



STATE OF MAINE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF LICENSING AND CERTIFICATION

**Maine Registry of Certified Nursing Assistants (CNA)**  
Application for Listing on the CNA Registry

SECTION 1: Applicant Information		
First:	Middle:	Last:
All Previous Legal Name(s), including maiden and/or married name(s):		
Social Security Number:	Date of Birth:	
Email Address:	Telephone Number: (    )	
Current Mailing Address:		
City:	State:	Zip:
Current Physical Address (if different than above):		
City:	State:	Zip:

SECTION 2: Application Type
Please check one: <input type="checkbox"/> New Application <input type="checkbox"/> Inactive – applying for reinstatement
Please select the type of application: <input type="checkbox"/> CNA trained in the State of Maine <input type="checkbox"/> CNA trained in another State/Jurisdiction <input type="checkbox"/> CNA trained while in military service (Must submit DD-214 Form or military equivalent) <input type="checkbox"/> Student Nurse with training equivalent to the CNA curriculum (Must submit certificate of equivalent CNA training or letter from school) Enter name of school: _____ <input type="checkbox"/> 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  
Division of Licensing and Certification  
Maine Registry of Certified Nursing Assistants and Direct Care Workers  
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: [dhrs.cnaregistry@maine.gov](mailto:dhrs.cnaregistry@maine.gov)

**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 question 3, you must attach court documents pertaining to each conviction.

- |  |                             |                              |
|--|-----------------------------|------------------------------|
| 1. Have you <b>ever</b> been denied a CNA certificate or nursing license?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 2. Have you <b>ever</b> had any disciplinary action (probation, suspension, revocation or reprimand) taken against your CNA certificate or nursing license?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 3. Have you <b>ever</b> been convicted of any crime under the laws of Maine, any other State, under the Federal law, or under the laws of any other country? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 4. If you have <b>ever</b> been convicted of any crime, did that crime take place in a health care setting?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 5. Have you held CNA Certification in any other State(s)?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

**SECTION 4: Required Documentation**You must submit copies of the following additional information to the Maine Registry of Certified Nursing Assistants ("the Registry") with your completed application: **(No originals please)**

- A copy of your CNA Certificate of Training.
- A copy of your current driver's license (or official government I.D.) containing a photograph and signature. (A valid passport is acceptable, but a student I.D. is NOT acceptable)
- Letters to the Registry from employers, on company letterhead, that state your place(s) and date(s) of employment as a CNA within the last twenty-four (24) months. (Only required if seeking to reactivate your listing.)
- A copy of the criminal background report that was done at the time of your CNA training course. **Please note: the criminal background check must include a report on all names the applicant has held as an adult.**

If applying as a **CNA trained in a State other than Maine**, please submit copies of the following additional information: **(No originals please)**

- A copy of the official score report from the testing company that conducted your competency evaluation, indicating a passing score in both theory and clinical competence.
- A copy of the Certificate of Training issued by the institution or agency conducting the training program.
- Letters to the Registry from employers, on company letterhead, that state your place(s) and date(s) of employment as a CNA within the last twenty-four (24) months.

**Failure to submit any of the required documents will delay the processing of your application.****SECTION 5: Declaration**

The Registry shall deny any applicant placement, or continued listing, on the Registry if an application contains known misrepresentations, or represents in any way an attempt by the applicant to obtain placement or continued listing on the Registry by deceitful or fraudulent means.

I assert 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***Office Use Only:*

License# \_\_\_\_\_ Approved by: \_\_\_\_\_ Approved Date: \_\_\_\_\_