



## Adult & Community Education

*Diploma Credit. Career Training. Lifelong Learning.*

### **Certified Nursing Assistant Admission Requirements**



- **Submit completed CNA Application packet, signed Records Release, and Medical Immunization Form as soon as possible.**
- **Educational transcripts.** Official transcript(s) must be sent to the MSAD #37 Adult & Community Education Director. Please fill out the attached records release form and return to us. We will send it to your high school or educational institution.
- **Submit two written references.** One or both should be from a supervisor. The other can be from a teacher, pastor, or someone who knows you personally and can give a character reference (generally not a family member or significant other).
- **Submit a copy of your medical immunization record and the Medical Immunization Form (completed by a healthcare provider).** Students must show prior immunization to Tdap, Measles, Mumps, Rubella, Varicella and confirm current TB result, HepB immunity, the latest flu shot for the season, and COVID-19 immunizations. A COVID-19 test will be required before the start of clinicals. These immunizations are for your protection as well as protection of the healthcare facilities' residents where you will be performing clinicals.
- **Sign up for a course screening.** This will be an interview for the course with the Instructor and Director of Adult and Community Education.
- **Submit payment.** Total cost for the program is \$750.00. Payment plans are not available. Funding assistance may be available by submitting a Sunrise Scholarship application to Sunrise County Economic Council, call 255-0983 for more information. Other scholarships may be available. It is the student's responsibility to ensure all the paperwork is submitted appropriately. If you currently work at a healthcare facility and they are willing to help pay for the class, please provide a letter stating this commitment.
- **Please be sure information requested is given accurately and completely as work experience and references are checked. If any information such as a phone number is missing, the application will be returned.**

Please note that MSAD #37 will complete a state required criminal background check.



## WORK EXPERIENCE

YEAR	POSITION	EMPLOYER	PHONE NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## CRIMINAL HISTORY

Before you begin your CNA course, our program is required to conduct a Criminal History background check. According to Maine State law: 1) If you have been convicted of a misdemeanor in the last 10 years you are still eligible to become a registered CNA. However, there will be a notation on your registry so when your employer calls to verify that you are registered, she/he will be notified of your criminal history. 2) If you have been convicted of a felony in the last 10 years you are not eligible to become a registered CNA.

Have you ever been charged with or investigated for sexual abuse of another person? YES \_\_\_\_ NO \_\_\_\_

Have you ever been charged with, pleaded guilty or “no contest” (nolo contendere) to, or been convicted of any crime involving sexual abuse of any person or any other crime of moral turpitude? YES \_\_\_\_ NO \_\_\_\_

Have you (a) ever been convicted of a crime, other than a minor traffic offense; or (b) ever entered a plea of guilty or a plea of “no contest” (nolo contendere), or has any court ever deferred further proceedings without entering a finding of guilty and placed you on probation, for any crime other than a minor traffic offense? YES \_\_\_\_ NO \_\_\_\_

**If you have answered yes to any one of the previous questions, please explain, in detail, including the date of the court action, the offense in question, and the address of the court involved. Additional documentation may be required.**

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 other state? YES \_\_\_\_ NO \_\_\_\_
6. Have you **ever** been convicted of **any** crime under the federal laws of the U.S.? YES \_\_\_\_ NO \_\_\_\_
7. Have you **ever** been convicted of **any** crime under the laws of any other country? YES \_\_\_\_ NO \_\_\_\_

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.

## HEALTH INFORMATION

Are you presently under a doctor's care? YES \_\_\_\_ NO \_\_\_\_

Reason: \_\_\_\_\_

Do you regularly take any medication? YES \_\_\_\_ NO \_\_\_\_

If yes, please attach an additional sheet to explain, are there any conditions that may affect or limit your ability to perform the essential functions required to successfully complete this course? All students are required to complete the required course hours without limitations or accommodations.

## PROOF OF INSURANCE COVERAGE

Name of Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

### Or Insurance Waiver

I am not currently covered by sickness or accident insurance. If I am injured while participating in the classroom or clinical setting, I will hold the training agency harmless and accept full financial responsibility for treatment of said injury.

Student or Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### POLICY REGARDING HEPATITIS B EXPOSURE

Students enrolled in MSAD #37 Adult & Community Education's CNA programs are at minimal risk for exposure to the Hepatitis B virus during their clinical experience. However, should accidental contamination with blood or other body fluids occur to a student via a needle stick, wound, or other injury to the skin, the following protocol must be initiated:

1. Student should wash the injured area immediately with plenty of soap and water.
2. Report the incident to your instructor.
3. Complete a facility incident report which should indicate the possible source of injury.
4. The student should be seen by a physician or follow the facility's policy recommendations for follow up treatment.
5. The cost of any testing or treatment that may be deemed necessary will be the responsibility of the student. Neither the healthcare facility or MSAD #37 Adult & Community Education will be held responsible for any of these costs.

I have read and understood the policy listed above. \_\_\_\_\_  
Signature Date

**By signing this application, I am verifying that all information provided is accurate, and I agree that infractions may result in my dismissal from this program.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PERSONAL STATEMENT**

You may attach type written pages to this application.

Please explain why you are applying for admittance into this program.

Please indicate any qualities or skills you have that would be most beneficial to patients.

# MSAD #37 Adult & Community Education ~ Reference Request

\_\_\_\_\_ is applying to participate in MSAD #37 Adult & Community Education CNA Program. We would appreciate information concerning the following. You may type a letter addressing these questions if you prefer.

1. In what capacity have you known this applicant? And for how long?

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2. What do you consider to be the applicant's major strengths and weaknesses?

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3. Please describe the work habits of this applicant.

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4. Would you recommend the applicant for work which involves the care of others? Why or why not?

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PRINTED Name \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

Please send, fax, or email this form to:

MSAD #37 Adult & Community Education, Attn: Eric Brooks, 1227 US HWY 1A Harrington, ME 04643

Fax: (207) 484-4589. Email: [ebrooks@msad37.org](mailto:ebrooks@msad37.org) Phone: (207) 483-6681

**Thank you for taking the time to complete this form.**

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**MSAD #37 Adult & Community Education  
DISMISSAL POLICY & PROBATIONARY STATUS**

For the health and safety of our students and staff and the patients in our clinical setting we have a strict dismissal policy and protocol. After the start of the course, you will receive written notice of probationary status if you are not meeting all the criteria for the program. The possible reasons for dismissal include, but are not limited to:

- Absenteeism
- Tardiness
- Failure to meet clinical standards of performance.
- Failure to maintain safety of patients.
- Confidentiality
- Grade level below criterion
- Physical and/or verbal aggression
- Dishonesty
- Cheating
- Substance abuse
- Misuse of property
- Poor attitude
- Failure to pass State Exam

I have read and fully understand the **Dismissal Policy** and the meaning of 'probationary status' and the consequences outlined. I understand that if I do not meet the expected criteria, I could be subject to dismissal from this program without any type of refund.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





# Adult & Community Education

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Eric M. Brooks, Director

1227 US HWY 1A ~ Harrington, Maine 04643

Tel: (207) 483-6681 ~ Fax: (207) 483-4589 ~ ebrooks@msad37.org

## ***Records/Information Release***

Date \_\_\_\_\_

MSAD #37 Adult & Community Education is requesting educational records for the student named below. We would appreciate the following information at your earliest convenience: complete transcript of grades, including special education information, if applicable. Please include numeric/letter grade equivalents, credits earned, passing grade at your school, and test records, including HiSet/GED scores, if applicable.

Thank you for your prompt attention to this matter.

Sincerely,

Eric M. Brooks, Director  
MSAD #37 Adult & Community Education

Student PRINTED NAME \_\_\_\_\_

Date of Birth \_\_\_\_\_ Last Year Attended \_\_\_\_\_

Student SIGNATURE \_\_\_\_\_

Last School Attended \_\_\_\_\_

Address/Fax Number \_\_\_\_\_

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Please email, fax, or send records to the address listed above.