

ADMISSION CRITERIA

1. Minimum age 16
 2. Good physical and mental health
 - Absence of drug and alcohol abuse**
 - Good grooming and personal hygiene**
 - Dependable, reliable, work habits**
 3. High school diploma or GED (Adult Program)
 4. Ability to read or write English
Grade level of 9.0 recommended, preferably 12.9
Entrance Exam – SRI
 5. Evidence of negative TB test or negative chest x-ray
 6. Evidence of immunization or immunity; as required by clinical facility:
 - **MR - unless born before 1956**
 - **Varicella (chicken pox)**
 - **Tetanus – (optional)**
 - **Hepatitis B**
 - **Annual influenza recommended**
 7. Physical Exam within the past year – statement from physician stating the candidate is physically capable of doing CNA work
 8. Personal references (2)
 9. Interview with instructor
 10. Completed application form
 11. State Bureau of Investigation Check
- Students will be required to have an SBI check done prior to beginning the clinical experience for this program. It must be submitted to the Certified Nursing Assistant Registry when being placed on the Registry.

Northern Penobscot Tech Region III

35 West Broadway

Lincoln, ME 04457

Phone - 794-3004 Fax - 794-8049

CERTIFIED NURSING ASSISTANT COURSE APPLICATION

PERSONAL:

NAME: _____

ADDRESS: _____

TELEPHONE: H _____ W _____ Cell _____

Email: _____

EDUCATION: High School _____ diploma _____ GED

Name and address of high school:

Name and address of post-secondary education and highest degree acquired:

Employment History:

1. MOST RECENT EMPLOYER: _____

COMPLETE ADDRESS: _____

CONTACT PERSON: _____ TITLE: _____

TELEPHONE NUMBER: () _____

DATES OF EMPLOYMENT: _____ THRU _____

REASON FOR LEAVING: _____

2. EMPLOYER: _____

COMPLETE ADDRESS: _____

CONTACT PERSON: _____ TITLE: _____

TELEPHONE NUMBER: () _____

DATES OF EMPLOYMENT: _____ THRU _____

REASON FOR LEAVING: _____

3.
EMPLOYER: _____

COMPLETE ADDRESS: _____

CONTACT PERSON: _____ TITLE: _____

TELEPHONE NUMBER: () _____

DATES OF EMPLOYMENT: _____ THRU _____

REASON FOR LEAVING: _____

PERSONAL REFERENCES, Name, Complete Address and Telephone number

- 1.
- 2.
- 3.

Criminal Background Check

Please answer the following questions:

1. Have you **ever** been denied a nursing assistant certificate/license?
Yes _____ No _____
2. Have you **ever** had **any** disciplinary action (probation, suspension, revocation or reprimand) taken against your nursing assistant certificate/license?
Yes _____ No _____
3. Have you **ever** been convicted of **any** crime under the laws of Maine?
Yes _____ No _____
4. Have you **ever** appeared in **any** court, paid any fine or been put on probation?
Yes _____ No _____
5. Have you **ever** been convicted of **any** crime under the laws of any other state?
Yes _____ No _____
6. Have you **ever** been convicted of **any** crime under the Federal law of the United States
Yes _____ No _____

On the back, please comment if you answered yes to any of the above questions 1-6. If you have answered "yes" to questions #1 or #2 above, you must attach an explanatory letter with the location, and date of each occurrence. If you have answered "yes" to questions # 3, #4, #5 or #6, please attach court documents pertaining to each conviction. If you are not sure if you have been convicted of a crime, you must attach an explanatory letter.

I wish to be considered as an **applicant** for the Certified Nursing Assistant Program at **Northern Penobscot Tech Region III**. I have provided proof of educational transcripts to you.

I have read and understand the admission qualifications for this program. **If accepted, I agree to abide by the rules and regulations of the program.** I understand my references will be checked.

Failure to furnish all information on education, employment and personal background may constitute adequate reason for disqualification of my application or subsequent dismissal from this program.

My signature below also gives you permission to conduct an SBI check. **I understand that I cannot participate in the clinical experience until the SBI check has been returned to you.**

Falsification of information of this application is reason for dismissal.

Signature _____ Date _____

Please print name: _____

A State Bureau of Identification (SBI) check will be initiated by this application process. Upon successful completion of this program, the results of this SBI check will be forwarded to the State of Maine Registry for Certified Nursing Assistants along with the certificate and application.

Please provide the following information:

| Name | Maiden Name | List of Former Last Names | Social Security Number | Date of Birth |
|------|-------------|---------------------------|------------------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Please read and answer the following questions in writing:

What does a C N A do in his/her job?

Why do you want to work as a C N A?

Do you understand that you will spend several hours of this program doing hands on work with the elderly and or ill persons?

Have you had any experience working with the elderly and/or ill persons? If yes, when and where?

Interviewer Signature _____

Date:

Instructor Signature _____

NORTHERN PENOBSCOT TECH REGION III

Mary Hawkes, Director
207-794-3004

35 West Broadway
Lincoln, ME 04457

PHYSICIAN STATEMENT REGARDING PARTICIPATION IN THE ADULT EDUCATION CERTIFIED NURSING ASSISTANT PROGRAM

_____ is enrolled in the CNA program at Northern Penobscot Tech
Region III in Lincoln, Maine.

He/she will be required to perform basic bedside nursing procedures which include: giving
baths, making occupied beds, lifting patients, pushing wheelchairs, stretchers and in some cases
beds, assisting and transferring patients in and out of bed, ambulating patients, washing beds,
participation in CPR training and other similar health care tasks and procedures.

_____ is in good physical health and capable of performing basic
nursing tasks without restriction.

or;

_____ must observe the following restrictions:

Signature of physician _____ Date: _____

Northern Penobscot Tech Region III
35 West Broadway, Lincoln, ME 04457

Mary Hawkes, Director
Phone # 207-794-3004
Fax # 207-794-8049

**RELEASE ASSUMPTION OF THE RISK AND AGREEMENT
TO INDEMNIFY AND HOLD HARMLESS**

I am aware that participating in Adult Education involves many risks of injury. I understand that the dangers and risks of participating in CNA include risk of serious injury to the body, general health and well-being.

In consideration of my being allowed to participate in this activity, I do hereby agree to assume all risk of injury, harm, or damage to my person or property arising during or in connection with the said activity, and I do hereby release and agree to indemnify and hold harmless **Northern Penobscot Tech Region III**, its directors, administrators, agents and employees, from any and all liability, actions, damages, and claims of any kind or nature whatsoever for injury, harm, or damage to my person or property that may arise or occur during or in connection with CNA.

I have read the above document carefully before signing it and I sign it voluntarily with full knowledge of its significance.

Dated: _____

Signature of Participant

Certified Nursing Assistant Course

Philosophy

Nursing care is concerned with the basic needs of individuals who have physical, mental, social, and cultural dimensions. The CNA with appropriate education and training is capable of giving nursing care under the supervision and delegation of the registered professional nurse in tasks which support nursing practice.

Course Objectives

The objective of this course is to provide a means of acquiring basic knowledge and skills for persons interested in entering the health care field.

The experience gained as a certified nursing assistant also enables the individual to consider and pursue other opportunities in the health services.

By the completion of this course, the student will be able to:

1. Maintain a proper physical and emotional patient environment.
2. Report and record observations.
3. Provide assistance in personal hygiene.
4. Assist with body movement and ambulation.
5. Assist with nutrition and elimination.
6. Assist in emergency situations.
7. Communicate in an effective, positive manner.
8. Assist the registered professional nurse to provide patient care.
9. Demonstrate understanding of skills appropriate for the CNA.

Certified Nursing Assistant Adult Program

Attendance

1. Students are expected to attend all classes, laboratory practices, and required clinical days.
 - a. If absence is unavoidable, the student must notify the instructor promptly (on the day of the class or clinical, if possible).
 - b. The student will arrange to make up the missed work as soon as possible (within 2 weeks).
2. Make-up for absence
 - a. 3 to 6 hours of classroom time may be made up by methods to be determined by the instructor.
 - b. Laboratory time may be made up by satisfactory performance of required skills in the laboratory with the instructor.
 - c. Missed clinical time can be made up only by attendance on another scheduled clinical day.
3. A written warning will be given for repeated absence from class, skills laboratory, or clinical. A conference will be held to determine if the student is able to make up the missed work and meet course requirements.
4. Dismissal from the program is recommended for absence over 10 hours. A student may be allowed to continue in the course for a grade of incomplete but will not be allowed to take the State exam.

Retention

Retention of the CNA student in this course may be at risk if any of the following are manifested by the student:

1. Attitude

- a. Acts of verbal or physical aggression.
- b. Displaying negative attitudes with class members, instructor, or facility staff.

2. Absenteeism

Every student in the program is required to attend all 180 hours of classes, laboratory practices, and clinical days as required.

- a. If an absence does occur and is due to illness or other unavoidable reasons, the student must call the instructor on the day of class or clinical.
- b. Unexcused absence including no call/no show is grounds for dismissal from the program.
- c. Arrangement for make-up is the responsibility of the student. The student will check with the instructor for any missed work, and arrange to make up the class or clinical experience at the discretion of the instructor.

3. Failure to meet the academic grade level (70).

4. Cheating on exams.

5. Theft or destruction of property.

6. Presence of drugs or alcohol.

7. Repeated disruptive behavior in class or clinical sites that interferes with the learning process of other students.

8. Failure to return exam.

9. Compromising safety of patients.

10. Violation of school rules.

The instructor will meet with the student and provide the appropriate documentation of warning. The student will also meet with the Director of Northern Penobscot Tech Region III.

Dismissal

1. Failure to maintain an academic average of (70.)
2. Failure to comply with attendance policy.
3. Failure to meet course requirements.
4. Any new physical or emotional problem that interferes with completion of the course requirements.
5. Any substance abuse will result in immediate dismissal.
6. Acts of physical aggression toward another person.
7. Acts of verbal aggression toward another person.
8. Dishonesty, theft, or misuse of property.
9. Failure to maintain confidentiality.
10. Failure to maintain patient safety.

Failure to disclose a history of conviction for a crime on application for the CNA course is reason for dismissal from the program.

When a student is given a warning, a conference will be scheduled and the student and instructor will establish goals. The student will be given an appropriate amount of time to show improvement through meeting the goals. If the student does not meet these goals, the student will be dismissed. A written notice of dismissal will be completed.

If the dismissal is for abuse and the issue was referred to the Department of Human Service, a copy of that letter must be included in the students file.

Evaluation

1. A classroom grade for the student is based on written tests scheduled throughout the course.
 - a. Students are required to maintain an academic average of 70 to successfully complete the course.
 - b. If a student has a grade below 70 on a test, an oral warning will be given. The student may retake the test (within a week). A written warning will be given for repeated grades below 70.
2. Skills laboratory will be graded on a pass/fail basis through observation by the instructor. Procedures will be reviewed and skills demonstrated before the return demonstration by student. One-on-one practice sessions will be provided as needed.
3. A Standardized Skills Check List will be used to record student competency in the classroom, laboratory, and clinical areas. Evaluation of the students progress will be done at least mid-course and in the final weeks.
4. The State exam for nursing assistant competency evaluation testing will be administered to students completing the course. The student may not be eligible to take the State Certified Nursing Assistant examination if he/she does not meet the course requirement or does not complete the goals that are required in the warning notice.

WRITTEN NOTICE OF WARNING

Reason for this warning:

Goals to be met by student:

I have read and understand that if I do not meet the expected criteria, I am subject to dismissal from the program.

Student signature _____ Date _____

Instructor signature _____ Date _____

Copies of this notice: Student
Student File
Instructor
Director

WRITTEN NOTICE OF DISMISSAL

Reason for dismissal:

Comments:

I have read and understand the reasons for my dismissal from this course.

Student signature _____ Date _____

Instructor signature _____ Date _____

Copies of this notice: Student
Student File
Instructor
Director