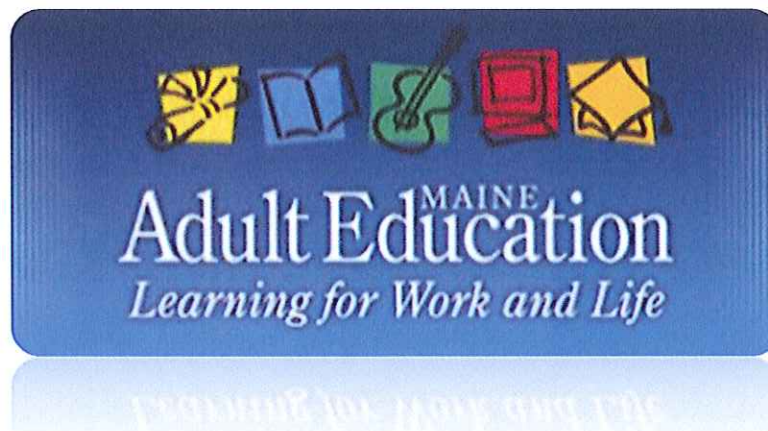


CNA Applications

MSAD #1 Adult & Community Education

- Classes meet **Mondays, Thursdays, and some Saturdays** at the Presque Isle Nursing Home
- Class times: **M/Th 3:00 - 8:30 PM, Saturday** times will vary
- Classes typically run for **14-Weeks**
- There is an interview process, we only **have 10-slots available** per session
- Applications **MUST** be completed and returned to the office of SAD 1 Adult & Community Education:
 - Scanned and emailed: lerae.kinney@sad1.org
 - Faxed: (207) 764-8107
 - Mailed or dropped off: 79 Blake Street, Suite 2 Presque Isle, ME 04769
- **COST: \$849.00** --- includes instruction, text & workbook, clinical training, CPR training, and Maine State exam fee.

QUESTIONS, Please Call 764-4776



**M.S.A.D. #1 ADULT EDUCATION
CERTIFIED NURSING ASSISTANT COURSE
APPLICATION**

I. Objectives:

The objective of this course is to provide a means of acquiring basic nursing techniques and skills designed to furnish the graduate with entry-level skills in the health field.

The experience gained as a Certified Nurse Assistant also enables the individual to consider and pursue upward mobility in the health services as opportunities arise.

At the completion of this course, the student will be able to:

- a. Maintain a proper physical and emotional patient environment.
- b. Report and record observations.
- c. Provide assistance in personal hygiene.
- d. Assist with body movement and ambulation.
- e. Assist with nutrition and elimination.
- f. Assist in emergency situations.
- g. Communicate in an effective, positive manner.
- h. Assist the registered professional nurse to provide general patient care.

II. General Information

The course will consist of 200 hours of instruction. 90 hours will be spent in classroom, 25 hours laboratory instruction, and 85 hours will be devoted to supervised clinical experience and instruction.

The classroom instruction will take place at the Presque Isle Rehab & Nursing Center. The clinical portion of the program will take place at various facilities in the area. The classroom and clinical course schedule will be distributed during the first class meeting.

III. Admission Requirements

- a. Minimum age of 18 and not currently enrolled in high school.
- b. Must have a high school Diploma or HiSET.
- c. Ability to read or write English. Grade level 9.0 or higher, preferably 12.9.
- d. **Complete State Bureau of Investigation Criminal Background Check.**
- e. Good physical and mental health. Good grooming and personal hygiene.
Absence of drug and alcohol abuse.
- f. Demonstrate sincere, compassion and understanding for elderly people.
Dependable, reliable, work habits.
- g. Physical Exam within the past year - **statement from a physician stating the candidate is physically capable of doing C.N.A. work.**
- h. Immunization MMR – unless born before 1956. All immunizations and testing required by the cooperating facility, including **Hepatitis B**. Evidence of negative T.B. test or negative chest x-ray.

IV. Interview

Each applicant will be interviewed by the classroom instructor prior to being accepted into the program. The Adult Education office will contact applicants about one week before the class is scheduled to begin for the interview. Applicants should allow a half hour for the interview.

V. Applicant Preference

Preference will be given to applicants who:

- a. Are residents of M.S.A.D. #1.
- b. Have successfully completed a course in biology and/or anatomy & physiology from an accredited high school or post secondary institution.
- c. Have had a successful experience related to patient care.
- d. Have good writing skills.

VI. Course Requirements

- a. The student is allowed to be absent for no more than one (1) class. Special exceptions may be considered only at the discretion of the instructor and the Adult Education Director.
- b. The student must maintain a passing grade of at least 75% in the classroom.
- c. The student must maintain acceptable evaluations throughout the clinical experience. Successful completion of clinical training will include a final comprehensive evaluation and exit interview.

VII. Grading

The student will be graded on:

- a. Written exams.
- b. Class participation and preparation.
- c. Performance of nursing skills.
- d. Attitude toward learning and critical evaluations.

VIII. Cost

- a. Registration Fee: \$849.00 (includes book and criminal background check)
- b. Upon acceptance into the program a \$50.00 book fee is required, prior to the first day of class. (DEPOSIT IS NOT REFUNDABLE). The remainder may be paid in an approved payment plan. Costs must be paid in full prior to completion of the course.
- c. Other expenses include uniforms (dress or slacks), white shoes, hose, and a watch with a second hand.

CERTIFIED NURSING ASSISTANT COURSE APPLICATION

NAME: _____
(First) (Middle) (Last) (Maiden)

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

EDUCATION: High School _____ diploma _____ HiSET

Name and address of high school:

Name and address of post-secondary education and highest degree acquired:

Employment History:

1.
MOST RECENT EMPLOYER: _____

COMPLETE ADDRESS: _____

CONTACT PERSON: _____ TITLE: _____

TELEPHONE NUMBER: () _____

DATE OF EMPLOYMENT: _____ THRU: _____

JOB DESCRIPTION: _____

REASON FOR LEAVING: _____

2.
EMPLOYER: _____

COMPLETE ADDRESS: _____

CONTACT PERSON: _____ TITLE: _____

JOB DESCRIPTION: _____

TELEPHONE NUMBER: () _____

DATES OF EMPLOYMENT: _____ THRU _____

REASON FOR LEAVING: _____

3.
EMPLOYER: _____

COMPLETE ADDRESS: _____

CONTACT PERSON: _____ TITLE: _____

TELEPHONE NUMBER: () _____

DATES OF EMPLOYMENT: _____ THRU _____

REASON FOR LEAVING: _____

JOB DESCRIPTION: _____

PERSONAL REFERENCES, Name, Complete Address and Telephone number

- 1.
- 2.
- 3.

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, 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 _____, I have provided 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 also gives you permission to conduct an SBI check. **I understand that I cannot participate in the clinical experience until the 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?

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

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

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

Date:

Instructor Signature _____

Program Director Signature _____