

# Gray-New Gloucester Adult & Community Education

## **Certified Nurses Assistant Course Application**

### **Requirements Checklist**

- Copy of Birth Certificate, Social Security Card, Driver's License (need 2)
- Proof of High School Graduation/GED/HiSET
- SBI Check
- CASAS Score above 240
- Letters of Reference (2)
- Completed Application/Interview
- Immunization records (2MMR)
- TB testing and results (within the last year)
- Chicken Pox immunization
- Hepatitis B immunization
  
- Physician Statement regarding ability to perform work
  
- Complete Payment/voucher/WIA certification

Cost of course is \$400 for 2016.

# Gray-New Gloucester Adult & Community Education

## Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (h) \_\_\_\_\_ (cell) \_\_\_\_\_

e-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Education History

Name of School	City & State	Credential Earned	Year Earned

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## **Work Experience:**

Employer:		Position Held
Dates Employed	Contact Person	Phone number:
Reason For Leaving:		

Employer:		Position Held
Dates Employed	Contact Person	Phone number:
Reason For Leaving:		

Employer:		Position Held
Dates Employed	Contact Person	Phone number:
Reason For Leaving:		

## **Personal References: (Not the same as written references.)**

Name (First and Last)	Address	Phone
1.		
2.		
3.		

# Gray-New Gloucester Adult & Community Education

Read and answer in writing the following questions. Allow yourself approximately 20 minutes to answer the questions.

## Questionnaire

1. Why do you want to be a CNA?

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2. What are your feelings about aging/growing old?

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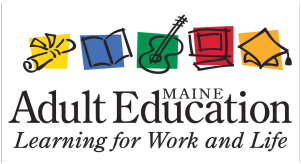
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# Gray-New Gloucester Adult & Community Education

## **Criminal Background**

**Please Answer the Following Questions:**

- |     |    |   |
|-----|----|---|
| Yes | No | 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 the State 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 state?   |
| Yes | No | 6. Have you ever been convicted of any crime under any Federal Law of the United States?  |
| Yes | No | 7. Have you ever been convicted of any crime under the laws of any other country?   |
| Yes | No | 8. Have you ever been convicted of a crime in a health care setting?  |
| Yes | No | 9. Do you have any charges pending, filed or outstanding?<br>10.  |

For any 'yes' answers, please use the back of this page to explain.

You cannot be a CNA in Maine if you have a conviction for which you could have received a 3 year sentence, a conviction for theft or abuse in a health care setting, or a sexual conviction.

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## **Please Read and Sign.**

I wish to be considered as an applicant for the Certified Nursing Assistant course. I have provided proof of educational transcripts to you. If accepted, I agree to abide by the rules and regulations of the program. I understand my references may be checked. A State Bureau of Identification (SBI) check will be initiated by this application process. The results of this SBI check will be forwarded to the State of Maine CNA registry upon successful completion of this course. My signature below gives GNGAE permission to conduct a SBI check. Failure to furnish all information on past education, past employment, and personal background may constitute adequate reason for disqualification of my application or subsequent dismissal. Falsification of information of any application is reason for dismissal.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## **For Prospective Certified Nurse Assistants Students**

If you are considering a career as a Certified Nurses Assistant, you should be aware that during the course of your training and subsequent employment, you are likely to be working in situations where exposure to infectious diseases is possible. This is an occupational risk for all health care workers and persons should not become health care workers unless they recognize and accept this risk. Proper training and strict adherence to well-established infection control guidelines, however can reduce this risk to a minimum. Thorough training in infection control procedures will be an important part of your Certified Nurse Assistant Training Program.

I have read and understand the above statement.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Gray-New Gloucester Adult & Community Education

## State Bureau of Identification Check

Full Legal Name: \_\_\_\_\_

Maiden Name, other married names, or other names ever known by:

\_\_\_\_\_

Alias/Nickname: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Purpose of request: I am applying to a certified nursing assistant course where an SBI check is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_