Division of Community Education
Application for Certified Nursing Assistant Program

CNA APPLICATION CHECK LIST

Applicant Name: _____Application Date:_____

Phone No: _____Alternative No:_____

Please submit this information to WCCC as soon as possible. You will not be eligible to start classes if we do not have these requirements on file.

ITEMS TO BE COMPLETED BEFORE FINAL ACCEPTANCE INTO CNA PROGRAM:

Summary of why you want to take this course _____

Proof of high school or equivalency diploma _____

Notification of Employment Restrictions (Background) _____

Proof of immunization (MMR) or birth date before 12/31/56 _____

Tetanus Booster - within the past 10 years _____

Evidence of negative T.B. test or negative chest X-Ray _____

Varicella titer (chicken pox) written record/blood test _____

Hepatitis Vaccine 3 doses _____ _____ _____ _____

Physical exam within the past year _____

Proof of insurance _____

Type of Payment _____

Payment Agreement _____

Sponsor _____contact_____

Washington County Community College
Calais, Maine
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Complete all items listed below. Enter "NONE" if a particular item does not apply to you.

1. Social Security Number: _____

2. Name: _____ Maiden/Previous Name: _____
   First Middle Initial Last

3. Address: _____
   Street City State Zip

4. Phone No: _____ Alternate No: _____ Date of Birth: _____

5. I can begin course on: _____

6. List three (3) references (Not Relatives):

   _____
   Name Full Address Phone Number

   _____
   Name Full Address Phone Number

   _____
   Name Full Address Phone Number

7. Name of person to contact in case of emergency:

   _____
   Name Full Address Phone Number

   Relationship: _____ Phone - Home/Work: _____

8. List any restrictions that would limit you taking the CNA course:

   A. Are you prevented from lawfully becoming employed in this country because of visa or immigration status?

   B. Other, please explain:

9. A. Proof of a high school or equivalency diploma is required before acceptance.

   B. Have you ever been convicted of a felony?

10. List any physical or medical restrictions that might limit your participation in the CNA course._____

_____

A. Date of last physical examination: _____

_____
Doctor Doctor's Address

B. Are you presently under a physician's care or being treated for any medical condition?_____

Please describe_____

C. Have you ever left employment, had to reduce work hours, or changed your duties because of a medical or physical condition? _____

Please describe: _____

11. List any education or training you have had that relates to this course including license numbers and certifications:

_____

A. Have you ever worked or trained in a long term care facility? _____

12. List past 10 years of employment. Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

_____
Employer Telephone Dates Employed (from, to)

_____
Address

_____
Supervisor Work Performed

_____
Reason for Leaving:

_____
Employer Telephone Dates Employed (from, to)

_____
Address

_____
Supervisor Work Performed

_____
Reason for Leaving:

_____
Employer Telephone Dates Employed (from, to)

_____
Address

_____
Supervisor Work Performed

_____

Reason for Leaving:

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If you need additional space, please continue on a separate sheet of paper.

On a separate piece of paper please write a summary of why you want to take this course, what do you hope to accomplish for yourself, and what your goals are when you successfully complete the course?

Do you have health/accident insurance in the amount of $1,000,000? If not arrangements will be made for you to purchase a prorated policy through the school.

I certify that the answers given on this course application are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision including contacting references listed and previous employers.

In the event of acceptance into the course, I understand that false or misleading information given in my application may result in discharge from the course. I understand, also, that if accepted into the course, I am required to know and abide by all rules and regulations of the CNA course. All rules and regulations of the clinical facility as stated in personnel policies available on the nurses station desk, in the business office or upon request from your instructor.

_____ _____

Signature of applicant Date

Do you give your permission to have your address released to potential employees (i.e nursing homes, hospitals, etc.) if they contact us for such information. Please check one.

Yes_____ No_____

_____ _____

Signature Date

- I wish to be considered as an **applicant** for the Certified Nursing Assistant Program at _____. I have provided proof of educational transcripts to you.
- 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 my references will be checked.
- Failure to furnish all information on education, employment and personal background may constitute adequate reason for disqualification of my application or subsequent dismissal from this program.
- My signature below also **gives you permission to conduct an SBI check. I understand that I cannot participate in this training program until the SBI check has been returned to you.**

Falsification of information on this application is reason for dismissal.

Signature_____ Date_____

Please print name _____

A State Bureau of Identification (SBI) check will be initiated by this application process. 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.

Please read and answer the following questions in the space provided. (You may have 20 minutes to answer the questions.)

1. What does a CNA do in his/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?

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 been incarcerated for a crime, as described below, you <u>will not</u> 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 (Human Services) pursuant to its responsibility to license hospitals, nursing facilities, home health agencies and assisted housing programs and that was entered on the Maine Registry of Certified Nursing Assistants; 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 (Human Services) and entered on the Maine Registry of Certified Nursing Assistants.

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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.**

The information on this application is truthful and 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

_____ _____
Program Director Program Instructor

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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 the state 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 laws of the United States?

7. Have you **ever** been convicted of **any** crime under the laws of any other country?

If you have answered "**yes**" to questions #1 or # 2, 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 court documents pertaining to each conviction. If you are unsure whether you have been convicted of a crime, you must attach an explanatory letter.

Washington County Community College
Calais, Maine
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Community Education
Phone: 454-1012 Fax: 454-1092
Certified Nursing Assistant Medical Form

Dear Health Care Provider,

_____ will be enrolled in our Certified Nursing Assistant Program. Please complete the following information.

I authorize the release of the following information to Washington County Community College.

Student signature _____ Printed name _____

TO BE COMPLETED BY HEALTH CARE PROVIDER

1. Date of last tetanus booster _____. (Must be within the last 10 years.)
2. Dates of MMR or birth date before 12/31/56 Dose 1_____ Dose 2_____
3. Hepatitis vaccine Dose 1_____ Dose 2_____ Dose 3_____
4. Evidence of negative T.B. test or a negative chest X-ray Date read _____
5. Varicella titer (chicken pox) written record/blood test. _____
6. Is this person physically able to perform his/her duties as a CNA? Yes _____ No_____
7. Are there any psychological or mental limitations/restrictions on the above named person?
   Yes _____ No_____
8. Are there any issues that would limit this person from performing duties of CNA
   If yes, please explain.
   _____

Other comments considerations: _____

_____

_____ _____ _____

Health Care Provider Signature/Title **Health Care Facility** **Date**