

MID-COAST SCHOOL OF TECHNOLOGY ADULT EDUCATION

One Main Street, Rockland, ME 04841

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CRMA Recertification Application

I am registering for the 8 hour **Recertification Exam** (8:30 am – 3:00 pm). Choose one:

For Summer 2024: _____ Fri., July 12

For late Fall 2024: _____ Fri., November 22

For early Spring 2025: _____ Fri., March 14

For Spring 2025: _____ Fri., May 16

Note: The Recertification Exam includes very limited exam preparation time. Students should study and review on their own as needed before taking this exam. The direct link to the online study guide is <https://www.maine.gov/dhhs/dlc/licensing/crma/Fortiterstudyguide.doc>

Name: _____ Social Security # _____

Address: _____ Telephone # _____

Date of Birth: _____ Email _____

1) Please list date of last CRMA certification:
Copy of current CRMA certification must be included with this application.

2) Please list name and address of employer/agency:

Cost of Recertification Exam: \$95

Full payment is due with application. If we cancel the course or you are not accepted into the program, all fees will be returned.

Applicant's signature _____ Date _____

Completed application may be faxed, emailed, mailed, or dropped off to MCST.

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 _____