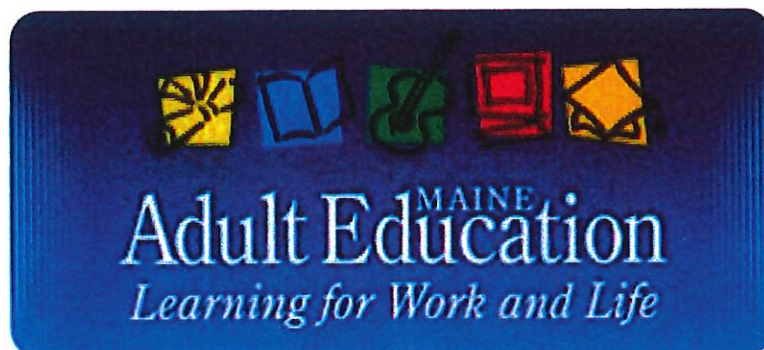


CNA Applications

SAD 1 Adult & Community Education

- We offer C.N.A. training two (2) times a year, classes begin in **August and January**.
- Classes meet **Mondays, Thursdays**, and some **Saturdays** at Presque Isle Nursing Home.
- Class times: **M/Th 3:00 - 8:30 PM**. Times vary on **Saturday**.
- 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??? 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 180 hours of instruction. 90 hours will be spent in classroom, 20 hours laboratory instruction, and 70 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 16.
- b. Ability to read or write English. Grade level 9.0 or higher, preferably 12.9.
- d. Able to pass a 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. Dependable transportation.
- 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 \$250.00 deposit 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 scrubs, white shoes, stethoscope and blood pressure cuff, and a watch with a second hand.
- d. Most students have a financial sponsor, including but not limited to: ACAP, PIRNC, A.R. Gould Northern Light Hospital, Aroostook Area Agency on Aging, Maine Veteran's Home, Mars Hill Nursing Home.

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 _____

SAD 1 Adult & Community Education CNA Contract

I, _____, understand that I MUST have 180 hours of training to meet state certification guidelines. I understand that the \$849.00 course cost includes 180 hours of training. If I miss any of the scheduled hours of class/clinical training time, I understand that I will have to pay the instructor rate of \$22.00/hr. to meet the 180 hr. Maine State minimum required to be eligible to be added to the Maine State Registry. I also understand that my course fee of \$849.00 and any other outstanding fees MUST be paid in full prior to sitting for the State Exam. If I need to re-schedule the exam date, a \$50 fee will be charged.

I have read and understand the terms of this agreement.

Student

Date

Program Director

Date

SAD 1 Adult & Community Education

CNA WRITTEN NOTICE OF PROBATIONARY STATUS

Reason(s) for this notice:

_____ Absenteeism

_____ Tardiness

_____ Grade Level Below 70

_____ Failure to meet clinical standards of performance

_____ Failure to maintain safety of patients

Comments:

Action(s) to be taken:

I have read and understand fully the meaning of probationary status and understand that if I do not meet the expected criteria, I am subject to dismissal from this program.

Student Signature _____ Date: _____

Instructor Signature _____ Date: _____

Copies of this notice: Student
Student's File
CNA Instructor
Adult Education Director

SAD 1 Adult & Community Education

CNA WRITTEN NOTICE OF DISMISSAL

Reason(s) for DISMISSAL:

_____ Absenteeism

_____ Tardiness

_____ Grade Level Below 70

_____ Failure to meet clinical standards od performance

_____ Failure to maintain safety of patients

Comments:

I have read and understand the reason(s) for my dismissal from the CNA course.

Student Signature _____ Date: _____

Instructor Signature _____ Date: _____

- Copies of this notice:
- Student
 - Student's File
 - CNA Instructor
 - Adult Education Director