



BROAD REACH
HEALTHCARE

**Application for Sponsorship
CNA to RN / LPN Program**

Applicant Name:
RN/LPN Program Name:
Have you applied? <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Completes this Portion	For Interviewer Use
1. During your employment (at Liberty Commons or elsewhere), how would you rate your attendance and call-ins?	
2. Describe your present overall performance as a C.N.A. Specifically detail any ways you think it has been above average or better.	
3. How would you describe the attitude you have demonstrated to others at work? Do you believe it will make you a better nurse and if so, please describe?	
4. Have you been flexible during the term of your employment? If your flexibility has particularly helped the organization or its patients/residents, please describe.	

<p>5. As a nurse, you will be required to exercise leadership. Summarize your feelings on what you see as your leadership potential, especially if it pertains to supervising coworkers who are now your peers.</p>	
<p>6. Initiative is also important for nurses. If you feel you have shown initiative during your employment as a C.N.A., please describe. Please also specify any involvement in any committees to date.</p>	
<p>7. Inservices: Nurses have greater requirements for continuing education than C.N.A.'s. What best describes your inservice attendance (please circle):</p> <ul style="list-style-type: none">a. I barely make the mandatories.b. I get the mandatories done, but that's about it.c. The mandatories are just a starting point, but I have done some optional programs.d. The mandatories are a starting point, and I have also participated in both optional programs and enrichment offerings.	
<p>8. How do you handle conflict? A good nurse can work 1:1 with patients/residents, but a great nurse can work with an individual and the any others that may be involved. If you've handled specific conflicts, whether with residents, patients, co-workers, or anyone else, please describe your experience here:</p> <ul style="list-style-type: none">a. Do you feel you resolved the conflict? Yes Nob. What (if anything) might you have done differently?	

<p>9. Attending this program will require an ability to balance school, homework, work and other of life's demands. Do you believe you will be successful at managing these demands and if so, why?</p>	
<p>10. If ultimately accepted, you will be required to sign a contract with Liberty Commons. A copy of the contract is attached with this packet. Please review the contract and indicate any questions you may have in the space below.</p>	

My signature below affirms my desire to be considered as a facility-sponsored candidate for the LPN program. I recognize this first approval indicates the facilities willingness to support my efforts to *qualify* for the program, and that upon final acceptance into the program, further approval by Liberty Commons is needed. I understand explicitly that Liberty Commons' support of my efforts to get accepted into the programs does not guarantee Liberty Commons will place me in its program.

Signature of Applicant: _____ Date: _____

Director of Nursing & Administrator's Interview and Recommendation Details:

AGREEMENT: RN/LPN EDUCATION SUPPORT & EMPLOYMENT

THIS AGREEMENT ("Agreement") is made as of [DATE]

Between

]XXXXXX]

("Employee")

and

Broad Reach Healthcare, LLC.

("Employer")

- 1) Agreement: In consideration of mutual agreements and promises set forth below, the Employer agrees to maintain current CNA employment status of the Employee during the term of the [School of Choice] (hereafter referred to as "school of nursing") LPN or RN program as well as underwrite the direct expenses to the school for the Employee's attendance at the program, and the employee agrees during the program to meet all program requirements while working a part-time schedule as a CNA, *and* subsequent to graduation and licensure working as an LPN for the employer for a minimum of 36 months.
- 2) Licensure & Qualifications, etc.: The employee shall at all times maintain the licensure and professional credentials required (whether CNA, LPN or RN), as required by applicable state and federal regulations.
- 3) Employer Obligations - while Employee is attending LPN/RN Classes at the school of nursing:
 - a) TO MEET FINANCIAL OBLIGATIONS OF TUITION, BOOKS, UNIFORMS AND OTHER ASSOCIATED FEES to the school of nursing in accordance with the amounts and due dates set forth by the school of nursing.
 - b) TO MAINTAIN THE EMPLOYEE'S FULL TIME STATUS AS A CNA inclusive of the following:
 - i) TO PROVIDE HEALTH INSURANCE COVERAGE as afforded to full time employees.
 - ii) TO PROVIDE THE EMPLOYER CONTRIBUTION TOWARD HEALTH INSURANCE COVERAGE as afforded to full time employees.
 - iii) TO ACCRUE PAID TIME OFF (vacation, personal, etc.) as afforded to full time employees.
 - iv) TO COMPENSATE EMPLOYEE WEEKLY FOR 16 HOURS OF NON-WORKED TIME at the base Regular 1 rate of pay. (Hereafter in this agreement, this paid time is referenced as the "Non-Worked Time".) These wages are reflected on the weekly paycheck as EDUCATION and will be taxable income. These wages do not represent direct payment for any hours outside of Employer's facility (inclusive of class, travel, etc.) and thus do not qualify any of the Employee's time as a nursing student "worked time" for purposes of calculating overtime compensation, affording worker's compensation coverage, or inferring any other protections or obligations to the Employee for the time she invests in pursuit of her nursing diploma.
 - c) TO MAKE AVAILABLE EDUCATION AND SUPPORTIVE RESOURCES of the facility that might assist in

the academic endeavors of the employee, subject to availability. These resources include clinical reference materials, use of computers and internet access, and access to clinical staff. The employee is responsible to arrange her access to these resources with the Director of Staff Development in advance of need and on non-worked (CNA) time.

- d) TO OFFER SCHEDULING FLEXIBILITY FOR THE SHIFTS TO BE WORKED AS A CNA subject to maintaining, at a minimum, an alternating weekend commitment. This flexibility includes:
- i. A DELAYED START TIME (3:30 PM) FOR EVENING SHIFTS when coming from classes. The half hour missed (not worked) will be forgiven with respect to meeting the worked hours requirement.
 - ii. THE OPTION TO WORK EVERY WEEKEND to meet the worked hours requirement.
 - iii. THE OPTION TO WORK TWO 12-HOUR SHIFTS TO MEET THE WORKED HOURS REQUIREMENT. *NOTE: Should the employee request this schedule, she will not become what is known as a "Baylor" CNA and none of the provisions or limitations of same are applicable.*
 - iv. PREFERENTIAL APPROVAL OF TIME REQUESTS based on school of nursing schedule requirements, including exams, etc., subject to the Employee's review of same (inclusive of sharing syllabus, exam schedules, etc. when received) as far in advance as possible.

15. **Employee Obligations** - while Employee is attending LPN Classes at the school of nursing (in addition to any referenced in the above section):
- a. Attend classes and meet all requirements of the school of nursing so as to maintain good standing in the program.
 - b. Meet a *Worked Hours Requirement* of 24 hours per weekly pay period (see detail in prior section) and maintain other obligations of a full time employee with respect to holiday coverage, etc.
 - c. Limit requests for time off to two (2) consecutive weeks. If paid time off (vacation or personal) is substituted for worked (CNA) days in any given week, the 16 hours of Non-Worked Time for that week shall also be deducted from the accrued time.
16. **Employee Obligations** - when Employee completes LPN/RN Classes at the school of nursing, and is licensed as an LPN/RN, she will maintain employment full time with the Employer working as an LPN/RN for a minimum of 36 months from licensure and initial orientation.
- a. Full time employment is defined as 40 hours (5 - 8 hour shifts per week), including a minimum of every other weekend.
 - b. It is expressly acknowledged and understood that the employment assignment is based on the needs of the Employer, including, but not limited to shift and unit.
17. Contingencies
- a. **IF THE EMPLOYEE RESIGNS, OR IS TERMINATED FOR ANY REASON EITHER PRIOR TO COMPLETION** of the LP/RN program or subsequently during the 36 month employment obligation, she agrees to repay all funds disbursed on her behalf to the LPN/RN school *in addition to* reimbursing the expenses of the 16 hours non-worked time per week for the number of weeks it was paid at the time of the resignation/termination.
 - b. **IF THE EMPLOYEE IS EXCUSED FROM THE LPN/RN SCHOOL FOR ANY REASON (VOLUNTARY OR INVOLUNTARY) PRIOR TO GRADUATION BUT REMAINS EMPLOYED** by the Employer (as a CNA), she agrees to repay all funds disbursed on her behalf to the LPN school via payroll deduction in equal installments over six hundred twenty-four (624) weekly pay periods. (*Note that in this instance the Employer's payment of the 16 hours Non-Worked Time is forgiven and not due back from the Employee, as long as the Employee remains employed as a CNA for the 3-year period.*)

- c. **IN THE EVENT OF TEMPORARY ILLNESS OR DISABILITY** during any period referenced in this agreement which impacts the Employee's ability to work (either as a CNA, LPN or RN), the period of illness or disability is not counted toward the period of employment obligation, but the missed time is added on to what would have been the end date of same.
- d. **IN THE EVENT OF THE EMPLOYEE'S DEATH** during any term of this agreement, the agreement terminates with no further obligations to/from either the Employer or the estate of the Employee.
- e. **IN THE EVENT THE EMPLOYER CEASES TO OPERATE A HEALTHCARE FACILITY** during any period of this agreement, the pre-paid tuition and expenses and non-worked time are gifts to the Employee, and not due back to the Employer. Future agreements for continued employment (through and after graduation) as well as any yet unpaid non-worked time are waived.

18. Records: If applicable, pursuant to section 1395 x (V)(1)(1) of Title 42 of the United States Code, until the expiration of four (4) years after the termination of this Agreement, either party shall make available, upon written request to the Secretary of the United State Department of Health and Human Services, or upon request to the Controller General of the United States General Accounting Office, or any of their duly authorized representatives, a copy of this Agreement and such books, documents and records as are necessary to certify the nature and extent of the costs of the services provided by the Employer under this Agreement.

19. Miscellaneous
 This Agreement constitutes the entire agreement of the parties with respect to the subject matter hereof and may not be modified or amended except by written agreement. Failure to insist upon strict compliance with any provision shall not be deemed a waiver of such provision or any other provision hereof.

This agreement is effective as of the date first set forth above.

By: _____ Date: _____
 Employee:

By: _____ Date: _____
 Employer: William J. Bogdanovich, CNHA, CAS, CALA, *President/CEO*
 for Broad Reach Healthcare LLC
 390 Orleans Rd. N. Chatham, MA 02650

By: _____ Date: _____
 Employer: Nury Cronin, OTR/L, LNHA, *Administrator*
 for Broad Reach Healthcare LLC
 390 Orleans Rd. N. Chatham, MA 02650