



## CERTIFIED NURSING ASSISTANT COURSE APPLICATION

Please complete and mail your application to the Bath Campus at 34 Wing Farm Parkway, Suite 200, Bath, ME 04530 **OR** or email it to **hansonp@link75.org**

Questions – please call Pauline Hanson at **207-443-8255** or email her at **hansonp@link75.org**

**Date of Interview:** \_\_\_\_\_ **This student has/has not been accepted into the program.**

### **PERSONAL:**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ Town & Zip Code: \_\_\_\_\_

(Telephone) Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_

\*High School Name: \_\_\_\_\_ (check one) Diploma \_\_\_\_\_ or GED \_\_\_\_\_

I am paying for the course myself: \_\_\_\_\_ I would like information on help paying for this class: \_\_\_\_\_

I will be sponsored by my employer: \_\_\_\_\_  
(Contact name and email)

***\*Please submit one of the following: a copy of your high school diploma, equivalency, or transcript with this application.***

**EMPLOYMENT HISTORY:** (Please be advised that Adult Education will call these places of employment).

1. Current or Most Recent Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_ Town & Zip Code: \_\_\_\_\_

Employer Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Thru \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**EMPLOYMENT HISTORY (cont.)**

2. Previous Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_ Town & Zip Code: \_\_\_\_\_

Employer Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Thru \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

3. Previous Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_ Town & Zip Code: \_\_\_\_\_

Employer Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Thru \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Please provide up to three references. You may provide an **employer reference** from your employment history listed above. Or you may use a **personal reference**, also known as a **character reference**, from an individual who knows you and can vouch for your character and abilities. **Please, however do not list a family member.**

**PERSONAL REFERENCES:** Name, Address, and Telephone Number. Print Clearly.

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

**CNA Refund Policy:**

A full refund (less \$10 processing fee and cost of background check) is made if a student withdraws from the course up to five business days prior to the first class or is not accepted into the program. If a student withdraws from the course or is asked to leave once the course starts, **no refund will be granted.**

▶ Please initial here that you have read and understand the Refund Policy \_\_\_\_\_

**CRIMINAL BACKGROUND CHECK**

▶ Have you used any previous names? No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes, such as a maiden name or any other names please list each one below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

▶ Adult Education will request only one State Bureau of Identification (SBI) check with ALL names listed above. If a future SBI check is necessary because you did not list a name you will be charged separately for an extra SBI check. Please initial here that you agree and understand. \_\_\_\_\_

Please answer the following questions:

1. Have you **ever** been denied a nursing assistant certificate/license?  
YES \_\_\_\_\_ NO \_\_\_\_\_
2. Have you **ever** had **any** disciplinary action (probation, suspension, revocation or reprimand) taken against your nursing assistant certificate/license?  
YES \_\_\_\_\_ NO \_\_\_\_\_
3. Have you **ever** been convicted of **any** crime under the laws of Maine?  
YES \_\_\_\_\_ NO \_\_\_\_\_
4. Have you **ever** appeared in any court, paid **any** fine or been put on probation?  
YES \_\_\_\_\_ NO \_\_\_\_\_
5. Have you **ever** been convicted of **any** crime under the laws of any other state?  
YES \_\_\_\_\_ NO \_\_\_\_\_
6. Have you **ever** been convicted of **any** crime under Federal law of the United States?  
YES \_\_\_\_\_ NO \_\_\_\_\_

**On the back of this sheet, please comment if you answered "Yes" to any of the above questions 1-6.**

**If you answered "Yes" to questions #1 or #2 above, you must attach an explanatory letter with the location and date of each occurrence.**

**If you answered "Yes" to questions #3, #4, #5, or #6, please attach the appropriate court documents.**

**NOTIFICATION OF EMPLOYMENT RESTRICTIONS AS REQUIRED BY 22 MRSA §1812-G, (9)**

In May 2003, the Maine Legislature passed and Governor Baldacci signed into law, LD 780 which requires that a health care institution, facility or organization that employs certified nursing assistants shall, before hiring a Certified Nursing Assistant, verify with the Maine C.N.A Registry that the person is listed on the Registry of Certified Nursing Assistants.

The Local Education Agency must notify you prior to your acceptance into this Certified Nursing Assistant Program that if you have been convicted or have been incarcerated for a crime, as described below, you **WILL NOT** be eligible to work as a Certified Nursing Assistant in Maine even if you successfully complete the C.N.A. program and competency Examination.

**22 MRSA §1812-G, (6) – (8) state:**

Except as otherwise provided in this section:

- A. An individual may not be employed in a hospital, nursing facility, home health agency, or assisted housing program as a certified nursing assistant if that individual has been convicted in a Court of Law of a crime involving abuse, neglect or misappropriation of property in a health care setting; and
- B. An individual may not be employed in a hospital, nursing facility, home health agency, or assisted housing program as a certified nursing assistant if that individual:
  - 1. Has been the subject of a complaint involving abuse or neglect that was substantiated by the Department of Health and Human Services pursuant to its responsibility to license hospitals, nursing facilities, home health agencies, and assisted housing programs, and that was entered on the registry; or
  - 2. Has been the subject of a complaint involving the misappropriation of property in a health care setting that was substantiated by the Department and entered on the registry.

**Time Limit on consideration of prior criminal conviction:** Except as otherwise noted in this section:

An individual may not be employed in a hospital, nursing facility, home health agency, or assisted housing program as a certified nursing assistant if that individual has a prior criminal conviction within the last **10 years** of:

- A. A crime for which incarceration of 3 years or more may be imposed under the laws of the state in which the conviction occurred; or
- B. A crime for which incarceration of less than 3 years may be imposed under the laws of the state in which the conviction occurred involving sexual misconduct or involving abuse, neglect, or exploitation in a setting other than a health care setting.

**I have read and understand the information in this document. I understand that the staff of this local education agency may verify the information provided by me through a State Bureau of Investigation check with the State Police.**

A student may re-enroll to finish a CNA class for \$75. The following conditions apply. 1) The teacher and director recommend them as a continuing student. 2) If they require additional books they need to pay these separately. 3). They enroll in the next available CNA class offered by Merrymeeting Adult Education-Topsham/Brunswick or Bath Campus.

***The information on this entire application is truthful and that knowingly making a false statement on this application may subject me to prosecution under the applicable Maine Law.***

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Applicant's Complete Signature

Date of Application

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Program Director

Program Instructor

## **CERTIFIED NURSING ASSISTANT COURSE APPLICATION**

1. What does a CNA do in his or her job?
2. Why do you want to work as a CNA?
3. Do you understand that you will spend several hours of this program doing hands-on work with the elderly and/or ill persons?
4. Have you had any experience working with the elderly and/or ill persons? If yes, when and where?