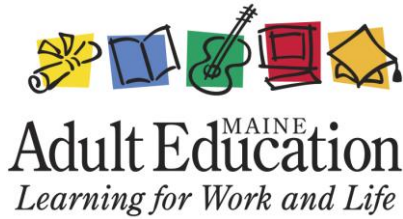


RSU 25 Adult and Community Education
Bucksport, Orland, Prospect, Verona Island



Leslie R. Murauckas, Director

Phone: (207) 469-2129

Fax: (207) 469-2192

e-mail: adulthood@rsu25adulthood.com

website: www.rsu25adulthood.com

Jewett School

66 Bridge Street

P.O. Box 1341

Bucksport, ME 04416-1341

To: CNA Applicants

**From: Leslie R. Murauckas, Director,
RSU 25 Adult and Community Education**

Re: Certified Nursing Assistant Packet

Enclosed is our CNA packet. Please read this information carefully, fill out the necessary forms and return to RSU 25 Adult and Community Education: PO Box 1341, Bucksport, ME 04416-1341.

Class and clinical sessions are held separately and will be announced each semester.

Applications should be completed as soon as possible as only 10 students are allowed in this class.

1. Personal Data Sheet
2. Proof of Insurance (Health & Accident) or Signed Waiver
3. Doctor's Statement
4. Request for High School or GED Transcript – Please mail them to your previous school
5. Two questions to be answered by you
6. Two references – (not from relatives) preferably from persons with whom you have worked
7. Signed understanding of policies

Course fee is \$950.00 which includes:

CASAS Assessment (Schedule this assessment at our Adult Education site when you pick up your packet.)

Malpractice Insurance

Textbooks

Registration Fee

State Exam

Initial Background Check

NOTE: You will not be considered for acceptance into the CNA Program until a \$100.00 deposit has been received by this office. The deposit is nonrefundable unless the course is canceled or fully enrolled.

NOTE: You do not need to wait until your packet is complete to send in your application and deposit. In order to be accepted, full payment and all requested information must be received by this office.

CERTIFIED NURSE ASSISTANT COURSE PHILOSOPHY

Nursing care is concerned with the basic needs of individuals who have physical, mental, social, and cultural dysfunctions. 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.

OBJECTIVES:

The objective of this course is to provide a means of acquiring basic nursing techniques and skills designed to furnish the graduate with entry-level skills in the health field.

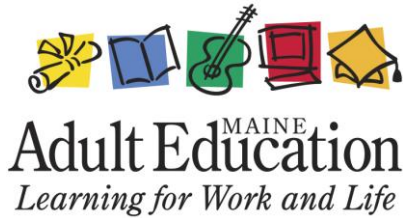
The experience gained as a Certified Nurse Assistant also enables the individual to consider and pursue upward mobility in the health services as opportunities arise.

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

- a. Maintain a proper physical and emotional patient environment.
- b. Report and record observations.
- c. Provide assistance in personal hygiene
- d. Assist with body movement and ambulation.
- e. Assist with nutritional and elimination.
- f. Assist in emergency situations.
- g. Communicate in an effective, positive manner
- h. Assist the registered professional nurse to provide general patient care.

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Certified Nursing Assistant

This course provides the opportunity to learn the basic skills that enable the Nursing Assistant to:

- Maintain a proper physical and emotional patient environment
- Report and record observations
- Provide assistance in personal hygiene
- Assist with body movement and ambulation
- Assist in emergency situations
- Help the registered Nurse to provide general patient care

The course will consist of a minimum of 180 hours, divided between classroom/laboratory experience and supervised clinical instruction.

Entry Requirements

- Good physical and mental health
- High School or GED diploma or upon exemption
- Ability to read and write English(CASAS 241)
- Good grooming, speech and personal hygiene
- Minimum age 16

Course Requirements

- The student is not allowed to miss more than 12 hours of theory or one clinical session. Special exceptions, up to 12 hours of theory, may be considered only at the discretion of the Director.
- The student must maintain a grade of 75% in both classroom and clinical areas.

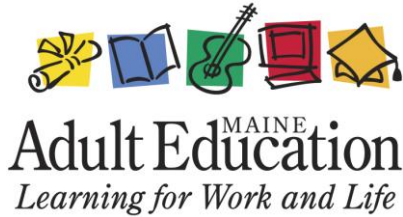
The student will be graded on:

- Written exams
- Class participation and preparation
- Performance of nursing skills
- Attitude and behavior

Other Requirements:

- The student must have a physical exam. The school provides the necessary forms to be filled out by a physician.
- The student must show proof of sickness, accident insurance coverage or a signed waiver.
- High School or GED transcripts
- Two references from past employers
- A written pre-entrance examination – see questions in packet

RSU 25 Adult and Community Education
Bucksport, Orland, Prospect, Verona Island



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RECOMMENDED ADMISSION CRITERIA

Important: YOU WILL BE REQUIRED TO HAVE A STATE BUREAU OF IDENTIFICATION (SBI) CHECK DONE PRIOR TO BEGINNING THE CLINICAL EXPERIENCE OF THIS PROGRAM AND THIS MUST BE SUBMITTED TO THE REGISTRY WHEN BEING PLACED ON THE CERTIFIED NURSING ASSISTANT REGISTRY. THE ATTACHED FACT SHEET ON EMPLOYMENT RESTRICTION PROVIDES INFORMATION ABOUT FELONY CONVICTIONS THAT WILL BAR YOU FROM EMPLOYMENT AS A CERTIFIED NURSING ASSISTANT. PLEASE READ THE FACT SHEET AND SIGN THE APPLICATION FORM STATING YOU HAVE READ AND UNDERSTAND THE INFORMATION REGARDING YOUR INELIGIBILITY FOR EMPLOYMENT IF YOU HAVE ANY OF THE CONVICTIONS.

1. Minimum age 16
2. Good physical and mental health
Good grooming and personal hygiene
Absence of drug and alcohol abuse
Dependable, reliable work habits
3. High School or GED Diploma
4. Ability to read or write English(CASAS 241)
5. Completed State Bureau of Investigation Background Check
6. Immunization MMR--unless born before 1956
All immunizations and testing required by the cooperating clinical facility, including Hepatitis B. Evidence of negative T.B. test or negative chest x-ray
7. Physical exam within the past year--statement from a physician stating candidate is physically capable of doing CNA work
8. Letters of reference(2)

**RSU 25 ADULT AND COMMUNITY EDUCATION
CERTIFIED NURSING ASSISTANT COURSE**

Retention

Retention of the CNA student in this class may be in jeopardy **if any of the following issues are manifested by the student.**

1. Attendance
 - a. Students enrolled in this program are **required** to attend all 180 hours of classes, laboratory practices and clinical days. (See Maine State Board of Nursing Curriculum.) **Students who miss more than 12 hours of class and/or clinical time will be dismissed from the program.** Students will be allowed to make up no more than 12 hours of class and/or clinical experience.
 - b. Absences must be reported to instructor.
 - c. One unexcused absence is grounds for dismissal from the program.
 - d. Arrangements for all make-up time and work are the responsibility of the student. **Students will need to prepay all allowed make-up time at the rate of \$21.00 per hour before scheduling make-up time with the instructor. Students will be allowed to make up no more than 12 hours of class and/or clinical experience.**
2. Failure to maintain an academic average of 75% in classroom and clinical areas.
3. Failure to comply with the attendance policy.
4. Failure to meet course requirements.
5. Any new physical or emotional problems that interfere with completion of course requirements.
6. Any substance abuse will result in immediate dismissal.
7. Acts of physical aggression/abuse toward another person.
8. Acts of verbal aggression/abuse toward another person.
9. Dishonesty, theft or misuse of property.
10. Failure to maintain confidentiality.
11. Failure to maintain patient safety.
12. Being disciplined by school administration for violations of school rules.

When a student is given a warning or is placed on probation, a conference will be set up and the student and instructor will establish goals. If the student does not meet these goals of improvement as outlined in the disciplinary forms, the student will be dismissed. **The student may not be eligible to take the State Certified Nursing Assistant examination if he/she does not meet the course requirements and/or does not complete the goals that are required in the warning/probationary notice.**

RSU 25 Adult and Community Education
Bucksport, Orland, Prospect, Verona Island



Leslie R. Murauckas, Director

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Bucksport, ME 04416-1341

Recommended Standards of Admission, Retention, Dismissal Policies for secondary and adult education CNA programs as developed by Health Occupations instructors on June 25, 1991, and as amended August 2000, and July 2004.

Department of Education
University of Southern Maine
MHOEA

I have read and understand the admissions/retention/dismissal policies of RSU 25 Adult and Community Education and agree to abide by the rules and regulations of the program

Name (printed) _____

Signature _____

Date _____

RSU 25 Adult and Community Education
Bucksport, Orland, Prospect, Verona Island



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Attendance Policy

Students enrolled in this program are **required** to attend all 180 hours of classes, laboratory practices and clinical days. (See Maine State Board of Nursing Curriculum.)

Students who miss more than 12 hours of class and/or clinical time will be dismissed from the program.

Students will be allowed to make up no more than 12 hours of class and/or clinical experience.

Absences must be reported to instructor.

One unexcused absence is grounds for dismissal from the program.

Arrangements for all make-up time and work are the responsibility of the student. Students will need to prepay all allowed make-up time at the rate of \$21.00 per hour before scheduling make-up time with the instructor. Students will be allowed to make up no more than 12 hours of class and/or clinical experience.

I have read and understand the attendance policy of RSU 25 Adult and Community Education and agree to abide by the rules and regulations of the program

Name (printed) _____

Signature _____

Date _____

RSU 25 Adult and Community Education
Bucksport, Orland, Prospect, Verona Island



Leslie R. Murauckas, Director

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Bucksport, ME 04416-1341

CERTIFIED NURSING ASSISTANT COURSE APPLICATION

Personal:

NAME: _____ SS# _____ DOB _____

ADDRESS: _____

TELEPHONE: H _____ Cell _____ W _____

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: _____ through: _____

REASON FOR LEAVING: _____

2.

EMPLOYER: _____

COMPLETE ADDRESS: _____

CONTACT PERSON: _____ TITLE: _____

TELEPHONE NUMBER: () _____

DATES OF EMPLOYMENT: _____ through: _____

REASON FOR LEAVING: _____

3.

EMPLOYER: _____

COMPLETE ADDRESS: _____

CONTACT PERSON: _____ TITLE: _____

TELEPHONE NUMBER: () _____

DATES OF EMPLOYMENT: _____ through: _____

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 have 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 RSU 25 Adult and Community Education. I have provided proof of educational transcripts to you.

I have read and understand the admissions qualifications for this program. If accepted, I agree to abide by the rules and regulations of the program. I understand 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 the 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 Return to: Leslie R. Murauckas, Director Phone: 207-469-2129
 RSU 25 Adult and Community Education Fax: 207-469-2192
 PO Box 1341
 Bucksport, ME 04416-1341

RSU 25 Adult and Community Education
Bucksport, Orland, Prospect, Verona Island



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Please read and answer the following questions in writing.

What does a CNA do in his/her job?

Why do you want to work as a CNA?

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? If yes, when and where?

Applicant Name: (printed) _____

Applicant Signature: _____

Date: _____

RSU 25 Adult and Community Education

Bucksport, Orland, Prospect, Verona Island

Physical Examination - Certified Nursing Assistant Program

Name _____

Address _____

Date of Examination _____

A physical examination includes:

Mantoux/PPD _____ Results _____ Immunization of MMR or Titre _____

If skin test is positive – Chest X-Ray _____ Results _____

Hepatitis B (indicate dates of vaccination): 1) _____ 2) _____ 3) _____

Chicken Pox _____ (Y or N) Date: _____ Vaccine _____ (Y or N) Date: _____

Blood Pressure _____ Heart _____ Eyes _____ Allergies _____

Length of time patient has been under the care of examining physician: _____

Past Health Problems	Dates
_____	_____
_____	_____
_____	_____

Current Health Problems and any on-going treatments or medications

Remarks:

In my judgment _____ currently has no emotional or physical problems which would prevent him/her from assuming responsibility in the care of others.

Physician Signature: _____

Printed Name: _____

Address: _____

Phone: _____

Please Return to: Leslie R. Murauckas, Director
 RSU 25 Adult and Community Education
 PO Box 1341
 Bucksport, ME 04416-1341

Phone: 207-469-2129
 Fax: 207-469-2192

Request for Transcript

Date: _____

Name of School: _____

Address: _____

Dear _____:

I am applying to participate in the RSU 25 Adult and Community Education Certified Nursing Assistant Program. Below I have listed information to help locate my school records:

Full Legal Name _____

Birth Name (if applicable) _____

Birth Date _____

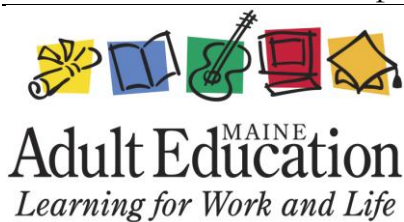
Approximate year I left the above school _____

Please send a transcript of my records to:

Leslie R. Murauckas, Director
RSU 25 Adult and Community Education
PO Box 1341
Bucksport, ME 04416-1341
Fax: 207-469-2192

Thank you for your cooperation.

RSU 25 Adult and Community Education
Bucksport, Orland, Prospect, Verona Island



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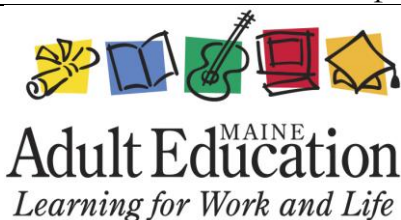
P.O. Box 1341

Bucksport, ME 04416-1341

Please write a brief paragraph stating why you wish to take the Certified Nursing Assistant Course.

Please briefly describe an experience you or a family member have had as a patient in a hospital, nursing home or private home situation.

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For Prospective Certified Nursing Assistant Students

If you are considering a career as a Certified Nursing Assistant, you should be aware that during the course of your training and subsequent employment, you are likely to be working in situations where exposure to infectious disease is possible. There is an occupational risk for all health care workers, and persons should not become health care workers unless they recognize and accept this risk.

Proper training and strict adherence to well-established infection control guidelines, however, can reduce this risk to a minimum. Thorough training in infection control procedures will be an important part of your Certified Nursing Assistant Training Program.

I have read and understand the above statement.

Student Signature

Print Name

Date

RSU 25 Adult and Community Education
 Bucksport, Orland, Prospect, Verona Island



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**To: Health Care Facilities hosting
 RSU 25 Adult and Community Education's
 Certified Nurse's Assistant Training**

From: Leslie R. Murauckas, Director

RE: Policy for Students Regarding Hepatitis B

Since OSHA'S regulations regarding occupational exposure to bloodborne pathogens does not include Health Occupation students, we have developed our own policy that states the procedure a student is to follow should possible exposure to Hepatitis B occur during their clinical experience (see attached).

We hope this policy will clarify RSU 25 Adult and Community Education's position regarding the OSHA regulations and will assist the student, faculty, and the Health Care Facility in dealing with any incident that puts the student at risk for Hepatitis B.

POLICY REGARDING HEPATITIS B EXPOSURE

Students enrolled in RSU 25 Adult and Community Education's CNA program are at minimal risk for exposure to the Hepatitis B virus during their clinical experience. However, should accidental contamination with blood or other body fluids occur to a student via a needle stick, wound or other injury to the skin, the following protocol must be initiated:

1. The student should wash the injured area immediately with plenty of soap and water.
2. Report the incident to your instructor as soon as possible.
3. Complete a facility incident report which should indicate the possible source of injury.
4. Your instructor will notify the appropriate health care facility personnel who will initiate that facility's policy regarding such injuries.
5. The student should be seen by a physician, or follow the facility's policy recommendations for follow-up treatment.
6. The cost of any testing or treatment that may be deemed necessary will be the responsibility of the student. Neither the health care facility nor Bucksport Adult and Community Education will be held responsible for any of these costs.

RSU 25 Adult and Community Education

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RSU 25 Adult and Community Education Certified Nursing Assistant Course

Grading

- Maintenance of a grade of 75% or above
- Fulfillment of all homework assignments

General

Textbooks:

- Textbooks will be provided and are included in the cost of the program.

Student Responsibilities:

- Be aware of class schedules
- Come to class prepared for scheduled topic
- Complete homework assignments
- Provide your own writing materials
- Must have a watch with a sweep second hand
- Scrubs and sturdy, comfortable, closed-toed shoes for the clinical experience

DISMISSAL

- Failure to maintain an Academic Average of 75%
- Failure to comply with Attendance Policy
- Failure to meet course requirements
- New Physical or Emotional problems that interfere with completion of course requirements
- Any substance abuse which will result in immediate dismissal
- Acts of physical aggression towards another person
- Acts of verbal aggression towards another person
- Dishonesty
- Theft or misuse of property
- Failure to maintain confidentiality
- Failure to maintain patient safety
- Cheating on exams
- Repeated disruptive behavior in class/clinical sites

With the exception of substance abuse, a student will be given a warning. At this point a conference will be set up between student and faculty member and clear goals will be established. If the student fails to meet these goals, he/she will be dismissed.

PROOF OF INSURANCE COVERAGE

All students **Must** have sickness and accident insurance coverage while attending the Nursing Assistant Program through RSU 25 Adult and Community Education. No student will be allowed to participate in the clinical component until this form is completed or the waiver section below is signed. This is in compliance with the regulations of the hospital and nursing homes.

Name of Company

Policy Number

Expiration Date

Student Signature

Parent or Guardian

Address

Date

INSURANCE WAIVER

I am not currently covered by any sickness or accident insurance. If I am injured while participating in the classroom or clinical setting, I will hold the training agency harmless and accept full financial responsibility for treatment of said injury.

Signed

Date

Please return to:

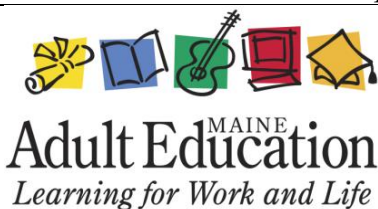
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Release of Social Security Numbers And Exchange of Information

RSU 25 Adult and Community Education is required by the Adult Education and Family Literacy Act, Title II of the Workforce Investment Act to report how many adult learners:

- Get a job
- Keep a job
- Enter postsecondary education

This exchange of information is needed in order to receive funding that pays for part of this adult education program. This is federal money and is used to pay for some of our basic skills classes including reading, writing, math, GED, and high school diploma.

To get this information, this adult education program will send your Social Security Number to the organizations listed below. That organization will tell us how many adult education students got a job, kept a job or enrolled in a postsecondary school.

To get this information, we need to send Social Security Numbers to:

- The Maine Department of Labor – They will tell us how many adults from Adult Education Programs in the State got a job and kept a job.
- The individual campuses of the Community College System (Technical Colleges), the University System, and other Post Secondary Institutions will tell us how many adults from adult education programs in the State are enrolled during the current year.

Because you are a part of this program, we are asking you to sign this form, giving us permission to use your Social Security Number in order to get this information.

The information obtained by the Department of Education will be used for reporting purposes only and will not be sold or used for any other purposes.

I give permission to use my Social Security Number

Signature _____

Print Name _____

Social Security Number _____

I do not give permission to use my Social Security Number

Signature _____

Print Name _____

Date: _____

CERTIFIED NURSING ASSISTANT APPLICATION CHECKSHEET

(for applicant's use – please do not submit)

- _____ I have read the entire CNA packet carefully. AFTER doing this, I have asked any questions I need to understand and complete the packet.
- _____ I have made an appointment with the office at RSU 25 Adult and Community Education to take the CASAS Assessment.
- _____ I have taken the CASAS Assessment.
- _____ I have completed all requested items on the Certified Nursing Application (Application/7,8) and submitted both pages to RSU 25 Adult and Community Education along with my \$100 deposit.
- _____ I have completed all requested items on Application/6 and 6-1 and submitted both pages to RSU 25 Adult and Community Education.
- _____ I have completed all requested items on Application/9 and submitted it to RSU 25 Adult and Community Education.
- _____ I have had my doctor complete the Physical Examination form (Application/10) and submit it to RSU 25 Adult and Community Education. I have provided any additional vaccination/immunization records requested on the form. I understand that it is my responsibility to check that the form has arrived fully completed at RSU 25 Adult and Community Education.
- _____ I have completed the Request for Transcript (Application/11) and mailed it to my previous school. I understand it is my responsibility to check that the transcript arrives at RSU 25 Adult and Community Education.
- _____ I have given a Request for Reference (Application/12-1, 12-2) to two persons who are not related to me and preferably with whom I have worked. I have requested that the References be returned directly to RSU 25 Adult and Community Education. I understand it is my responsibility to check that both references arrive at RSU 25 Adult and Community Education.
- _____ I have completed Application/13 and submitted it to RSU 25 Adult and Community Education.
- _____ I have completed Application/14 and submitted it to RSU 25 Adult and Community Education.
- _____ I have completed my Personal Data Sheet (Application/17) and submitted it to RSU 25 Adult and Community Education.
- _____ I have completed either the Proof of Insurance or the Insurance Waiver (Application/18) and submitted the form to RSU 25 Adult and Community Education.
- _____ I have completed the Release of Social Security Numbers and Exchange of Information (Application/19) and submitted it to RSU 25 Adult and Community Education.
- _____ I have submitted full payment to RSU 25 Adult and Community Education.