



Mid-Coast School of Technology Adult Education

One Main Street,
Rockland, ME 04841
Tel: (207) 596-7752 option3 Fax: (207) 594-7506

Certified Residential Medication Assistant Program (CRMA)

FY-26

Class meets on 5 Fridays, 8am – 4pm

Summer 2025 Session: ___ 8/1 – 8/29 Fall 2025 Session: ___ 10/17 – 11/14
Winter 2026 Session: ___ 1/30 – 3/6 Spring 2026 Session: ___ 5/15 – 6/12

Name: _____ Social Security #: _____

Complete Address: _____

Telephone: _____

Date of Birth: _____ Email: _____

1. Please indicate the highest grade(s) you have completed:

High School 9 10 11 12 or GED/HiSET completion
College 1 2 3 4

2. Please list prior direct care work you have done in the healthcare field (paid and unpaid).

3. What is your reason for pursuing a CRMA certificate?

4. Please describe what you feel are the roles and responsibilities of a CRMA:

5. Are you currently employed by a licensed facility which is authorized to supervise six individual “med passes” while you are a student in training?

Yes _____ No _____

If yes, please list (print clearly) the name of the facility and the name(s) and titles of supervisors who will supervise the clinical. Attach a letter on company letterhead signed by supervisors conducting clinical. Clinical must be conducted by a Registered Nurse.

If no, please submit an additional payment of \$125 for clinical with our instructor.

6. Please list your current and last two employers (include address and telephone number):

(1) _____ May call _____ May not call

(2) _____ May call _____ May not call

(3) _____ May call _____ May not call

7. Have you **ever** been convicted of **any** crime under the laws of the State of Maine?

8. Have you **ever** been charged with abuse, neglect or misappropriation of funds?

9. Have you **ever** appeared in court, paid **any** fine or been put on probation?

10. Have you **ever** been convicted of **any** crime under the laws of any other state?

If you answered yes to question 7, 8, 9, and/or 10 please attach court documents pertaining to each conviction (except for minor traffic violations).

Cost of course

Tuition & Textbook	\$375
*Clinical (3 med passes)	\$125
Total	\$500

A deposit of \$125 is due with this application if you are paying for this class by yourself and NOT seeking possible funding options. The balance of total cost is due by first class. If we cancel the course or you are not accepted into the program the deposit will be returned. Please call the adult education office if you need to make payment arrangements.

*** Students arranging the clinical portion with their facility will not pay this additional amount.**

APPLICANT'S AUTHORIZATION

I hereby authorize the addressed individual company or other institutions to furnish the Adult Education Program with any information that they may have on record or otherwise concerning me. I hereby release the addressed individual company or institutions and all individuals connected herewith, including Mid-Coast School of Technology Adult Education, from any liability for any damage whatsoever in furnishing such information.

Applicant's signature _____ Date _____

Mail, email, fax or bring application to:

Mid-Coast School of Technology Adult Ed
1 Main St.
Rockland, ME 04841
Fax: (207) 594-7506

Release of Social Security Numbers and Exchange of Information

Adult Education in Maine is required by Title II of the Workforce Innovation and Opportunity Act to report how many adult learners:

- Are employed after attending adult education
and/or
- Have entered college or a training program after attending adult education

Federal funds are used to pay for some of our classes including reading, writing, math, high school equivalency and high school diploma courses. Gathering employment and post-secondary education information is needed to receive the funding that pays for this part of adult education.

To get this information, this adult education program will use your Social Security Number to match adult education enrollment records with employment and post-secondary records with the agencies listed below.

- The Maine Department of Labor—to report how many adults from Maine Adult Education Programs are employed. The data match **does not identify you by name** or where you work.
- The National Student Clearinghouse—to report how many adults from Maine Adult Education Programs are enrolled in post-secondary institutions.

We are asking you to sign this form giving us permission to use your Social Security Number for a **data match** in order to obtain the information we need for federal reporting.

The information obtained by the Department of Education will be used for the sole purpose of data match reporting **and will not be shared with other individuals or agencies without your written permission**. All data used to conduct the data match will be purged from the Department of Labor system after the report is complete.

I give permission to use my Social Security Number:

- Signature _____
- Print Name _____
- Date _____

