



Biddeford

Adult Education

Give Yourself a Raise... Education Pays

P.O. Box 624 • 64 West Street

Biddeford, ME 04005

Phone (207) 282-3883 • Fax (207) 286-9581

www.biddeford.maineadulted.org

Paulette M. Bonneau

Director

Susan E. De Cesare

Community Adult Ed. Leader

You have inquired about Biddeford Adult Education's upcoming CNA Course.

Call me to set up an appointment for your CASAS Test (this is a 32 question, multiple choice test). The State requires that all applicants be at a 9<sup>th</sup> grade reading level.

What to bring with you for your CASAS appointment:

- \_\_\_\_\_ \*Cash/Check for \$30.00 to cover cost of background check
- \_\_\_\_\_ Written recommendations from three (3) people. One should be a professional reference. They all must include the person's name, address and phone number.
- \_\_\_\_\_ Social Security Card
- \_\_\_\_\_ License or State issued photo ID
- \_\_\_\_\_ Academic Records showing your completion of high school
- \_\_\_\_\_ Immunization Records:
  - \_\_\_\_\_ MMR Immunization Record – MMR #1 Child, MMR #2, Adult (titer)
  - \_\_\_\_\_ Hepatitis B Record – Hep B Series of 3 shots must be started (titer)
  - \_\_\_\_\_ Tetanus Record – Td, T-dap, DPT
  - \_\_\_\_\_ Negative TB Results – Test must be within year and PPD screening result 0
  - \_\_\_\_\_ Varicella Record (Chicken Pox) – ZDSTER (titer)
- \_\_\_\_\_ Doctors Note stating that you are physically and emotionally fit to work as a CNA
- \_\_\_\_\_ Completed Application

\* **If you have lived in another state in the last 10 years, you need to call me.**

*Sue*





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### CERTIFIED NURSING ASSISTANT APPLICATION

#### PERSONAL INFORMATION:

\_\_\_\_\_

First Name

Middle Name

Last Name

\_\_\_\_\_

Previous and/or Maiden Names

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

\_\_\_\_\_

E-mail

\_\_\_\_\_

Home Phone

\_\_\_\_\_

Cell Phone

\_\_\_\_\_

Work Phone

#### EDUCATION INFORMATION:

Name of High School \_\_\_\_\_

High School Diploma

circle one

GED

Year of Graduation

\_\_\_\_\_

**Please provide a copy of your diploma (transcript will be accepted)**

Providing many opportunities for personal growth & development  
We are an Equal Opportunity Employer

## ADMISSION CRITERIA

**Important:** You will be required to have a STATE BUREAU OF IDENTIFICATION (SBI) CHECK prior to beginning the clinical experience of this program, and this must be submitted to the Registry when being placed on the CERTIFIED NURSING ASSISTANT REGISTRY. The fact sheet on EMPLOYMENT RESTRICTIONS provides information about felony convictions that will bar you from employment as a Certified Nursing Assistant. Please read the fact sheet and sign the application form stating that you have read and understand the information regarding your ineligibility for employment IF you have any of the convictions.

1. Minimum age 18 years
2. Positive personal characteristics
  - Good Physical and Mental Health
  - Good grooming and personal hygiene
  - Absence of drug and alcohol abuse
  - Dependable, reliable, work habits
3. Documentation of High School Diploma or GED (before conclusion of CNA training)
4. Ability to adequately read and write English and perform math calculations
  - Grade level of 9.0 minimum required... 12 preferred
  - Entrance Exam – CASAS adult level student
5. Investigation Background Check (s)
  - Maine State Bureau of Investigation Background Check
  - Background Check (s) from other state/s when appropriate
6. Immunizations
  - MMR (unless born before 1956)
  - All immunizations and testing required by the cooperating clinical facility, including Hepatitis B (series of 3), varicella, documentation of negative TB test or negative chest x-ray within the past year, and tetanus (optional).
7. Physical Exam within the past year and letter from physician stating one's physically capable of doing CNA work
8. Written recommendations from three (3) people. One should be a professional reference. They all must include the person's name, address, and number and your name
9. Interview with primary instructor (optional)
10. Payment of course fees (total \$1,105)
  - \$1,105 (\$929 course, \$76 book / workbook, fees, and \$100 Skills Test)**To be paid prior to the start of class**

## 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 \_\_\_\_\_

**On the back of this form, please comment 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.**

I wish to be considered as an applicant for the Certified Nursing Assistant Program at **Biddeford Adult Education**. I will provide 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 **gives you permission to conduct an SBI check.** I understand that I cannot participate in the clinical experience until the State Bureau of Identification (SBI) check has been returned to you.

**Falsification of information of 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 writing.

What does a C.N.A. do in his/her job?

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Why do you want to work as a C.N.A.?

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Do you understand that you will spend several hours of this program doing hands on work with the elderly and/or ill persons?

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Have you had any experience working with the elderly and/or ill persons? If yes, when and where?

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## EMPLOYMENT RESTRICTIONS PER MAINE LAW LD780 AWARENESS

In May 2003, the Maine Legislature passed and Governor Baldacci signed into law, LC 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.

If you have been convicted or incarcerated for a crime, as described flow, you will not be eligible to work as a Certified Nursing Assistant in Maine even if you successfully complete the C.N.A. program and Competency Examination.

Sec. 2. 22 MRSA {18812-G, sub- {{6 to 9 are enacted to read:

6. Registry notifications. Except as otherwise noted 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 complaint involving abuse or neglect that was substantiated by the department 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 and entered on the Maine Registry of Certified Nursing Assistants.
7. Time limit on consideration of prior criminal conviction. Except as otherwise provided in this section, an individual may not be employed in a hospital, 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 Biddeford Adult Education may verify the information provided by me through a State Bureau of Investigation check with the State Police and that giving false information may subject me to prosecution under the applicable Maine law.

I further understand that it is my responsibility to supply documentation of my criminal history in all other states in which I have lived.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name (please print)

\_\_\_\_\_  
C.N.A. Coordinator

\_\_\_\_\_  
Date