

RSU 24 Adult Education



Certified Residential Medication Aide (CRMA) Admission Requirements

- Submit a completed CRMA application**
- Meet with student advisor for skills assessment and intake.**
- RSU 24 will perform a background check. .**

For questions or to return application, please contact/send to:

RSU 24 Adult Education
1888 US HWY 1
Sullivan, ME 04664
(207) 422-4794 Fax: 207 422-3612
e-mail: adulthoodinfo@rsu24.org

Course Fees

1. The fee for the CRMA course is ~~\$300~~. Now \$200.
2. The course fee is due prior to the start of class OR a Training Authorization from a Maine State Agency is due prior to the start of class. If your place of business is paying for your training, a letter from management should accompany the application with invoicing details.

Students may be eligible for state funding or scholarships. If you have questions about funding opportunities, please contact RSU 24 Adult Ed as soon as possible at 422-4794.

Student Bio Information

First	Middle	Last	Previous last name
Date of Birth:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Social Security #
Mailing Address:			
Town/State/Zip:	County:		
Permanent/ Physical Address	(if different from above)		
Phone(s):	Home _____ Cell _____ Emergency _____ Work _____		
	Which is your preferred number that we call? _____		Do you text? <input type="checkbox"/> Y <input type="checkbox"/> N
Email:	Is e-mail a good way to reach you? <input type="checkbox"/> Y <input type="checkbox"/> N		

Student Contact Information

Please provide information about 3 people who know how to locate you. They can be a spouse, partner, family member, best friend, etc.

Name	Relationship to you	Address	Phone Number

Education

Name of High School and/or adult education program	City, State	From Month/Year	To Month/Year	Did you receive GED, diploma, or HiSET?

Work and Volunteer History

Do you have any work or volunteer history that is relevant to your interest in taking this course? Please explain below.

Health

*CRMA candidates should have sickness and accident insurance while attending the CRMA class through RSU #24 Adult Education. No candidate will be allowed to participate in the clinical component until the proof of insurance coverage is completed **OR THE INSURANCE WAIVER SIGNED**. This is in compliance with the regulation of hospitals and nursing homes.*

Proof of Insurance Coverage	Insurance Waiver
Insurance Carrier Name:/ Policy # and Expiration Date	Insurance Carrier Name:/ Policy # and Expiration Date
	<i>I am not currently covered by a 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.</i>
Student or Parent/Guardian Signature and Date	Student Signature

Exposure to Infectious Diseases

If you are considering a career as a CRMA, 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. This 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.

I have read and understand the above statement.

Signature

Date

Policy Regarding Hepatitis B Exposure

Students enrolled in RSU 24 Adult Education's CRMA programs 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 personnel who will initiate the 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 RSU #24 Adult Education will be held responsible for any of these costs.

I have read and understood the policy listed above.

Signature

Date

Dismissal Policy & Probationary Status

For the health and safety of our students and staff and the patients in our clinical setting we have a strict dismissal policy and protocol. The possible reasons for dismissal include:

- Absenteeism
- Confidentiality
- Grade Level below criterion
- Cheating
- Misuse of property
- Failure to meet clinical standards of performance
- Physical and/or verbal aggression
- Failure to maintain safety of patients
- Dishonesty
- Substance abuse

I have read and fully understand the **Dismissal Policy** and the consequences outlined. I understand that if I do not meet the expected criteria I could be subject to dismissal from this program.

Signature

Date

Criminal History/Background Check

Before you begin your CRMA course we are required to conduct a Criminal History background check. Please answer the following questions.
If you have a conviction, you should discuss the issue privately with the coordinator or director. RSU 24 Adult Education is committed to supporting all students in reaching their potential, and we have a history of strong student advocacy.

1. Have you **ever** been convicted of **any** crime under the laws of Maine? Yes No
(This includes traffic violations, misdemeanors, and felonies.) If yes, please explain.
2. Have you **ever** been convicted of **any** crime under the laws of **any other state**? Yes No
(This includes traffic violations, misdemeanors, and felonies.) If yes, please explain.
3. Have you **ever** been convicted of **any** crime under the federal law of the United States? If yes, please explain. Yes No
4. Have you **ever** been convicted of **any** crime under the laws of any other country? Yes No
5. Have you **ever** been convicted of **any** crime/crimes which have taken place in any healthcare setting in the State of Maine or any other state? Yes No

RSU 24 Adult Education will request the Maine State Police to supply us with a criminal background check based on the information you have supplied. The cost for this is included in your course fee. Please list all your former names below (this includes birth name, adopted name, maiden name(s), etc.).

First name

Middle Name

Last name

I have read the above information and agree to allow RSU24 Adult Education to request a background check and if requested provide a copy to an agency offering me funding.

Signature

Date

Please return the completed, signed application to:

RSU24 Adult Education
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Sullivan, ME 04664

Fax: 207 422 3612
e-mail: adulthoodinfo@rsu24.org

For questions, please e-mail or call 422-4794.