



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
Board of Nursing
7 Eagle Square, Concord, NH 03301
Phone: 603-271-2152

Nursing Assistant Challenge Program Self-Assessment Report

Programs requesting continued approval should complete and submit this form via email to:
nursing@opl.nh.gov or mail to address listed above.

Please do not send any additional forms or information unless specifically requested to do so.

1. Challenge Program Name: _____
2. Program Address: _____
3. Date of this Report: _____
4. LNA Education Program Coordinator Name: _____
5. Initial LNA Coordinator Approval Date: _____
6. Telephone: _____ Coordinator Fax: _____
7. E-mail: _____ Initial Challenge Program Approval Date: _____
8. List all board approved instructors:
 - a. Instructor Name: _____ Date of initial Board approval: _____
 - b. Instructor Name: _____ Date of initial Board approval: _____
 - c. Instructor Name: _____ Date of initial Board approval: _____
9. Actual Number of Hours of Instruction provided: _____
10. The number of programs conducted since last board assessment: _____
11. The number of candidates tested: _____
12. The number of candidates successfully completing the program: _____
13. List the text(s) used. Include book title, author name(s), publisher and copyright date:
 - a. Textbook: _____
 - b. Workbook: _____



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In order to qualify under NUR 704.10(a)(3) to “challenge” NA Education Program completion, the individual must document comparable or greater nursing educational experience and request and receive written approval from the N.H. Board of Nursing.

14. Documentation of N.H. Board of Nursing Approval for Challenge Program is required prior to entering the program:
_____Yes _____No
15. Documentation of N.H. Board of Nursing Approval for Challenge Program is maintained in the program files:
_____Yes _____No
16. Students are provided with written materials that cover the requirements of the theoretical portion of the NA Education program as required in NUR 704.09:
_____Yes _____No
17. Students are administered a written/oral and skills test formulated from program objectives and expected outcomes as required in NUR 704.09(j):
_____Yes _____No
18. Graduates are required to achieve a score of 70% or greater on the NA Education Program’s theoretical exam and a grade of “pass” on a skills test as required in NUR 704.09(k):
_____Yes _____No
19. Upon successful completion of 16 – 18 above, students are issued documentation pursuant to NUR 704.09(l) and (m) that indicates completion of the Challenge Program:
_____Yes _____No
20. Students are provided with information and/or assistance in completing written and clinical competency testing through a board-approved competency testing entity:
_____Yes _____No



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<p>Program Coordinator Comments: _____</p>
<p>Board of Nursing Site Visitor Comments: _____</p>

Board of Nursing Approval: _____ Date of Review: _____