



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF HEALTH PROFESSIONS

Board of Nursing
7 Eagle Square Concord, N.H. 03301
Telephone 603-271-2323 · Fax 603-271-2856



**COOPERATING AGENCY APPROVAL FOR LNA/MNA EDUCATION
FACILITY ONSITE VISIT REVIEW**

Cooperating Agency Name:		
Cooperating Agency Address:		Date of Review:
Program Coordinator:		
Program Name:		
Program Address:		
Phone Number:	Fax Number:	E-mail address:
Type of educational program for which cooperating agency approval is being requested. ___ Licensed Nursing Assistant Program ___ Medication Nursing Assistant Program		
Type of educational facility(s) cooperating agency will be providing. ___ Classroom ___ Clinical ___ Classroom/Clinical		
NUR704.10		
Type of care recipients in agency:		
Material resources available to students in agency:		
Description of the planned physical, material and human resources intended to support learning activities:		
List additional resource persons participating in the instructional experience and area of expertise.		
Note: Student/Instructor ratio should not exceed 8:1		
Contact received prior to review: ___ YES ___ NO		
FOR BOARD OFFICE USE ONLY-DO NOT WRITE BELOW THIS LINE		
Board of Nursing Reviewer: _____		Date: _____



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