



2. **COPY (no originals please)** of documentation of a passing score on the CNA competency evaluation testing.
3. **COPY (no originals please)** of the applicant's CNA training certificate.
4. **COPY (no originals please)** of the applicant's Social Security Card.
5. **COPY (no originals please)** of the applicant's current driver's license (or official government I.D.) containing a photograph and signature. (A valid passport is also acceptable). (A student I.D. is NOT acceptable.)
6. **Letters from employers (if applicable):** Place(s), date(s), and number of hours worked while employed as a CNA during the last 5 years. (**Officially documented by the employer in a letter to the Registry.**)
7. **COPY (no originals please)** of documentation of the applicant's completion of at least the ninth grade of school.

**Please answer the following questions:**

**\* If you answer "Yes" to questions #1 or #2 below, you must attach an explanatory letter that includes the location and date of each occurrence.**

**\*\* If you answer "Yes" to questions #3, #4, #5, #6, or #7 below, please attach court documents pertaining to each conviction.**

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 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 laws of the United States? Yes  No
6. Have you **ever** been convicted of **any** crime under the laws of any other country? Yes  No
7. Have you **ever** been convicted of **any** crime that took place in **any** health care setting in the State of Maine, or any other State? Yes  No

**The Maine Registry of Certified Nursing Assistants (the "Registry") shall deny any applicant, or a CNA, placement or continued listing on the Registry if an application contains known misrepresentations, or represents in any way an attempt by the applicant, or CNA, to obtain placement or continued listing on the Registry by deceitful or fraudulent means.**

I believe that all of my answers to the above questions are true and correct. I understand that the staff of the Registry will verify the information on this application for its truthfulness and that knowingly making a false statement on this application may subject me to prosecution under applicable Maine law.

X \_\_\_\_\_  
*Applicant's Complete Signature*

X \_\_\_\_\_  
*Date of Application*

**Please send completed application, with accompanying documentation, to:**

Maine Registry of Certified Nursing Assistants  
Division of Licensing and Regulatory Services  
11 State House Station – 41 Anthony Avenue  
Augusta, Maine 04333-0011

*Please **attach** a copy of an  
official government  
photo I.D.  
(including signature)*

**HERE**

*(Student I.D. not acceptable)*

*Please **attach** a copy  
of your  
Social Security Card*

**HERE**

For Office Use Only

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_