

For Official Use Only

App Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

App Fee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workkeys Date \_\_\_\_\_\_\_\_\_\_\_\_

LPN Comp Date \_\_\_\_\_\_\_\_\_\_\_\_

**LPN to RN Diploma Program**

**Student Application**

***Application submissions are due March 1.***

 **45 Week Program**

 **90 Week Program**

***A non-refundable $95 application fee must accompany this application or it will not be accepted.***

Name DOB

*Last First Middle Name*

Are any of your educational or employment records in another name(s)? If so, identify:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS# \_\_\_\_\_\_\_ - \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_

Address

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Zip Code

County

Telephone (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Person (Relative/Friend/Neighbor)

 \_\_\_\_\_\_ Telephone (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Name Relationship

U.S. Citizen Yes Eligible Non-Citizen Alien #

 *(Documentation needed)*

Have you attended Tri-Rivers Adult Ed before? 🞐 Yes 🞐 No

 If yes, what program? Year

**Check all levels of education you have attended:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | No Diploma | Highest grade completed | Year |
|  | GED | School/Program Name, City, State | Date Completed |
|  | High School | School Name, City, State | Received Diploma 🞏 Yes 🞏 No If yes, year:  |
|  | Technical College or working on Associate Degree | School Name, City, State | Major/Degree | Received Degree 🞏 Yes 🞏 NoIf yes, year: |
|  | University or working on Bachelor Degree | School Name, City, State | Major/Degree | Received Degree 🞏 Yes 🞏 NoIf yes, year: |
|  | Other | School Name, City, State | Major/Degree | Received Degree 🞏 Yes 🞏 NoIf yes, year: |

List any certificates or licenses you hold:

Certificates/Licenses Expiration Date Certificates/Licenses Expiration Date

List present or most recent employer first. Include volunteer work.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DatesFrom/To | Company | Address,City, State | Job Title | Supervisor's Name |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Military Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***A BCI/FBI background check must be completed once you are accepted into the class. As of June 2003, this is a requirement for licensure. If you have any traffic violation/misdemeanor/felony on record, please see the school's nursing education manager.***

**Indicate whether you have or have not been found guilty of, entered a plea of guilty to, or entered a plea of no contest to the following:**

 **YES NO**

|  |  |  |
| --- | --- | --- |
|  |  | A violation of **ANY** municipal, state, county or federal law. |
|  |  | Any misdemeanor resulting from or related to the use of drugs or alcohol. |
|  |  | Assaulting or causing harm to a patient or depriving a patient of the means to summon assistance. |
|  |  | Obtaining or attempting to obtain money or anything of value by intentional misrepresentation or material deception. |
|  |  | Selling, giving away, or administering drugs for other than legal and legitimate therapeutic purposes. |
|  |  | Any felony or any crime involving gross immorality or moral turpitude. |
|  |  | An act committed in another jurisdiction (i.e.: state, foreign country, etc.) that would constitute a felony or a crime or moral turpitude in Ohio. |

**Faculty Use of Records Consent Form: I consent to the release of the contents of my school records to any staff member of Tri-Rivers Career Center. To the best of my knowledge, the information contained herein is true and complete. I understand that falsification of information on this application is grounds for dismissal from the program.**

####  Signature Date

A $95.00 non-refundable application fee is required upon submitting the application form. The application will not be considered until the fee is paid in full and official transcripts of the LPN program and pre-requisite support courses are received.

Please feel free to attach a resume or describe any other aspect of your background that you would like to present in support of your application.