



Merrymeeting Adult Education

**CERTIFIED NURSING ASSISTANT COURSE APPLICATION**

Please mail CNA Application to:

Merrymeeting Adult Education

35 Republic Ave.

Topsham, ME 04086

Questions – please call 729-7323

**Please submit payment with application.**

**PERSONAL:**

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Town & zip code: \_\_\_\_\_

TELEPHONE: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_ Date of Birth \_\_/\_\_/\_\_\_\_

High School Name: \_\_\_\_\_ (check one) Diploma \_\_\_\_\_ or GED \_\_\_\_\_

**Please submit a copy of high school diploma or transcript or a copy of GED certificate with this application.**

Have you attended college or earned certificates? No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes List name of institution and degree or certificates awarded:

\_\_\_\_\_

- I wish to be considered as an applicant for the Certified Nursing Assistant Program at Merrymeeting Adult Education.
- I have included 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 CNA program.
- **My signature below gives you permission to conduct a State Bureau of Identification (SBI) check. I understand that I cannot participate in the clinical experience until the SBI check has been completed.** Upon completion of this CNA program, you will receive the SBI results to include in your application for the State of Maine Registry for Certified Nursing Assistants along with your certificate and application.

**All information that I provide is true.  
Falsification of information on this application is reason for dismissal.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE PRINT NAME CLEARLY \_\_\_\_\_

Have you used any previous names? No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes such as a maiden name or any other names please list each one below.

1. \_\_\_\_\_
2. \_\_\_\_\_

3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

▶ **Merrymeeting Adult Education will request only one State Bureau of Identification (SBI) check with ALL names listed above. If a future SBI check is necessary because you did not list a name you will be charged separately for an extra SBI check. Please initial here that you agree and understand.** \_\_\_\_\_

**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 Federal law of the United States?  
YES \_\_\_\_\_ NO \_\_\_\_\_

**On the back of this sheet, please comment if you answered "Yes" to any of the above questions 1-6. If you answered "Yes" to questions #1 or #2 above, 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 the appropriate court documents.**

Please be advised that Merrymeeting Adult Education will call these places of employment.

**EMPLOYMENT HISTORY:**

1. MOST RECENT EMPLOYER: \_\_\_\_\_ Position: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Town & zip code: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_ THRU \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

2. EMPLOYER: \_\_\_\_\_ Position: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Town & zip code: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

TELEPHONE NUMBER: ( ) \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_ THRU \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

3. EMPLOYER: \_\_\_\_\_ Position: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Town & zip code: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

TELEPHONE NUMBER: ( ) \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_ THRU \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

Please provide up to three references. You may provide an **employer reference** from your employment history listed above. Or you may use a **personal reference**, also known as a **character reference**, from an individual who knows you and can vouch for your character and abilities. Please, however do not list a family member.

**REFERENCES:** Name, Address and Telephone number. Print Clearly.

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

**CNA Refund Policy:**

A full refund (less \$10 processing fee and cost of background check) is made if a student withdraws from the course up to five business days prior to the first class or is not accepted into the program. If student withdraws from the course or is asked to leave once the course starts, **no refund will be granted.**

▶ Please initial here that you have read and understand the Refund Policy \_\_\_\_\_

