

Date (e) mailed back to school: _____

REQUIREMENTS FOR CNA COURSE APPROVAL

**PLEASE SUBMIT THE ITEMS CHECKED BELOW SO THAT
YOUR APPLICATION CAN BE PROCESSED.**

COURSE NUMBER: _____

DIRECTOR: _____

MAILING INFORMATION: _____

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- Admission/Retention/Dismissal Policy**
 - Current copies of all RN licenses and resumes**
 - Director/Proctor training has been/will be attended**
 - Instructor has/will attend(ed) Train the Trainer program**
 - Person administering the State Exam with name/title,
complete address, phone number and email address.**
 - Proof of Malpractice Insurance for students & instructor**
 - Proof of Teacher Certification (*Secondary*)**
 - SBI notification process /copy of student awareness
forms-we do not need the actual signed forms just a note
stating what you are using as your school's process for
notification/tracking of SBI checks (*Post secondary*)**
 - Site visit by State Consultant**
 - Other:** _____

**RETURN TO:
Elaine Briggs
Department of Education
23 State House Station
Augusta, ME 04333
PH: 207-624-6711**