STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LICENSING AND REGULATORY SERVICES
-

Maine Registry of Certified Nursing Assistants (CNA)

Application for CNA

SECTION 1: Applicant Information			
Legal Name (First, Middle, Last):			
Previous Name(s):			
Social Security Number:		Date of Birth:	
Mailing Address:			
City:	State:	Zip:	County:
Email Address:		Telephone No.: ( )	

SECTION 2: Application Type
APPLICATION FOR CNA
Please check one: ☐ New Application ☐ Inactive – applying for reinstatement Please select the type of application: ☐ Application for a CNA trained in the State of Maine ☐ Application for a CNA trained in another State/Jurisdiction ☐ Military *(Must submit DD-214 Form or military equivalent)* ☐ Student Nurse, enter location: _____ *(Must submit letter or certificate demonstrating equivalent training)* ☐ Current Registered Nurse *(Must submit copy of current RN or LPN license)*

For questions regarding this program and/or application, please contact the following:
Department of Health and Human Services
Licensing and Regulatory Services
Maine Registry of Certified Nursing Assistants (CNA)
41 Anthony Ave; 11 State House Station
Augusta, ME 04333-0011

Tel: (207) 624-7300 Fax: (207) 287-9325 Toll Free: 1-800-791-4080 TTY users call Maine relay 711
Email: dlrs.cnaregistry@maine.gov

Office Use Only:
License# _____ *Approved by:* _____ *Approved Date:* _____

SECTION 3: Applicant Background

Please answer the following questions:

*If you answer "Yes" to any question, 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, you must attach court documents pertaining to each conviction.

1. Have you **ever** been denied a CNA certificate or license? ☐ No ☐ Yes
2. Have you **ever** had any disciplinary action (probation, suspension, revocation or reprimand) taken against your CNA certificate or license? ☐ No ☐ Yes
3. Have you **ever** been convicted of any crime under the laws of Maine? ☐ No ☐ Yes
4. Have you **ever** been convicted of any crime under the laws of any other State? ☐ No ☐ Yes
5. Have you **ever** been convicted of any crime under the Federal laws of the United States? ☐ No ☐ Yes
6. Have you **ever** been convicted of any crime under the laws of any other country? ☐ No ☐ Yes
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? ☐ No ☐ Yes

SECTION 4: Submission

Submit your completed application, and the following additional information:

- Copy of the applicant's CNA training certificate. **(No originals please)**
- Copy of the applicant's Social Security Card. **(No originals please)**
- Copy 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) **(No originals please)**
- Letters from employers (if applicable): Place(s) and date(s) of employment as a CNA within the last twenty-four (24) months. (Officially documented by the employer in a letter to the Registry)
- Copy of the criminal background report done at the time of your CNA training course. (Only necessary to submit this with your *first* Registry application following completion of the course.) **Please note: the criminal background check must include a report on all names the applicant has held as an adult.**

Applications for a CNA trained in a State other than Maine, please submit the following additional information:

- Copy of documentation that the applicant's CNA training is equivalent to or greater than Maine's required hours of classroom and clinical training. **(No originals please)**
- Copy of documentation of a passing score on the CNA competency evaluation testing. **(No originals please)**
- Copy of documentation of the applicant's completion of at least the ninth (9th) grade of school. **(No originals please)**
- 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.)***

Failure to submit any of the required information will delay the processing of your application.

SECTION 5: Declaration

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.

_____	_____	_____
Print Name of Applicant	**Signature of Applicant**	**Date**