



New Hampshire Health Care Association

New Hampshire Needs Caregivers! Initiative

PROGRAM REGISTRATION

For Students Under Age 18

First Name: _____ Middle Initial: _____

Last Name: _____

Phone Number (e.g., 603-424-1071): _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

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

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

Education (highest level completed): _____

How did you hear about us? _____

If "Other," please describe: _____

New Hampshire Needs Caregivers! Initiative Program Agreement

All boxes below must be checked as a requirement to register for the New Hampshire Needs Caregivers! Initiative.

- Agrees to share information and allow information sharing with the University of Wisconsin Oshkosh CCDET, New Hampshire Health Care Association (NHHCA), participating training programs, Excel Testing Center NH and participating nursing homes for purposes of the NH Caregiver Career Program.
- Agrees to allow NHHCA and/or participating training programs to conduct a Caregiver Background Check (CBC) of your history. The results of the CBC will be sent to you.
- Agrees to register for an approved Nurse Aide training program within 30 days of completing the registration survey. (New Hampshire Needs Caregivers! Initiative website has a listing of participating training programs.)
- Agrees to forward email received upon completion of New Hampshire Needs Caregivers! Initiative registration to an approved Nurse Aide training program.
- Agrees to successfully complete an approved Nurse Aide training program.
- Agrees to schedule competency test with the participating training program. The competency test is generally scheduled by the participating training program 7 to 10 days after completion of the course.
- Agrees to successfully complete competency testing within two attempts.
- Agrees to secure employment in a participating New Hampshire nursing home within 45 days 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 you (full-time and part-time as defined by nursing home).
- Agrees to participate in a secure online survey at the conclusion of your participation in the New Hampshire Needs Caregivers! Initiative.
- Agrees to pay the New Hampshire Needs Caregivers Initiative for the cost of training and/or competency testing if I do not complete training/pass competency test within two attempts and work for six months in a participating New Hampshire nursing home.
- Understands that paying the \$500 retention bonus after working at a participating New Hampshire Needs Caregivers! Initiative nursing home for six continuous months is the sole responsibility of the nursing home, and agrees 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: _____

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

US Mail:

544 Jefferson Road
Whitefield, NH 03598

Email:

maryclare@rsconsulting.services