

EASTERN AROOSTOOK ADULT & COMMUNITY EDUCATION

MEDICATION COURSE FOR CERTIFIED NURSING ASSISTANTS

GENERAL INFORMATION

This course will provide instruction necessary for completion of the Standardized Medication Course for Certified Nursing Assistants (CNA's).

The course will consist of one hundred twenty (120) hours of instruction. Sixty (60) hours will be spent in the classroom, twenty (20) hours skills lab, and forty (40) hours of clinical experience in a long-term health care facility.

ENTRY REQUIREMENTS

Before being considered for the program, each applicant must:

- A. Be in good physical and mental health.
- B. Demonstrate good grooming and personal hygiene.
- C. Have no recent history of alcohol or drug abuse.
- D. Complete an application.
- E. Equivalent of at least one year of full-time employment (2080 hours) as a CNA. Must attach verification from your employer or Human Resources Department.
- F. Be currently listed on Maine Registry of Certified Nursing Assistants, and must attach a current copy with your application from the "ALMS License Information" found online at Maine.gov.
- G. Submit two (2) letters of recommendation from a director of nursing and/or a supervising registered professional nurse. The recommender must have directly supervised the applicant, and be stated so in the letter. (LPN letters are unacceptable)
- H. Pass a reading comprehension test (CASAS) with a minimum of 10th grade reading level.
- I. Participate in an interview with the instructor.

All of the above will be considered in the Director's final decision for acceptance into this program.

Please remove this cover page and keep.

The total fee of \$950, includes books, must be paid in full before the class start date. There are no refunds. 100% attendance is required, there are no make-up days.

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MEDICATION COURSE FOR CERTIFIED NURSING ASSISTANTS

Application

Print Clearly

Date: _____

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: ME Zip: _____

Phone: Daytime _____ Evening _____

E-Mail: _____

Date of Birth: _____ Social Security #: _____

Have you ever been charged with or investigated for providing alcohol/drugs to a minor? Yes ___ No ___

Have you ever been charged with or investigated for possession and/or trafficking drugs? Yes ___ No ___

Have you ever been charged with, pleaded guilty or "No Contest" (nolo contendere) to,
or been convicted of any crime involving theft? Yes ___ No ___

Have you (a) ever been convicted of a crime, other than a minor traffic offense;
or (b) ever entered a plea of guilty or a plea of "No Contest" (nolo contendere),
or has any court ever deferred further proceedings without entering a finding
of guilty and placed you on probation, for any crime other than a minor traffic
offense? Yes ___ No ___

If you have answered yes to any one of the previous questions, please attach an explanation, in detail,
including the date of the court action, the offense in question, and the address of the court involved.

Are you presently employed as a CNA? Yes ___ No ___ If "Yes" fill in the *information below.

*Employer's Name: _____ *Phone: _____

*Is your employer sponsoring you for this course? Yes ___ No ___ Possibly ___ Other ___

Is your employer willing to schedule your shifts to be able to attend 100% of this course? Yes ___ No ___

Have you ever taken a Pharmacology/CNA Medication course before? Yes ___ No ___

If you have answered "Yes", why are you applying for this course? _____

Do you have a high school diploma/GED/HiSET: Yes ____ No ____

A. If "Yes" Year Achieved: _____

B. If "No" would you consider making it a future goal, understanding this course will provide you with 2 credits towards your diploma, extra credits are also awarded from work experience. We also offer HiSET testing, which is the equivalence of a high school diploma. Yes ____ No ____

Work Experience

| Year | Position | Employer | Phone# |
|-------|----------|----------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Please explain why you are applying for this program, also indicating any qualities or skills you have that would be beneficial to long term health care or mental health patients.

In signing this application, you are assuring Eastern Aroostook Adult & Community Education that the information you have provided is truthful and can be verified. Your signature also indicates that you have read, understand, and agree with the "General Information" and that you will fulfill all the "Entry Requirements" with no exceptions.

Signature

Date