

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.
- Submit to us a completed, signed Release of Records** form (attached), so we can request your high school transcript.
- Take a reading appraisal and assessment (Comprehensive Adult Student Assessment System (CASAS)).** Contact us at 664.7110 or adulthoodinfo@ellsworthschools.org to schedule. When you contact us let us know you need the CASAS Reading 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 Education. They can be scanned and sent to adulthoodinfo@ellsworthschools.org, faxed to 207.669.6247 or mailed to Ellsworth Adult Education, 248 State Street, 1, Ellsworth, ME, 04605 for review. The information should include the date the test was taken and the level administered.

- Completed CNA application**
- Submit two sealed 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 an enrollment interview with the program administrator.** These appointments can be scheduled at the CNA orientation on a first come, first serve basis usually two weeks after the orientation. Otherwise, students should contact us at the number noted above to make an appointment
- \$75.00 non-refundable deposit (made payable to Ellsworth Adult Education) or Training Authorization from an agency.** The deposit will be deducted from the course fee and is good for two years.

Residents of Ellsworth receive priority for acceptance until three months before the start date of the course.

CNA Admission Requirements

After Acceptance

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

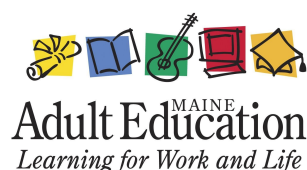
- Satisfactory criminal background check and submission of court documents.**
Ellsworth Adult Education performs the criminal background check, and the student would apply to the court for any court documents.
- Medical examination with satisfactory results.** An applicant must submit a complete medical examination form (attached) signed by a physician (MD), Physician Assistant (PA) or an Advanced Registered Nurse Practitioner (ARNP). The medical form must be turned in within the first month of class or students will be refused entry to clinical sites. The following is required for the protection of the students and patients:
 - **Current TB Tests or Declination with X-Ray Results**
 - **Current Immunization/diagnosis Records for Tdap, measles, mumps, rubella, varicella, HepB and latest flu vaccine.**

If a student does not have a current record of immunization, a healthcare provider can perform a titer which will measure antibodies still present for any of the missing immunizations. It may be necessary to administer an immunization if the results are less than satisfactory.

- Payment in full of \$1,500.00 or a payment plan approved in advance by the program coordinator or director, or a training authorization from an agency.** A payment plan would be 4 monthly installments—the first installment would be due before the first class starts and the final payment must be received prior to the exam.

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 Education's Certified Nursing Assistant Program please contact Ellsworth Adult Education, 248 State Street, Suite 1, Ellsworth, ME 04605 207.664.7110, adultedinfo@ellsworthschools.org



Ellsworth Adult Education CNA Application Form

Academic Year: **2020-2021**

Local Program: **Workforce Training**

Date:

Student Bio Information			
Full Name: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> First Middle Last </div>			Previous Name(s):
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 information about three people who will always know where to locate you. These can be a spouse, grandparent, parent, best friend, partner, etc.

<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%; text-align: left;">Name</th> <th style="width: 25%; text-align: left;">Relationship to you</th> <th style="width: 25%; text-align: left;">Address</th> <th style="width: 25%; text-align: left;">Phone Number</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Name	Relationship to you	Address	Phone Number												
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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 adult education program	City, State	From Month/Year	To Month/Year	Did you receive a diploma or GED?

Work and Volunteer History

Do you have any work or volunteer history that is relevant to your interest in taking this course? Please explain below.

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 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
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Student's signature Parent/Guardian signature	Date
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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
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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 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 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 patience
- 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 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Have you ever had any disciplinary action (probation, suspension, revocation or reprimand) taken against your Nursing Assistant certificate/license? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Have you ever been <u>convicted</u> of any crime under the laws of Maine?
(This includes traffic violations, misdemeanors, and felonies.) If yes, please explain. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Have you ever been <u>convicted</u> of any crime under the laws of any other state ?
(This includes traffic violations, misdemeanors, and felonies.) If yes, please explain. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Have you ever been <u>convicted</u> of any crime under the federal law of the United States? If yes, please explain. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Have you ever been convicted of any crime under the laws of any other country? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 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 <input type="checkbox"/> | No <input type="checkbox"/> |

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 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 Education to request a background check and if requested provide a copy to an agency offering me funding.

Signature	Date

Personal Statement

Please write a brief paragraph below stating why you wish to take the Certified Nursing Assistant course.

Please briefly describe an experience you (or a family member) have had as a patient in a hospital, nursing home, or private care situation.

Course Fees

1. The current fee for the course is \$1,500.
2. A non-refundable \$75 deposit is required with the course application. (This deposit is waived with Training Authorization from a Maine State Agency). Many of our students are eligible for state funding. If you have questions about this opportunity for financial support, PLEASE contact the adult education office as soon as possible.
3. Course fees are expected in advance of the start of the course unless you arrange with the advisor or director a payment plan in four monthly installments. The first installment would be due before the first class starts and the final payment must be received prior to the exam date.
4. The course fee covers instruction by the teacher and the following expenses:
 - Criminal Background Check ■ State CNA Exam ■ CNA Text/Work Book
 - Malpractice Insurance ■ CNA Registration Fee ■ CPR/BLS training
5. The course fee does not cover items on the recommended materials and equipment list.

Medical Examination Form for Ellsworth Adult Education Certified Nursing Assistant Program

Dear Health Care Provider, The person named below is enrolled in the Ellsworth Adult Education Certified Nursing Assistant Program. Our program 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 Education.

Student Name _____ Signature _____

TO BE COMPLETED BY HEALTH CARE PROVIDER

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

Allergies: _____

1. **Tetanus/Diphtheria/acellular Pertussis (Tdap)** It is recommended that students receive one dose of Tdap. ___/___/___ **OR** at the very least show a record of the last **Tdap** booster: ___/___/___.
This Td date must be within the last 10 years. If it is not, students should receive Tdap.
2. **TB Test (Subcutaneous PPD/Mantoux)** Two PPDs are required to be administered: they cannot be older than 10 months from our class start date.
PPD #1 date: ___/___/___ Read date ___/___/___ Result _____ mm
PPD #2 date: ___/___/___ Read date ___/___/___ Result _____ mm
Note: If the patient has a positive PPD result and/or history of tuberculosis, a chest x-ray **must** be done and a copy of the report must accompany this form.

3. **Rubeola (measles)** immunity must be verified by the following: documentation of 2 MMRs OR 2 doses of rubeola vaccine OR physician diagnosed/documented history OR lab documentation of immunity (titer). Copy of documentation should be attached.

MMR 1: ___/___/___ MMR 2: ___/___/___	OR	Rubeola 1: ___/___/___ Rubeola 2: ___/___/___	OR	Rubeola Titer ___/___/___ Result:
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4. **Mumps** immunity must be verified by the following: Documentation of 2 MMRs OR 2 doses of mumps vaccine OR physician diagnosed/documented history OR lab documentation of immunity (titer). Copy of documentation should be attached.

MMR 1: ___/___/___ MMR 2: ___/___/___	OR	Mumps 1: ___/___/___ Mumps 2: ___/___/___	OR	Mumps Titer ___/___/___ Result:
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5. **Rubella (German measles)** immunity must be verified by the following: Documentation of 1 MMR OR 1 dose of rubella vaccine OR lab documentation of immunity (titer). Copy of documentation should be attached.

MMR 1: ___/___/___	OR	Rubella 1: ___/___/___	OR	Rubella Titer ___/___/___ Result:
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Reference Request

_____ is applying to participate in Ellsworth Adult 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

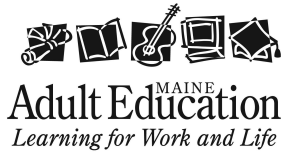
Mailing address

Thank you for taking the time to complete this form.

Please send, fax or email this form to:

Ellsworth Adult Education, 248 State Street, Suite 16B, Ellsworth, ME 04605 Phone: 207.664.7110 Fax: 207.669.6247

e-mail: adulthoodinfo@ellsworthschools.org



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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 Education, 248 State Street, Suite 16B, Ellsworth, ME 04605 Phone: 207.664.7110 Fax: 207.669.6247

e-mail: adultedinfo@ellsworthschools.org



Release of Records Request

Please print clearly.

Today's Date: _____

To: School/Program _____

Address _____

Town/State/Zip _____

Telephone _____ Fax _____

Ellsworth Adult 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 Education, 248 State Street, Suite 1, Ellsworth, ME 04605
207.669.6247 (fax); adulthoodinfo@ellsworthschools.org

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

- Adult Diploma
- CNA
- Office Skills
- G.E.D.
- Other (specify)

Additional Comments:

Candidate Signature

Date

