



Department of Health and Human Services

Maine People Living Safe, Healthy and Productive Lives

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

Department of Health and Human Services
Licensing and Regulatory Services
41 Anthony Avenue
11 State House Station
Augusta, Maine 04333
Tel: (207) 624-7300; Toll Free: 1-800-791-4080
Fax: (207) 287-9325; TTY: 1-800-606-0215

CNA Website: http://www.maine.gov/dhhs/dlrs/cna/home.html
CNA Web-portal: https://gateway.maine.gov/cnaregistry/

Maine Registry of Certified Nursing Assistants (CNA)

Application for CNA Trained in Maine

Please check one:

- () New Application
() 2 year Renewal Application
() Competency Testing

Print in blue or black ink, or type all information. Only applications completed in ink will be accepted. ALL information must be completed or the application form will be returned to the applicant.

SOCIAL SECURITY: [] [] [] - [] [] - [] [] [] []
DATE OF BIRTH: [] [] / [] [] / [] []
FIRST NAME: [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
MIDDLE NAME: [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
PREVIOUS NAMES: [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
LAST NAME: [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
MAILING ADDRESS: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] (Street/P.O. Box)
[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] (City/Town)
[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] (State)
[] [] [] [] [] [] - [] [] [] [] (Zip Code) + 4-digit extension [if known]
TELEPHONE NO: ([] [] []) [] [] [] - [] [] [] []

Applicant must attach the following to the application:

- 1. COPY (no originals please) of the applicant's CNA training certificate.
2. COPY (no originals please) of the applicant's Social Security Card.

3. **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.)
4. **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**).
5. **COPY (no originals please)** 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.**

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 required 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: _____