MERRYMEETING
ADULT EDUCATION
Where Curious Minds Meet

Healthcare Training Application

You may scan and email to hansonp@link75.org but you must also send the original to the address below as original signatures are required for our files. ***Thank you!***

Pauline Hanson
Merrymeeting Adult Education
34 Wing Farm Parkway, Ste. 200
Bath, ME 04530

Questions – please email hansonp@link75.org
CNA – M _____ CRMA _____

PERSONAL:

Name: _____ SS#: _____

Address: _____ Town & Zip Code:_____

(Telephone) Home: _____ Work: _____ Cell: _____

Email Address: _____ Date of Birth: _____

Payment Information: _____ Self-pay _____ Agency or Employer will be sponsoring me

Contact name and email of sponsor: _____

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 _____

▶ **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._____**

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

Applicant's Complete Signature Date of Application Date Received