



NURSING ASSISTANT APPLICATION

Student Information (Print Clearly)

Full Legal Name: _____
(Last) (First) (M.I.) (Birth/Former name)

Permanent Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____
(Please circle above preferred method of contact)

E-Mail Address: _____ U.S. Citizen: Yes No

Social Security No: _____ Legal resident of ME: Yes No
(Lived in Maine 12 consecutive months, for purposes other than education)

Date of Birth: _____
(optional) If yes, date you became a legal resident _____

High School Last Attended: _____ Year Graduated: _____
(name-city-state)

_____ G.E.D. Graduate _____ Adult Diploma Year Received _____

_____ College-How many years completed? _____

Responsible for payment: _____ Myself _____ Agency/Other _____
(please specify)

To all Nursing Assistant Program Applicants: In October of 1993, PL 1991, C. 421 1 was enacted by the State of Maine. This law enables the Department of Human Services to investigate the background of all CNA's who have completed a CNA program and have applied to the Maine Registry for Certified Nurse Assistants. Any convictions of abuse, neglect, or the misappropriation of an individual's property will be included on the CNA's registry file. Federal law prohibits health care facilities from employing CNA's who have been convicted of the offenses named above if these convictions appear on their registry records.

Applicant's Signature

EMCC Representative

Date

Date

Eastern Maine Community College is an equal opportunity/affirmative action institution and employer.