



# MERRYMEETING COMMUNITY & ADULT EDUCATION

## Healthcare Training Application

You may scan and email to [hansonp@link75.org](mailto:hansonp@link75.org) but you must also **send the original** to the address below as original signatures are required for our files. Spots are not held unless payment is received. **Thank you!**

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

Questions – please email [hansonp@link75.org](mailto:hansonp@link75.org)  
CNA – M \_\_\_\_\_ CRMA/PSS \_\_\_\_\_  
(Please circle choice)

<b>PERSONAL:</b>	
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