



**LPN to RN Diploma Program  
Student Application**

**Application submissions are due March 1.**

- 45 Week Program  
 90 Week Program

For Official Use Only  
 App Date \_\_\_\_\_  
 App Fee \_\_\_\_\_  
 Workkeys Date \_\_\_\_\_  
 LPN Comp Date \_\_\_\_\_

**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:**

<input type="checkbox"/>	No Diploma	Highest grade completed		Year
<input type="checkbox"/>	GED	School/Program Name, City, State		Date Completed
<input type="checkbox"/>	High School	School Name, City, State		Received Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, year:
<input type="checkbox"/>	Technical College or working on Associate Degree	School Name, City, State	Major/Degree	Received Degree <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, year:
<input type="checkbox"/>	University or working on Bachelor Degree	School Name, City, State	Major/Degree	Received Degree <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, year:
<input type="checkbox"/>	Other	School Name, City, State	Major/Degree	Received Degree <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, year:

List any certificates or licenses you hold:

<u>Certificates/Licenses</u>	<u>Expiration Date</u>	<u>Certificates/Licenses</u>	<u>Expiration Date</u>
_____	_____	_____	_____
_____	_____	_____	_____

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

Dates From/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

YES	NO	
		A violation of <b>ANY</b> 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.