



Proposal for Training

School Address: 70 Market Street, Manchester, NH 03101

Phone: (603) 647-2174 Email: info@lnahc.com

1. **Student name:** _____

2. **Proposed Class:** _____

3. **Select Training Course:** Please select the course you will be covering, as well as any additional items. All selections will be invoiced for upon receipt.

Licensed Nursing Assistant

___ LNA (Blended) \$2,200

___ THP to LNA \$1,000

___ LNA Refresher \$500

___ Tumbler \$10 (optional)

___ Pin Watch \$5 (optional)

___ Textbook \$76 (optional)

___ Finger Printing \$68.25 (optional)
(includes \$20 admin fee and includes
(1) payment, *if client does not show up
for appointment, we will not re-book*)

___ Fleece Vest \$35 (optional)

___ White Vest \$35 (optional)

___ Scrub Jacket \$40 (optional)

___ CPR/BLS (included)
(optional)

___ LNA Flashcards \$12 (optional)

___ 1 Set of Scrubs \$40 (optional)

___ BON Application \$83
(optional) *includes \$20 admin fee*

Patient Care Technician Bundle

___ PCB \$5500

___ Tumbler \$10 (optional)

___ Pin Watch \$5 (optional)

___ Finger Printing \$68.25 (optional)
(includes admin fee -\$20 and includes
(1) payment, *if client does not show up
for appointment, we will not re-book*)

___ Fleece Vest \$35 (optional)

___ White Vest \$35 (optional)

___ LNA Flashcards \$12 (optional)

___ 1 Set of Scrubs \$40 (optional)

___ Scrub Jacket \$40 (optional)

___ BON Application \$55
(optional) (includes admin fee -
\$20)

Medication Nursing Assistant

___ MNA \$2,000

___ CPR/BLS \$65 (optional)

___ 1 Set of Scrubs \$40 (optional)

___ Scrub Jacket \$40 (optional)

___ Tumbler \$10 (optional)

___ Pin Watch \$5 (optional)

___ Fleece Vest \$35 (optional)

___ White Vest \$35 (optional)

Phlebotomy Technician

___ PHL \$2,000 ___ PHL Ref \$500

___ PHL Externship \$200 (optional)

___ Workbook \$40 (optional)

___ CPR/BLS \$65 (optional)

___ 1 Set of Scrubs \$40 (optional)

___ Scrub Jacket \$40 (optional)

___ Tumbler \$10 (optional)

___ Pin Watch \$5 (optional)

___ Fleece Vest \$35 (optional)

___ White Vest \$35 (optional)

___ Slide Book \$30 (optional)

___ Textbook \$80 (optional)

___ NHA Exam \$130 (optional)

Pharmacy Technician *100% Online*

___ CPhT \$2,000

___ NHA Exam \$130 (optional)

___ CPR/BLS \$65 (optional)

___ 1 Set of Scrubs \$40 (optional)

___ Scrub Jacket \$40 (optional)

___ Tumbler \$10 (optional)

___ Pin Watch \$5 (optional)

___ Fleece Vest \$35 (optional)

___ White Vest \$35 (optional)

Electrocardiograph Technician

___ EKG \$1500

___ NHA Exam \$130 (optional)

___ CPR/BLS \$65 (optional)

___ 1 Set of Scrubs \$40 (optional)

___ Scrub Jacket \$40 (optional)

___ Tumbler \$10 (optional)

___ Pin Watch \$5 (optional)

___ Fleece Vest \$35 (optional)

___ White Vest \$35 (optional)

Licensed Practical Nurse

- LPN \$25,000
 Partial LPN Tuition \$ _____
 1 Set of Scrubs \$40 (optional)
 Tumbler \$10 (optional)
 CPR/BLS \$65 (optional)
- Pin Watch \$5 (optional)
 Scrub Jacket \$40 (optional)
 Fleece Vest \$35 (optional)
 White Vest \$35 (optional)

IV Therapy Course

- IVT \$500
 1 Set of Scrubs \$40 (optional)
 Tumbler \$10 (optional)
- Pin Watch \$5 (optional)
 Fleece Vest \$35 (optional)
 Scrub Jacket \$40 (optional)
 White Vest \$35 (optional)

4. Pre-clinical and Clinical time is mandatory. Should a student miss any of that time, it must be made up at \$65/Hour, LPN at \$95/Hour:

Make up time should be billed to:

Student Sponsor Sponsor after approval

5. Provide billing information for invoice:

Agency/Facility Name: _____

Agency/Facility Address: _____

Email to send Invoice: _____

Phone Number: _____

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 info@lnahc.com