



Strengthen Maine's Workforce CNA Admission Requirements

Keep these two pages as a checklist to make sure you have all the paperwork. Notice that some paperwork is due BEFORE acceptance and some AFTER. We have divided the items by page for your easy reference. If you have questions please call us at 207.664.7110.

Before Acceptance

- Participate in an orientation session.** An orientation session (held regularly) is an opportunity to learn more about the CNA program and other opportunities to jumpstart a career in the medical field. We will assist in completing the application and answer any questions you might have (please review the syllabus, tasks and course schedule prior to orientation to make sure questions related to the course and application are answered during the session).
- Submit to us a completed, signed Release of Records** form (attached), so we can request your high school transcript. (a high school diploma is not required for the training.) The transcript is used as just one factor of an assessment of student readiness for the course.
- Take reading, career and digital literacy assessments.** Call 664.7110 or adulthoodinfo@ellsworthschools.org to request scheduling options. When you contact the center let us know you're taking the assessments for entrance into the CNA program.

If you have scores on file with another institution and wish to have scores considered— an electronic version or a sealed envelope from the institution that administered the test may be forwarded to Ellsworth Adult & Community Education. They can be scanned and sent to adulthoodinfo@ellsworthschools.org, faxed to 207.669.6247 or mailed to Ellsworth Adult & Community Education, 248 State Street, 1, Ellsworth, ME, 04605 for review. The information should include the date the test was taken and the level administered.

- Submit a completed CNA application**
- Submit two written references.** At least one of these references must be from an employer. The other can be an employer or someone who can give a personal reference. These individuals cannot be family members or significant others.
- Participate in a screening interview with the program administrator** This interview can be scheduled as soon as the student has completed the application, secured the written references and taken the CASAS Assessment.

CNA Admission Requirements

After Acceptance

Once accepted into the CNA Program, the applicant will need to meet these additional requirements.

Satisfactory criminal background check and submission of court documents.

Ellsworth Adult & Community Education performs the criminal background check, and the student would apply to the court for any court documents.

Medical examination with satisfactory results. An applicant must submit a complete medical examination form (attached) signed by a physician (MD), Physician Assistant (PA) or an Advanced Registered Nurse Practitioner (ARNP). The following immunization documentation is required

- o Rubeola (Measles)
- o Mumps
- o Rubella (German Measles)
- o Varicella (Chicken Pox)
- o Hepatitis B Vaccine
- o PPD Testing (Tuberculosis)
- o Influenza
- o DTAP (tetanus) recommended
- o Covid

It is the responsibility of the CNA candidate to maintain communication with the adult education office to ensure all the required documentation has been received and that their application process is complete and up-to-date with current admission requirements.

If you have questions about Ellsworth Adult & Community Education's Certified Nursing Assistant Program please contact Ellsworth Adult & Community Education, 11 Avery Lane, Ellsworth, ME 04605 207.664.7110, adulthoodinfo@ellsworthschools.org



CNA Application Form

Academic Year: **2024-2025**

Local Program: **Certificate Program**

Date:

Student Bio Information

Full Name:			Previous Name(s):
First	Middle	Last	
Date of Birth:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Social Security #
Mailing Address:			
Town/State/Zip:	County:		
Permanent/ Physical Address	(if different from above)		
Phone(s):	Home _____ Cell _____ Emergency _____ Work _____		
	Which is your preferred number that we call? _____ Do you text? <input type="checkbox"/> Y <input type="checkbox"/> N		
Email:	Is e-mail a good way to reach you? <input type="checkbox"/> Y <input type="checkbox"/> N		

Student Contact Information

Please provide contact information for two people who can contact you in case we can't reach you. (ie, spouse, grandparent, parent, best friend, partner)

Name	Relationship to you	Address	Phone Number

Education

Official transcript(s) must be sent to the Adult Education Office. Please fill out the attached Release of Records form and return to us. We will send it to your high school or educational institution.

Name of High School and/or a adult education program	City, State	From Month/Year	To Month/Year	Did you receive diploma
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Work and Volunteer History

Please list your work history starting with the most recent. If you need more space, please attach another piece of paper.

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References

Please provide your references with the enclosed written reference forms. Your references should have worked with you in a supervisory capacity or have extensive knowledge of your appropriateness for the program. At least one of these references must be from an employer. The other can be an employer or someone who can give a personal reference. These individuals cannot be family members or significant other.

Health

An applicant must submit a complete physical exam report signed by a physician (MD), Physician Assistant (PA) or an Advanced Registered Nurse Practitioner (ARNP). Please use the Medical Examination Form provided.

C.N.A. candidates should have sickness and accident insurance while attending the C.N.A. program through Ellsworth Adult & Community Education.

No candidate will be allowed to participate in the clinical component until the proof of insurance coverage is completed or the insurance waiver signed. This is in compliance with the regulation of hospitals and nursing homes.

Proof of Insurance Coverage

Insurance Carrier

Policy Number

Expiration Date

Student's signature Parent/Guardian signature

Date

Insurance Waiver

I am not currently covered by a 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.

Signature

Date

Exposure to Infectious Diseases

If you are considering a career as a CNA, 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 CNA training program.

I have read and understand the above statement.

Signature

Date

Policy Regarding Hepatitis B Exposure

Students enrolled in Ellsworth 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. The student should wash the injured area immediately with plenty of soap and water.
2. Report the incident to your instructor as soon as possible.
3. Complete a facility incident report which should indicate the possible source of injury.
4. Your instructor will notify the appropriate health care personnel who will initiate the facility's policy regarding such injuries.
5. The student should be seen by a physician or follow the facility's policy recommendations for follow up treatment.
6. The cost of any testing or treatment that may be deemed necessary will be the responsibility of the student. Neither the health care facility nor Ellsworth Adult & Community Education will be held responsible for any of these costs.

I have read and understood the policy listed above.

Signature

Date

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. Please read the attached **Dismissal Policy**. The possible reasons for dismissal include:

- Absenteeism
- Confidentiality
- Grade Level below criterion
- Cheating
- Misuse of property
- Failure to meet clinical standards of performance
- Physical and/or verbal aggression
- Failure to maintain safety of patient
- Dishonesty
- Substance abuse

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.

Signature

Date

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. This is not meant to discourage any candidate with a criminal history. There is a need for responsible, hardworking and caring certified nurse assistants. However it would be a shame if you invested your time, work and money in a CNA course and then were unable to get a job.

If you have a conviction, you should discuss the issue privately with the coordinator or director. Ellsworth Adult & Community Education is committed to supporting all students in reaching their potential and we have a history of strong student advocacy.

1. Have you **ever** been denied a Nursing Assistant certificate or 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? (This includes traffic violations, misdemeanors, and felonies.) If yes, please explain. Yes No
4. Have you **ever** been convicted of **any** crime under the laws of **any other state**? (This includes traffic violations, misdemeanors, and felonies.) If yes, please explain. Yes No
5. Have you **ever** been convicted of **any** crime under the federal law of the United States? If yes, please explain. Yes No
6. Have you **ever** been convicted of **any** crime under the laws of any other country? Yes No
7. Have you **ever** been convicted of **any** crime/crimes which have taken place in any healthcare setting in the State of Maine or any other state? Yes No

If you answered YES to questions #1 or #2, you must provide an explanatory letter to the registry with the location and date of each occurrence. If you answered YES to #3, #4, #5, or #6, please know that you will need to provide copies of the court documents pertaining to each conviction (except traffic tickets). If you are unsure, please discuss with the coordinator or director.

Request for Criminal Background Check

Upon acceptance to the CNA program Ellsworth Adult & Community Education will request the Maine State Police to supply us with a criminal background check based on the information you have supplied. The cost for this is included in your course fee. Please list all your former names below (this includes birth name, adopted name, maiden name(s), etc.).

First name

Middle Name

Last name

I have read the above information and agree to allow Ellsworth Adult & Community Education to request a background check and if requested provide a copy to an agency offering me funding.

Signature

Date

Personal Statements

Please share why you wish to take the Certified Nursing Assistant course and what are your career goals? (100-250 words)

What will you contribute to the healthcare field? (100-250 words)

Please briefly describe an experience you (or a family member) have had as a patient in a hospital, nursing home, or private care situation and what did you learn from it?(50-100 words)

_____ I understand that by submitting this application that I am expected to work at a local healthcare facility upon successful completion of this course. Please initial.

_____ I have questions about the expectation to work at a local healthcare facility.

_____ I understand that by submitting this application I must successfully demonstrate career readiness standards through documentation and/or participation in relevant learning activities

_____ I understand that by submitting this application that I must successfully demonstrate digital literacy standards through documentation and/or participation in relevant learning activities

Please add any other information you would like to share:

Course Fees

1. **There is no course fee for this course.** There is a requirement that, if you qualify, you will be ready for employment in Hancock County when the upon successful completion of the course.
2. **The Strengthen Maine's Workforce grant covers** instruction by the teacher and the following expenses:
 - Criminal Background Check
 - State CNA Exam
 - CNA Text & Workbook
 - Malpractice Insurance
 - CNA Registration Fee
 - CPR/BLS training
 - Supplies & Equipment
3. **The grant does not cover scrubs** (navy bottoms and royal blue top.)

CNA Medical Examination Form

Dear Healthcare Provider:

The person named below is enrolled in our CNA Program. Our 70-hour clinical component involves caring for patients in hospitals and nursing homes where health issues and social or psychiatric problems exist. Our policy, in conjunction with state and federal guidelines, requires a health statement for the protection of both patients and students. Please complete the following required information on both sides. If you have any questions, please contact us at 664.7110 or adulthoodinfo@ellsworthschools.org

I authorize the release of the following information to Ellsworth Adult & Community Education.

Student Name _____ Signature _____

To be completed by a healthcare provider

Temp. _____ Pulse _____ Resp. _____ B/P _____ Height _____ Weight _____ Allergies:

Listing of Required Immunization Documentation Please attach a copy of results

Rubeola (Measles)	Lab confirmation of immunity OR Documentation of (2) MMR vaccinations OR Documentation of 2 doses of rubeola vaccine
Mumps	Lab confirmation of immunity OR Documentation of (2) MMR vaccinations OR Documentation of 2 doses of mumps vaccine
Rubella (German Measles)	Lab confirmation of immunity OR Documentation of (1) MMR vaccination OR Documentation of 1 doses of rubella vaccine
Varicella (chickenpox)	Lab confirmation of immunity OR Documentation of (2) doses of varicella vaccine
Hepatitis B Vaccine	If at risk for blood or body fluid exposure
PPD Testing	Need to provide a documented 2-step TST or IGRA Note: If 2-step TST or IGRA was performed greater than 12 months ago, must have an annual 1 step TST or annual IGRA. (must submit both baseline and annual testing documentation)
Influenza	Required vaccination or masking/declination of vaccination during annual flu season (October 1st –until ended by infection control department)
Tdap	Tdap or tetanus recommended within the last 10 years.
COVID	

**Medical Examination Form for
Ellsworth Adult & Community Education
Certified Nursing Assistant Program
continued**

1. Are there any psychological or mental limitations/restrictions on the above named person? Yes____ No ____ If yes please explain below.
2. Is this person physically able to perform his/her duties?
Yes _____ No _____ If no please explain below.
3. Are there any issues that would limit this person from performing duties of a CNA?
Yes____ No _____ If yes please explain below.
4. Length of time patient has been under the care of the examining physician: _____
5. Other comments or considerations

Signature

Date

Name of Health Care Facility

Print Name & Title

Phone Number

**Please send, fax or email this form to:
Ellsworth Adult & Community Education, 11 Avery Lane, Ellsworth, ME 04605
207.669.6247 (fax) or email to adulthoodinfo@ellsworthschools.org**



CNA Reference Request Form

_____ is applying to participate in Ellsworth Adult & Community Education's CNA Program. We would appreciate information concerning the following.

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

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

3. Please describe the work habits of this applicant?

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

Your Name

Telephone Number

Date

Mailing address

Thank you for taking the time to complete this form.

Please send, fax or email this form to:

***Ellsworth Adult & Community Education, 11 Avery Lane, Ellsworth, ME 04605 Phone: 207.664.7110
Fax: 207.669.6247 e-mail: adulthoodinfo@ellsworthschools.org***



ELLSWORTH ADULT EDUCATION

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Your Name Telephone Number Date

Mailing address

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CNA Release of Records

A high school diploma is not required to take the CNA course...Most jobs, however to require one. Our student advisor will support you regarding this.

Today's Date: _____

To: High School or Adult Ed Program _____

Address _____

Town/State/Zip _____

Telephone _____ Fax _____

Ellsworth Adult & Community Education has my permission to request the records checked below:

- High school transcript
- Adult education transcript
- Adult diploma transcript
- HiSET/GED Official Transcript

The information below should assist you in locating my records. If you need further information feel free to contact the coordinator noted below.

Name (then) _____ Name (now) _____

Date of Birth _____ Social Security Number _____

Last Year Attended _____ Last Grade Attended _____

Please send the records to: Ellsworth Adult & Community Education, 248 State Street, Box 16B, Ellsworth, ME 04605
207.669.6247 (fax); adultedinfo@ellsworthschools.org

Attention: (please include the checked program on the address)

- Adult Diploma
- CNA
- Office Skills
- HiSET
- Other (specify)

Additional Comments:

Candidate Signature

Date