STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LICENSING AND CERTIFICATION
-

Maine Registry of Certified Nursing Assistants (CNA)

Application for Listing on the CNA Registry

SECTION 1: Applicant Information		
First:	Middle:	Last:
All Previous Legal Name(s), including maiden and/or married name(s):		
Social Security Number:	Date of Birth:	
Email Address:	Telephone Number: ( )	
Current Mailing Address**:**		
City:	State:	Zip:
Current Physical Address (if different than above):		
City:	State:	Zip:

SECTION 2: Application Type

Please check one:

☐ New Application

☐ Inactive – applying for reinstatement

Please select the type of application:

☐ – CNA trained in the State of Maine

☐ – CNA trained in another State/Jurisdiction

☐ – CNA trained while in military service (**must submit Form DD-214, or other military equivalent**)

☐ – Student Nurse with training equivalent to the CNA curriculum (**Must include "Letter of Equivalent Training" from Nursing School Program**) Name of Nursing School: _____

☐ – Current Registered Nurse (**Must submit copy of current RN or LPN license**)

SECTION 3: Applicant Background

Please answer the following questions:

*If you answer "Yes" to any of the first 4 questions below, you **must** attach an explanatory letter that includes the location and date of each occurrence.

If you answer "Yes" to question 3, you **must attach court documents pertaining to each conviction.

1.	Have you **ever** been denied a CNA certificate or nursing license?	☐ No ☐ Yes
2.	Have you **ever** had any disciplinary action (probation, suspension, revocation or reprimand) taken against your CNA certificate or nursing license?	☐ No ☐ Yes
3.	Have you **ever** been convicted of any crime under the laws of Maine, any other State, under the Federal law, or under the laws of any other country?	☐ No ☐ Yes
4.	If you have **ever** been convicted of any crime, did that crime take place in a health care setting?	☐ No ☐ Yes
5.	Have you held CNA Certification in any other State(s)?	☐ No ☐ Yes

SECTION 4: Required Documentation (use additional sheets of paper if necessary)

If you are a **CNA trained in the State of Maine**, along with this application please submit the following: **(No originals please)**

- A copy of your CNA Certificate of Training.
- A copy of your current driver's license (or official government ID) containing a photograph and signature. A valid passport is acceptable. Student IDs are NOT acceptable. **(Name on ID must match the name on the application)**
- A copy of the criminal background report that was done at the time of your CNA training course. **Please note: the criminal background check must include a report on all names the applicant has held as an adult.**
- A Student Nurse with training equivalent to the CNA curriculum must submit their certificate of equivalent CNA training or a letter from the school.

If applying as a **CNA trained in a State other than Maine**, along with this application please submit the following: **(No originals please)**

- A copy of your current driver's license (or official government ID) containing a photograph and signature. A valid passport is acceptable. Student IDs are NOT acceptable. **(Name on ID must match the name on the application)**
- In the space below please provide a list of **all** States where you have held a CNA Certification, include the name under which the certification was held: _____

  _____

  _____

Failure to submit any of the required documents will delay the processing of your application.

SECTION 5: Declaration

The Registry will deny placement on the Registry, or continued listing, to an applicant that has provided misrepresentation of fact, or who attempts to obtain placement or continued listing on the Registry by deceitful or fraudulent means.

I assert 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.

_____	_____	_____
Print Name of Applicant	**Signature of Applicant**	**Date**

Office Use Only:

License# _____ *Approved by:* _____ *Approved Date:* _____

Please allow up to 30 days for your application to be processed. Incomplete applications or applications requiring additional review may require additional processing time!

If you have questions about this application or process, or if you have questions about the Maine CNA Registry, due to extremely high call volumes it is strongly recommended that you contact us via email as email will secure the quickest response. The Registry email address is: DLRS.CNAregistry@maine.gov

This application can be mailed to:

Department of Health and Human Services
Division of Licensing and Certification
Attn: CNA Registry
11 State House Station
Augusta, ME 04330-0011

Tel: (207) 624-7300 Fax: (207) 287-9325 Toll Free: 1-800-791-4080 TTY users call Maine relay 711