

University of Southern Maine College of Nursing and Health Professions

Certified Nurse Assistant Registry Request Form

Please complete the following information in order to have your name submitted for placement on the CNA registry. This information is required by the CNA Registry of the State of Maine. To be eligible to be certified, you must have successfully completed NUR 212/213 and NUR 209/210. This form is available at the administrative offices of the School of Nursing.

Name: _____

Address: _____

Social Security Number: _____

Date of Birth: _____

Telephone Number: _____

Please return this form to **Brenda Webster in 122 Masterton Hall**, so that we may submit your name for certification. Feel free to contact Brenda if you have any questions or concerns. Thank you.

Eligibility will be determined through verification of grades before submission to the Registry.