

RSU 54/MSAD 54 Adult Education & Mount Joseph at Waterville

CERTIFIED NURSING ASSISTANT COURSE APPLICATION

Contact Information

Name _____

Date of birth: _____

Address: _____

Primary Phone: _____ Email: _____

Education

Do you hold a high school diploma or High School Equivalency Diploma?

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:

If applicable, name and address of post-secondary (college) education and highest degree acquired:

Employment History (list three most recent)

EMPLOYER _____ ADDRESS _____

CONTACT PERSON _____ PHONE _____

REASON FOR LEAVING _____ DATES WORKED _____

EMPLOYER _____ ADDRESS _____

CONTACT PERSON _____ PHONE _____

REASON FOR LEAVING _____ DATES WORKED _____

EMPLOYER _____ ADDRESS _____

CONTACT PERSON _____ PHONE _____

REASON FOR LEAVING _____ DATES WORKED _____

PERSONAL REFERENCES

Reference # 1

Name _____

Relationship (teacher, former employer, etc.) _____

Email _____

Phone # _____

Reference # 2

Name _____

Relationship (teacher, former employer, etc.) _____

Email _____

Phone # _____

Criminal Background Check

Please answer the following questions:

1. Have you **ever** been denied a nursing assistant certificate/license?
2. Have you **ever** had **any** disciplinary action (probation, suspension, revocation or reprimand) taken against your nursing assistant certificate/license?
3. Have you **ever** been convicted of **any** crime under the laws of Maine?
4. Have you **ever** appeared in **any** court, paid any fine or been put on probation?
5. Have you **ever** been convicted of **any** crime under the laws of any other state?
6. Have you **ever** been convicted of **any** crime under the Federal law of the United States?

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 & Mount Joseph at Waterville.
- I am at least 16 years old.
- I am dependable, reliable, and have good work habits.
- I am in good physical and mental health.
- I do not abuse alcohol or drugs.
- Certify that I have earned a high school diploma or high school equivalency diploma
- 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) references 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 completed.
- I understand that I will have to provide evidence of state mandated immunization and TB tests to Mount Joseph and Skowhegan Area Adult Education.
 - MMR Varicella (chicken pox) Hepatitis B
 - TB Test Flu shot
- 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 August 23, 2024!**

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 Mount Joseph 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

Important Dates

- Application due August 23, 2024.**
- CASAS Pre-Test by appointment**

- Classes/Clinicals: September 10, 2024 to October 31, 2024**

CNA Class/Lab/Clinical, T/W/Th 9AM – 3PM.

- CASAS Post-Test: Nov. 4, 2024**
- CNA State Exam: Nov. 4, 2024**
- Graduation: Nov. 6, 2024**