

**Lee Training Institute**

623 West Newport Pike  
Wilmington, Delaware 19804

Main: 302-575-9281

Fax: 302-351-8690

Email: [leetraininginstitute2011@yahoo.com](mailto:leetraininginstitute2011@yahoo.com)

**APPLICATION FOR ADMISSION INSTRUCTIONS**

Your application will be processed when Lee Training Institute has received the following:

- Completed Application
- Proof of Identification
- Proof of residency

Your application will then be reviewed by a representative of Lee Training Institute. Applications are reviewed weekly. Applicants meeting the criteria are accepted in the order in which the completed application is received. You will be notified of the decision by a Lee Training Institute Representative.

**PLEASE READ THESE INSTRUCTIONS CAREFULLY!**

FAILURE TO FOLLOW APPLICATION PROCEDURES WILL CAUSE A DELAY IN YOUR APPLICATION PROCESS, WHICH CAN RESULT IN YOU MISSING THE OPPORTUNITY TO BE CONSIDERED FOR ADMISSION INTO OUR PROGRAM.

**APPLICATION FOR ADMISSION**

1. Date: \_\_\_\_\_
2. Social Security #: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Name: \_\_\_\_\_  
Last First Middle Initial Maiden
4. Address: \_\_\_\_\_
5. E-mail Address: \_\_\_\_\_
6. Telephone: Cell ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_
7. Are you a U.S. Citizen? Yes \_\_\_\_ No \_\_\_\_ If not, do you have a Green Card? Yes \_\_\_\_ No \_\_\_\_
8. Have you ever been convicted of a felony?  
\_\_\_\_ No \_\_\_\_ Yes (indicate offense and date) \_\_\_\_\_

The Nurse Practice Act, Title 24 Chapter 19 of Delaware Code (Section 1910) specifies that applicants for licensure to practice nursing may be denied a license or the privilege of taking the licensure examination if they have been convicted of certain crimes. Personal concerns regarding this position should be directed to the Delaware Board of Nursing (302-744-4516) prior to completing this application.

**9. Person to be notified in case of an emergency:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_

**10. How did you hear about Lee Training Institute?**

Employer \_\_\_\_\_ Flyer \_\_\_\_\_ Ad \_\_\_\_\_ Friend \_\_\_\_\_ Alumni \_\_\_\_\_ Other \_\_\_\_\_

(Please specify) \_\_\_\_\_

**11. Education:**

Do you have a High School Diploma? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a GED? Yes \_\_\_\_\_ No \_\_\_\_\_ **(Not having a GED does not disqualify you from the program).**

**12. List schools attended:**

Name	Location	Date	Certificate/ Degree

**13. List employment or healthcare experience:**

Dates of Employment

From / To	Employer	Address	Position/ Duties

14. In the space below (or a separate paper) write an account of:

- (1) What program of study you are interested in and why?
- (2) Any special reasons for to enter this school?
- (3) What are your plans and aspirations for the future?

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15. I certify that all information on this form to the best of my knowledge and belief is accurate and complete. I understand that if information is omitted or if statements are falsified on this application, this will be considered sufficient cause for rejection/dismissal.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Lee Training Institute affords equal opportunity to all persons regardless of sex, race, religion, national origin or ancestry, sexual orientation, age, or disability in the administration of its educational policies, admission policies, scholarship and loan programs, and other school-administered programs.**

**\*Nursing Assistants are required to have satisfactory background checks, drug screen, and meet the performance requirements as described in the student handbook.**