick and elderly under the direction of a nurse. Upon successful completion of the 104-hour course, students will take the state registry Exams for knowledge and skills. Class includes classroom, lab and clinical training.

~Must have a minimum of 6 students who complete, and return all documents, including registration packet with full payment

Registration should be completed and tuition received 10 business days before the start of class

For registration info visit <https://www.lyndoninstitute.org/academics/adult-continuing-education>

[//www.lyndoninstitute.org/academics/adult-continuing-education](https://www.lyndoninstitute.org/academics/adult-continuing-education)

Lyndon Institute Career & Technical Education Office @ 802-535-3713



Lyndon Institute Adult Career & Technical Education
Licensed Nursing Assistant Course
HEALTH FORM
Please print clearly-Thank you

Student's Full Name _____ D.O.B. _____

Mailing Address _____

Current Town of Residence _____ Phone# _____

List two people to be contacted in case of an emergency:

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

Physician _____ Phone _____ Date of last P.E. _____

Dentist _____ Phone _____ Date of last exam _____

Health Insurance Provider (Name) _____ or check here if no health insurance

Do you take any medications? YES NO (If yes, list names and purposes)

List any medical conditions, illness or injury, which the school should be aware of

Allergies: _____

List dates of all immunizations or a copy of your immunizations from you medical records, please.
(Recommend tetanus within the past 10 years, MMR Booster, Hepatitis B series)

Diphtheria-Pertussis-Tetanus (DPT) _____

Tetanus-Diphtheria (Td) _____ Tetanus Toxoid (TT) _____

Polio (List type: OPV-Sabin _____ or Salk _____)

Mumps, Measles, Rubella (MMR) _____ Measles Vac _____ Mumps _____ Rubella _____

Varicella ("chicken pox") illness _____ vaccine _____ FLU/OTHER: _____

Hepatitis B (Hep B) _____ Haemophilus Influenza b _____

Tuberculin Test - Type _____ ; _____ ; _____
(Type) (Date) (+/-) (Date) (+/-)

COVID-19 _____

Signature _____ Date _____



Lyndon Institute Adult Continuing Education LNA: Hepatitis B Vaccine

Hepatitis B is an inflammation of the liver caused by the Hepatitis B virus. It can be asymptomatic, mild, or severe. A student/employee is *at risk* if he or she has the possibility of contact with blood or potentially infectious bodily fluids. Nursing Assistant students have been identified as being at potential risk of exposure.

It is recommended that all nursing assistant students have the Hepatitis B vaccine. You may choose to decline the vaccine at this time. If so, the *Hepatitis B Vaccine Declination* must be signed.

1. Name of student (print) _____
2. Class dates: _____
3. I have made the following decision re: receiving the (3) Hepatitis B vaccine shots:
 - a. _____ I have documentation that I have previously received the vaccine.
 - b. _____ No, I have made the decision to decline the vaccine at this time (must sign the waiver below).
 - c. _____ No, I have documentation of immunity to Hepatitis B.

Signature of nursing student

Date

HEPATITIS B VACCINE DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I understand that it is my responsibility to receive this 3-part vaccine through my private physician and that the series, should it be started now, will not be completed during the time frame of this LNA course. I understand that by declining this vaccine and/or by not completing the series prior to beginning clinical training, I continue to be at risk of acquiring hepatitis B, a serious disease.

Print Name _____ Date _____

Signature _____

Print Name of Witness _____

Signature of Witness _____ Date _____



Lyndon Institute

Adult Continuing Education:

Tuberculosis Skin Test Form for LNA Students

LNA Student Name _____
(Please print name)

Medical Facility Placing PPD _____
(Please print)

Date and Time PPD placed _____

Site: Left Right

Lot #: _____

Expiration Date: _____

Administered by _____
(Please print name)

(Signature)

Date Read (within 48-72 hours from date placed) _____

Induration (Please note in mm) _____

PPD (Mantoux) Test Result: Negative Positive

Person reading/reporting results _____
(Please print name)

Signature

*Validity of this document requires all sections to be completed.



Lyndon Institute Adult Career & Technical Education Licensed Nursing Assistant Course Commitment Letter

I, _____ (please print full name clearly), have reviewed and understand the Licensed Nurses Assistant information and the commitment it takes to be accepted into the Licensed Nurses Assistant Adult Career and Technical Education Program at Lyndon Institute. I understand this is a **zero miss program** and by missing hours I **may not be able to test**. I also understand there **might not be an opportunity to make-up missed hours** and there will be **no refunds 1 week prior** to the start of the class.

PRINT STUDENTS FULL NAME

Students Signature

Adult CTE Education Representative (PRINT)

Adult CTE Representative Signature

Lyndon Institute Representative Job Title (PRINT)

DATE

Photo Release Form

I, _____ (please print full name clearly), hereby consent to and authorize the use and reproduction by Lyndon Institute or anyone authorized by Lyndon Institute of an and all photographs which has or have been take for any purpose in conjunction with marketing and publicizing activities of Lyndon Institute's Adult Career and Technical classes without compensation to me. This release form will stay in effect until canceled in writing and signed by both parties.

PRINT STUDENTS FULL NAME

Students Signature

Adult CTE Education Representative (PRINT)

Adult CTE Representative Signature

DATE

It is the policy of Lyndon Institute not to discriminate on the basis of a student's or family member's actual or perceived race, color, ancestry, national origin, creed, religion, gender, gender identity, sexual orientation, marital/civil union status, age, military/uniformed service or veteran status, disability, or other legally-protected classification in the provision and administration of its education programs, activities, services, and access provided to the public, in accordance with and to the limits of applicable requirements of state and federal laws. Lyndon Institute complies with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, as well as other applicable state and federal laws with respect to accommodating individuals with disabilities. Lyndon Institute provides special education to eligible students in accordance with the School's special education approval from the State of Vermont, state and federal legal requirements, the School's policies and in coordination with the student's school district.

LNA Registration Procedure



Lyndon Institute
Adult Career & Technical Education
Licensed Nursing Assistant Course
Liability Release Form

In consideration of my participation in Adult Career Technical Education, classes offered at Lyndon Institute, Inc. located in Lyndon Center, VT. ('L.I.'), I hereby release L.I., its employees and officers from any liability of injuries and/or loss or damage to personal property, which may occur while participating in Adult Career Technical Education classes. I, by my signature below, attest to my understanding that I am not to enter the Student Center that is on the Lyndon Institute campus. I also understand that by my signature the above-mentioned holds true to Adult Career Technical Education on campus, off campus and at any Partner Programs. This release form will stay in effect until canceled in writing and signed by either parties or the conclusion of my instruction in classes I have enrolled in at Lyndon Institute, Adult Career Technical Education.

Participants/Adult Student Name (PRINT)
Date

Participants/Adult Student Signature

Lori Simpson

Adult CTE (PRINT)
Date

Adult CTE Signature

It is the policy of Lyndon Institute not to discriminate on the basis of a student's or family member's actual or perceived race, color, ancestry, national origin, creed, religion, gender, gender identity, sexual orientation, marital/civil union status, age, military/uniformed service or veteran status, disability, or other legally-protected classification in the provision and administration of its education programs, activities, services, and access provided to the public, in accordance with and to the limits of applicable requirements of state and federal laws. Lyndon Institute complies with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, as well as other applicable state and federal laws with respect to accommodating individuals with disabilities. Lyndon Institute provides special education to eligible students in accordance with the School's special education approval from the State of Vermont, state and federal legal requirements, the School's policies and in coordination with the student's school district.

LYNDON INSTITUTE ADULT CAREER & TECHNICAL EDUCATION DEPARTMENT

CODE OF CONDUCT AND ETHICS

OUR MISSION

Lyndon Institutes inspires our students to become accomplished learners, creative thinkers, and compassionate community members.

RESPECT - for self, others, and Lyndon Institute by:

- Practicing honesty and integrity
- Exercising kindness, empathy, and compassion for all members of our community
- Being positive and productive members of our inclusive and welcoming community

RESPONSIBILITIES & PRINCIPLES - to treat my professional and personal relationships how I would want to be treated.

- Attend class on time and be prepared-this includes the proper attire for the type of class attending
- Carry out the duties of the class for which I am assigned by the instructor/teacher
- Behave in a way that is respectful, supportive and co-operative to my classmates and instructor
- To keep your work area safe, clean and comfortable
- Dress appropriately for class, clinicals and labs
- Not to intentionally misuse or damage Lyndon Institute property
- Not to remove Lyndon Institute property from the classroom unless it is approved by the instructor/teacher or Adult CTE Coordinator or Director of Career & Technical Education
- Attend class, clinicals, and labs sober; not under the influence of any drugs or alcohol
- To be accountable for myself and my mistakes
- Positive attitude towards my classmate, the instructor/teacher or Adult CTE Coordinator or Director of Career & Technical Education
- When given constructive criticism by the instructor/teacher or Adult CTE Coordinator or Director of Career & Technical Education, please use the opportunity to learn and move forward in your professional and personal growth
- To conduct myself in a professional way at all times
- To speak respectfully to my classmates, the instructor/teacher or Adult CTE Coordinator or Director of Career & Technical Education
- To be a good listener to my classmates, the instructor/teacher or Adult CTE Coordinator or Director of Career & Technical Education

CLASSROOM, CLINICAL AND LAB RELATIONSHIPS- to follow respect, responsibilities and principles of Lyndon Institute.

It is important that you treat your classmates, the instructor/teacher, Adult CTE Coordinator, Director of Career & Technical Education and everyone you come into contact with, while enrolled in and or

participating a Lyndon Institute Adult Career & Technical Education class, course and or program with respect, fairness, and equal manner at all times.

We expect you to be supportive to your classmates and instructor/teacher and behave in a way which enhances the performance and effectiveness of the Lyndon Institute Adult CTE class, course, and or program. Harassment, bullying, victimization and other actions and behaviors which undermine the well-being of your classmates and or instructor/teacher will not be tolerated.

Please print your name and sign where indicated. By doing so you indicate that you have read and understand all the information above and are aware of the consequences if these actions are not followed.

DATE	STUDENT PRINT NAME	STUDENT SIGNATURE
------	--------------------	-------------------

DATE	INSTRUCTOR PRINT NAME	INSTRUCTOR SIGNATURE
------	-----------------------	----------------------

LORI J. SIMPSON

DATE	ADULT CTE COORDINATOR PRINT NAME ~ ADULT CTE COORDINATOR SIGNATURE
------	--



Lyndon Institute
Adult Career & Technical Education
Licensed Nursing Assistant Course



TABE Testing at Northeast Kingdom Learning Services

As a requirement by the State of Vermont, in order to enroll in our LNA program you must take the TABE test at Northeast Kingdom Learning Services. The test is free of charge.
Stop by the St. Johnsbury Learning Center

**NORTHEAST KINGDOM LEARNING SERVICES,
INC.-ST. JOHNSBURY**

Tom Barth, Center Manager
166 Railroad Street, Ste. 2
St. Johnsbury, VT 05819
Phone: 802-748-5624
Fax: 802-751-8071
E-mail: tom.barth@neklsvt.org
www.neklsvt.org

You must pass a background check and fingerprinting in order to register with the Vermont Board of Nursing. There will be time scheduled for a background check and fingerprinting after the class has begun.

Apply for a Vermont Advancement Grant Online.

It's fast and easy!

1. Register for a myVSAC account. (If you already have an account, log in and go to step 2)
Go to www.vvac.org
Click **Register Now** button and follow the instructions to create your myVSAC account
2. Click on VT Advancement Grant Application
Find the application link in **mytools** or in the **Manage My Loans and Grants**.
Be sure to select the ADVANCEMENT application. Enter and submit your application. Please note that you will be asked to provide income and asset information on the application.
3. Or contact a VSAC Rep.:
Marti Kingsley - kingsley@vsac.org or phone: 802-355-0389

Please Note:

*VSAC will not process incomplete application forms so please be sure to submit all required documents.

*Advancement Grants (Non-Degree grants) **will** cover the cost of tuition, textbook, workbooks and testing fees associated with the class.

* VSAC Advancement Grants (Non-Degree grants) does **NOT** cover licensing fees, uniforms, shoes, watches, etc.