



## Maine Medical Center Portland CNA Apprentice Program Application

The MaineHealth Maine Medical Center Portland Certified Nursing Assistant Apprentice Program is a 7-week course offered six times a year, with a new class beginning about every 2 months.

### About the Program:

Students attend 4 days a week in Westbrook and Portland:

- 4 days of class time, weeks 1-4
- 2 days of class time and 2 days of clinical time starting week 5 through end of week 7
  - Class days are 8 AM – 3 PM in Westbrook
  - Clinical days are 7 AM – 7:30 PM at MaineHealth Maine Medical Center Portland

Students are paid at a rate of \$17.34/hour plus benefits for the duration of the class (187 total hours). There is NO charge for this program, or for textbooks. The class is only offered in person.

**NOTES:** Students are expected to work at MMC in Portland for one year for a minimum of 20 hours per week (1,040 hours) in the role of a CNA upon successful completion of the course if offered a position.

**Who can apply?** To be considered, 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. Program specifics and an opportunity to ask questions will be provided at an information session. Following the information session, applications will be reviewed and selected applicants will be contacted to schedule an interview.

### Your Next Steps:

You must take the [CASAS Reading Assessment](#). (Register for this at [www.mainehealth.org/mmcpor-cnaprogram](http://www.mainehealth.org/mmcpor-cnaprogram)). You must score 240 or higher on the assessment, then you will be invited to an information session. If you have recently taken the CASAS, you must wait 6 months before taking it again. If you hold a bachelors or associates degree from a US-accredited institution of higher learning, we may be able to waive the CASAS; please submit a copy of your diploma or transcript to [mmc.cnaprogram@MaineHealth.org](mailto:mmc.cnaprogram@MaineHealth.org)

**To apply:** Please visit [www.mainehealth.org/mmcpor-cnaprogram](http://www.mainehealth.org/mmcpor-cnaprogram) to find more information about the program. You can apply online, or you can submit this application by mail or email:

MH MMC Portland CNA Program, Nursing Academic Affairs  
22 Bramhall St., Rm 2644  
Portland, ME 04102

**OR** [mmc.cnaprogram@MaineHealth.org](mailto:mmc.cnaprogram@MaineHealth.org)

**Please do not deliver in person without an appointment.**

### A Completed Application Packet must include:

- ☐ One (1) copy of front of driver's license or State ID card (or other form of ID with photo and signature)
- ☐ 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 must be emailed to [mmc.cnaprogram@mainehealth.org](mailto:mmc.cnaprogram@mainehealth.org) BY THE PERSONS WRITING THEM. If you have not been employed in recent years, other references (teacher, coach, volunteer group leader, clergy, etc.) are acceptable. References from friends or family are **NOT** acceptable.

**Questions?** Please email [mmc.cnaprogram@MaineHealth.org](mailto:mmc.cnaprogram@MaineHealth.org)

**MH MAINE MEDICAL CENTER Portland / PORTLAND ADULT EDUCATION  
CNA APPRENTICE PROGRAM**

**CERTIFIED NURSING ASSISTANT COURSE APPLICATION**

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

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

How did you learn of this program?

☐ FaceBook ☐ MMC News ☐ mmc.org ☐ Friend/family ☐ Indeed ☐ PAE

Are you now or have you ever been a MaineHealth employee? ☐ No ☐ Yes

If currently a MaineHealth employee, what was your start date: \_\_\_\_\_ (month & year)

**Education**

1. \_\_\_\_\_  
*(name of high school, GED/HiSET, city & state, year graduated)*
2. \_\_\_\_\_  
*(name of college, city & state, year graduated)*

**Additional Education**

\_\_\_\_\_  
*(name of school or program, city & state, year graduated)*

**Work Experience**

1. \_\_\_\_\_  
*(name & address of employer)*  
  
\_\_\_\_\_  
*(contact person name & telephone number)*  
  
\_\_\_\_\_  
*(dates employed, job title & your reason for leaving)*

Are you currently working here? Yes \_\_\_ No\_\_\_ May we contact your supervisor? Yes \_\_\_ No\_\_\_

## Work Experience cont'd.

2. \_\_\_\_\_  
(name & address of employer)

\_\_\_\_\_  
(contact person name & telephone number)

\_\_\_\_\_  
(dates employed, job title & your reason for leaving)

Are you currently working here? Yes \_\_\_ No \_\_\_ May we contact your supervisor? Yes \_\_\_ No \_\_\_

3. \_\_\_\_\_  
(name & address of employer)

\_\_\_\_\_  
(contact person name & telephone number)

\_\_\_\_\_  
(dates employed, job title & your reason for leaving)

Are you currently working here? Yes \_\_\_ No \_\_\_ May we contact your supervisor? Yes \_\_\_ No \_\_\_

## References

1. Name: \_\_\_\_\_  
(First) (Last)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Name: \_\_\_\_\_  
(First) (Last)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

3. Name: \_\_\_\_\_  
(First) (Last)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

## 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 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: \_\_\_\_\_