

## Maine Medical Center CNA Training program Application

Maine Medical Center offers a 7-week CNA Training program. Ten (10) Clinical days of the program are from 6:45 am to 2:30 pm at the hospital. Applicants must be **18 years of age or older, have proof of high school graduation or equivalency, and be a US citizen or have work authorization** to be considered for the program. Program specifics and an opportunity to ask questions will be provided at an information session.

Program participants are required to work at MMC in the role of a CNA upon successful completion of the course.

To be considered for our CNA Training program, you ***MUST*** achieve a score of at least 247 on the CASAS reading assessment ***AND*** attend an information session at MMC. You will receive details about the information session after you achieve a score of 247 or above on the CASAS assessment. The CASAS reading assessment is mandatory, has no cost, and must be taken before attending the information session. To learn about registering for the test, visit [www.mmc.org/cnaprogram](http://www.mmc.org/cnaprogram)

When you attend the information session, you must bring a completed application packet with you. If the info session is virtual, please MAIL the packet to MMC CCPD, 22 Bramhall St., Rm 2645, 22 Bramhall Street, Portland, ME 04102. A completed application packet consists of:

- Completed Application Form (pages 2-5)
- CASAS score of 247 or above. (A score of 247 or above is required to take the course. You may take the test at an Adult Education or local testing facility or at MMC. If you take the test outside MMC, you must present your test score with your application.) If you have taken the CASAS, you must wait 6 months before taking it again.
- One (1) copy of front of driver's license or State ID card (or other form of ID with photo and signature)
- One (1) copy of front of social security card
- Copy of proof of high school graduation or equivalency, or diploma or transcript of associates or undergraduate degree from US accredited institution of higher learning
- Two (2) professional written references from people in leadership capacity only, for example, current or past supervisors. These references should be emailed to [cnaprogram@mmc.org](mailto:cnaprogram@mmc.org). If you have not been employed in recent years, other character references (teacher, coach, volunteer group leader, clergy, etc.) are acceptable.

Please provide photocopies of documents we can keep. We cannot return them or 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, park on the street outside the Dana Center.

#### 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, park on the street outside the Dana Center.

#### 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 to the traffic light at Bramhall Street.
- Turn right onto Bramhall Street and after going through first stop sign, park on the street outside the Dana Center.

**MAINE MEDICAL CENTER/  
PORTLAND ADULT EDUCATION CNA OFFICE**

**CERTIFIED NURSING ASSISTANT COURSE APPLICATION**

<b>LEGAL Name:</b>			
	<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>
Address:			
	<i>(Street)</i>	<i>(City)</i>	<i>(State) (Zip Code)</i>
Phone (Home):		Phone (Work):	
		Phone (Cell):	
E-mail:			

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you learn of this program?  Social Media  MMC News  mmc.org  Friend/family  Other

Are you now a MaineHealth employee?  Yes  No

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

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

**Work Experience** *(Name & address of employer, dates employed, job title, contact person name, telephone number & reason for leaving)*

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

**References**

*(Name, address, & phone number.)*

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

**Work Authorization**

1. Are you currently legally authorized to work in the US?  Yes  No
2. Do you require VISA sponsorship now or in the future?  Yes  No

## **PART B**

Read and answer the following questions. Allow yourself approximately **20 minutes** to write your answers.

1. Why do you want to be a CNA?

2. What qualities would you expect to see in a healthcare professional caring for your loved ones? Do you have those qualities? Please explain.

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