



New Hampshire Association

## New Hampshire Needs Caregivers Program

### PROGRAM REGISTRATION

For students under age 18

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone Number (e.g., 603-123-4567): \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County (If not in NH choose Out of State): \_\_\_\_\_

Date of Birth (e.g., 12/07/1999): \_\_\_\_\_

I certify that I am under 18 years of age:  Yes  No

Education (highest level completed):  Some High School  High School or GED/HSED  Other

How did you hear about this training?  TV  Radio  Facebook ad  Google ad  
 Print ad  Newspaper  News website  Other

If "other" please describe: \_\_\_\_\_

## **NH Needs Caregivers Program Agreement**

All boxes below must be checked as a requirement to register for the NH Caregiver Career Program.

- Agrees to share information and allow information sharing with the University of Wisconsin Oshkosh (UWO), New Hampshire Health Care Association (NHHCA), participating nursing homes and participating training programs for purposes of the NH Caregiver Career Program
- Agrees to register for an approved Nurse Aide training program within 90 days of completing the registration survey. (NHHCA Caregiver Career Program website has a listing of participating training programs)
- Agrees to forward email received upon NH Caregiver Career Program registration to the approved Nurse Aide training program
- Agrees to successfully complete an approved Nurse Aide training program
- Agrees to schedule competency test within three months of completing training
- Agrees to successfully complete competency testing within two attempts
- Agrees to secure employment in a participating New Hampshire nursing home within two months of completing competency testing
- Agrees to work full-time or part-time in a participating New Hampshire nursing home for at least six months in exchange for Nurse Aide training and testing at no cost to me (full-time and part-time as defined by nursing home)
- Agrees to participate in a secure online survey at the conclusion of my participation in the NH Caregiver Career Program
- Agrees to pay the New Hampshire Department of Health Services for the cost of training and/or competency testing if does not complete training/pass competency test within two attempts and work for six months in a participating New Hampshire nursing home
- I understand that paying the \$500 retention bonus after working at a participating NH Caregiver Career Program nursing home for 6 continuous months is the sole responsibility of the nursing home and agree to release from liability and waive any right to sue the New Hampshire Health Care Association from any and all claims related to the failure to pay the retention bonus.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_  
(if under 18)

After signing, please return this form to the New Hampshire Health Care Association by using one of the two options:

**US Mail:**  
Lynn Carpenter  
Program Director, NH Needs Caregivers  
1031 Loudon Ridge Road  
Loudon, NH 03307

**Email:**  
[lynn@navlynresources.com](mailto:lynn@navlynresources.com)