

Certified Nurse's Assistant – CNA

Informational Sheet Fall 2018

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Requirements: Proof of age (at least 16); Proof of high school graduation or equivalency; completed application form; successful completion of a reading entrance exam and completed interview.

- Applications will be available at the Adult Education Office
- **Thursday, September 6** -- Completed Applications are due back in the Adult Education office.
- **Wednesday, September 12 at 3pm** -- Interview and CASAS assessment will be at the Adult Education Office.
- \$300 deposit or proof of third-party payment required with your application
- Full payment is due prior to first class.

Space is limited so please contact the Adult Education Office for an application.

Class, Clinical and Lab dates and time will be at Mount Saint Joseph in Waterville, Maine.

Instructor: Diane Sinclair/Stephanie Aucoin

Class/Clinical/Lab Start Date: 9/25/2018 End Date: 12/6/2018

Day/Time: Tuesday, Wednesday, Thursday 3:00 pm to 9:00 pm

Tuition: \$1,200.00 (books included)

Minimum/Maximum: 6/10



**RSU 54/MSAD 54 Adult Education &
Mt. St. Joseph's Residence & Rehabilitation**

CERTIFIED NURSING ASSISTANT COURSE APPLICATION

Contact Information

NAME _____ SS # _____

Date of birth: _____ (please provide a copy of your birth certificate)

Address: _____

Primary Phone: _____ Email: _____

Education (please provide a copy of your diploma or educational transcript)

Do you hold a high school diploma or High School Equivalency Diploma ___yes___ no

Name and address of high school: _____

If you do not hold high school credentials, please indicate the highest grade of school that you successfully completed: _____ grade and provide the name and address of that school:

Name and address of post-secondary (college) education and highest degree acquired:

Employment History (start with most recent, and the last 10 years)

EMPLOYER _____ ADDRESS _____

CONTACT PERSON _____ PHONE _____

REASON FOR LEAVING _____ DATES WORKED _____

EMPLOYER _____ ADDRESS _____

CONTACT PERSON _____ PHONE _____

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EMPLOYER _____ ADDRESS _____

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ATTACH ANOTHER SHEET IF MORE ROOM IS NEEDED FOR EMPLOYMENT HISTORY

PERSONAL REFERENCES (please print legibly)

	<i>Name</i>	<i>Address</i>	<i>Telephone</i>	<i>Relationship</i>
Reference # 1	_____	_____	_____	_____
Reference # 2	_____	_____	_____	_____

(Please attach two letters of reference with your application.)

Criminal Background Check

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 the Federal law of the United States?
Yes _____ No _____

Please comment below if you answered yes to any of the above questions 1-6. If you have answered "yes" to questions 1 or 2 above, you must attach an explanatory letter with the location, and date of each occurrence. If you have answered "yes" to questions 3, 4, 5 or 6, please attach court documents pertaining to each conviction. If you are not sure if you have been convicted of a crime, you must attach an explanatory letter.

Acknowledgements

- I wish to be considered as an applicant for the Certified Nursing Assistant Program at RSU 54 Adult Education & Mt. St. Joseph Residence & Rehabilitation.
- I am at least 16 years old (*copy of birth certificate provided*).
- I am dependable, reliable, and have good work habits.
- I am in good physical and mental health.
- I do not abuse alcohol or drugs.
- I have provided educational transcripts/diploma to you.
- I understand to enrollment in this class I must demonstrate a 10th grade (or above) reading level as determined by the CASAS Assessment.
- I have read and understand the admission qualifications for this program. If accepted, I agree to abide by the rules and regulations of the program.
- I understand Two (2) letters of Recommendation must be submitted for my application to be considered complete and that my references will be checked.
- I understand that failure to furnish all information on education, employment and personal background may constitute adequate reason for disqualification of my application or subsequent dismissal from the program.
- My signature below also gives you permission to conduct an SBI check. I understand that I cannot participate in the clinical experience until the SBI check has been returned to you.
- I understand that I will have to provide evidence of state mandated immunization and TB tests to Mt. St. Joseph and Skowhegan Area Adult Education.
- I understand that falsification of information on this application is reason for immediate dismissal from the program.
- **I understand that my completed application must be returned to the RSU # 54 Adult Education office by Thursday, September 6, 2018!**

Signature _____ Date _____

Please print name _____

Background Check

This application process will initiate a State Bureau of Identification (SBI) check. Upon successful completion of this program, the results of this SBI check will be forwarded to the State of Maine Registry for Certified Nursing Assistants along with the certificate and application. I hereby authorize RSU # 54 Adult Education and Genesis Healthcare to obtain a background check, to use information obtained as part of the application process in accord with Maine laws and regulations and to share info information obtained with the Maine Registry for Certified Nursing Assistants.

BACKGROUND CHECK WAIVER

In accord with Maine Law and Regulations it is the policy of RSU #54 Adult Education to conduct criminal background checks on all CNA candidates. Enrollment in these classes is contingent on the results of such checks. In order to conduct the check, a birthdate is required. Please provide us with your birthdate, sign the waiver, and return it to us.

Full Name: _____ Birthdate: _____

Any other name used (including maiden name): _____

Current Address: _____

I understand that the above information I have voluntarily provided above will be used for the purpose of obtaining a background check to be used as part of the screening process for admission into this healthcare class and will be forwarded to the State of Maine Registry for Certified Nursing Assistants along with the certificate and application upon successful completion of the class.

Signature

Date

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