



Proposal for Training

School Address: 70 Market Street, Manchester, NH 03101
Phone: (603) 647-2174 Fax: (603) 647-2175

1. Student name: _____

Proposed Class: _____

2. Select Training Course:

LNA \$2,000

LNA-Ref \$500

BLN \$2,000

PHL-Ref \$500

MNA \$2,000

CPR/BLS \$65

PHL \$2,000

PHL Externship \$200 (optional)

IVT \$500

1 Set of Scrubs \$40

3. Pre-clinical and Clinical time is mandatory. Should a student miss any of that time, it must be made up at \$45/hour.

Make up time should be billed to:

_____ the Student _____ the Sponsor

4. Provide billing information for invoice:

Agency/Facility Name: _____

Agency/Facility Address: _____

Email to send Invoice: _____

I understand that by completing this form makes my agency/facility responsible for cost of the program(s) checked off above for the student indicated at the top of the form.

Print Name

Signature

Date

IMPORTANT: Incomplete forms will delay enrollment for sponsored students.
[Once form is filled out, please email to cristina@lnahc.com](mailto:cristina@lnahc.com)