

Maine Medical Center

CNA Apprenticeship program Application

Information Session

Maine Medical Center's CNA Apprenticeship program is an 8 to 9 week program. Twelve (12) Clinical days of the program are from 6:45 am to 1:30 pm at the hospital. Applicants must be **18 years of age or older and have proof of High School Graduation or Equivalency** to be considered for the program. The specifics of the program (and an opportunity to ask questions) will be provided at each Information Session.

In order to be considered for our CNA Apprenticeship program, you ***MUST*** attend an Information Session. The Information Session for our June 2019 CNA Class will be held on Wednesday, April 24, 2019 at 5:45 p.m. in the Dana Center Auditorium. Please register for the information session by using the registration link on the CNA page of the MMC.org website. A TABE test (for English reading comprehension only) is mandatory and will be administered during the Information Session at no cost. Applicants to the CNA Program can take the TABE test only once during a year (a year from the date of the last TABE test taken).

When you attend the Information Session, you must bring a completed application packet with you. A completed application packet consists of:

- Completed Application Form (pages 1-6)
- TABE score of 11 or above. The TABE test score presented must be version C either test 9 or 10 (be sure to take the correct version). (To apply for the CNA Program, you must present proof of passing the TABE test which is a written reading comprehension test. A score of 11 or above is required to take the course. You may take the test at an Adult Education facility, local testing facility, or the night of the Information Session. If you take the test at an Adult Education or outside facility, you must present your test score at the time of your interview.) Applicants to the CNA Program can take the TABE test only once during a year (a year from the date of the last TABE test taken).
- Two (2) copies of a picture ID with signature (driver's license or State ID card)
- Copy of proof of High School Graduation or equivalency
- Two (2) copies of Social Security Card
- Signed State Bureau of Investigation (SBI) form (see page 6 of Application). This gives us your permission for MMC to run a background check.
- Submit, in sealed envelopes, two (2) professional written references from people in leadership capacity only, for example, current and past supervisors. If you have not been employed for the last few years, another source of character reference such as a teacher, volunteer group leader, or clergy is acceptable.

Please be sure that you bring photocopies of documents that we can keep, as we will be unable to make copies for you.

Following the Information Session, applications will be reviewed and selected applicants will be contacted to schedule an interview.

Directions to Maine Medical Center, 22 Bramhall St., Portland, ME

From the North:

- Take the Maine Turnpike (I-95) south to Exit 45, the South Portland exit at the Maine Mall.
- Take the exit for Interstate 295 after the toll booth, continuing on I-295 north to Exit 5, Congress Street.
- Continue along Congress Street through three traffic lights.
- Turn right onto Bramhall Street and after going through the first stop sign, see that the visitor parking lot is on left across the street from the South Entrance (on the corner of Vaughn and Chadwick Streets). There is no fee to park in this lot.

From the South:

- Take the Maine Turnpike (I-95) north to Exit 44, for downtown Portland.
- After the toll booth, continue straight on Interstate 295 to Exit 5, Congress Street.
- Continue along Congress Street through three traffic lights.
- Turn right onto Bramhall Street and after going through the first stop sign, see that the visitor parking lot is on left across the street from the South Entrance (on the corner of Vaughn and Chadwick Streets). There is no fee to park in this lot.

From the West - Route 302:

- Follow Route 302 east to Forest Avenue.
- At the end of Forest Avenue, turn right onto Congress Street.
- Follow Congress Street past the third traffic light at Bramhall Street.
- Turn right onto Bramhall Street and after going through the first stop sign, see that the visitor parking lot is on left across the street from the South Entrance (on the corner of Vaughn and Chadwick Streets). There is no fee to park in this lot.

MAINE MEDICAL CENTER/
PORTLAND ADULT EDUCATION
CNA OFFICE

CERTIFIED NURSING ASSISTANT COURSE APPLICATION

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip Code)

Telephone (Home): _____ (Work): _____
(Cell): _____

E-mail: _____

Emergency Contact: _____ Phone #: _____

Education (name of high school, GED/ HiSET and/or college, city & state, year graduated)

1. _____
2. _____

Work Experience

(Name & address of employer, dates employed, name of contact person, telephone number & reason for leaving)

1. _____

2. _____

3. _____

References

(Name, address, & phone number.)

1. _____

2. _____

3. _____

PART B

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

1. Why do you want to be a CNA?

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

PART C

Criminal Background

Please answer the following questions:

1. Have you **ever** been denied a CNA certificate or license?
 Yes No
2. Have you **ever** had **any** disciplinary action (probation, suspension, revocation or reprimand) taken against your CNA certificate or 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** been convicted of **any** crime under the laws of **any** other state?
 Yes No
5. Have you **ever** been convicted of **any** crime under the Federal Law of the United States?
 Yes No
6. Have your **ever** been convicted of **any** crime under the laws of any other country?
 Yes No
7. Have you **ever** been convicted of a crime that took place in a health care setting in the State of Maine, or any other State?
 Yes No
8. Do you have **any** charges pending, filed, or outstanding?
 Yes No

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.

**** For any “Yes” answers, please briefly explain below:**

PART D

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 MMC 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: _____

FOR PROSPECTIVE CERTIFIED NURSE ASSISTANT STUDENTS

If you are considering a career as a Certified Nurse 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 disease 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: _____

PART E

STATE BUREAU OF IDENTIFICATION (SBI) CHECK (this gives MMC your permission to run a background check on you)

PRINT CLEARLY

Full Legal Name: _____

Please list **all other names** every used (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 through
Maine Medical Center. SBI check is required.

Signature: _____ Date: _____

Director: Gail DiFiore, MSN, RN
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