



## **I EARNit!, LLC. Participant Application Packet Checklist**

Please fully complete the forms and steps below and submit the documents in person or by FAX or Email to FAX: (330) 956-5678 Email: [kwambackrn2015@gmail.com](mailto:kwambackrn2015@gmail.com).

**If submitting via email, DO NOT enter your Social Security number on any form. (Submit this information via FAX ONLY), this information can be given verbally by phone.**

- Completed application
- Signed Qualification Form (included in this packet)
- Resume'

Thank you.

**ADMISSION APPLICATION FORM**  
**l EARNit! LLC.**

*2223 Fulton Road, Canton Ohio 44709*  
Telephone (330) 515-0163    FAX (330) 956-5678

l EARNit! admits students and makes available to them its advantages, privileges and courses of study without regard to race, color, sex, religion, national origin, sexual orientation or disability.

This application form must be completed and submitted to the l EARNit! Training Center by the date specified in the l EARNit! email sent to you.

**DO NOT SEND SOCIAL SECURITY NUMBER BY EMAIL (leave blank)**  
**– It can be provided via phone call after submittal of this form.**

**If you do not have access to email or a printer, the forms are available at the Training Center – Please call to arrange an appointment.**

**APPLICANT SECTION**

**Applicant Name:** Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**Home Address:** Street and Number: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

**Required Information**

Are you fully registered in every state in which you are now registered (if restricted, limited, or probational in any state/s)? (Circle) Yes / No

Do you have pending or have you ever had any registration to practice revoked, suspended, denied, restricted, limited, or issued/placed on probational status or voluntarily relinquished? (Circle) Yes / No

(If yes to either question above, explain on a separate page).

Nursing credentials: (Circle) RN / LPN

Nursing License number and state: License#: \_\_\_\_\_ State: \_\_\_\_\_

## VOLUNTARY INFORMATION SECTION

The information requested in this section is not required for admission. Submission of the information is entirely voluntary. Information submitted voluntarily by the applicant will not affect the applicant's admission to the school. The information, if supplied, will be used for monitoring equal educational opportunity. In addition, note that applicants with disabilities may voluntarily self-identify for the purpose of requesting reasonable accommodations during the entire application and admission process.

Gender:  Female  Male

Race:  American Indian or Alaskan Native  Asian or Pacific Islander  Black  White  Hispanic  
 Combination of two or more races

Person with a disability:  Yes If yes, do you need accommodations during the application for admission process?  Yes If yes, please describe the accommodations needed.

## SIGNATURE SECTION

The statements and information furnished by the undersigned in this application form are true and complete.

The undersigned applicant gives permission for representatives of I EARNit! LLC. To release the applicant's records including grades, attendance, conduct/discipline records, as well as any other pertinent information that may be required by the State of Ohio.

I understand that a security deposit\* of \$225.00 is required with application and full payment of course fee balance is required prior to start date of course.

**\*If student withdraws prior to the first class, the security deposit less a \$75.00 administrative fee will be refunded (\$150.00).**

**My signature certifies that I have read and agree with the above statements.**

Signature of  
Applicant

Date:

**Applicant must be at least 18 years of age**



TTT Admission Qualification Form

Applicant Name: \_\_\_\_\_ Date of application: \_\_\_\_\_

\_\_\_\_\_ Current Resume' showing 2 years chronic care experience as an RN or if a LPN 2 years nursing experience in a nursing home (LTC) as a nurse.

\_\_\_\_\_ RN License # \_\_\_\_\_ State \_\_\_\_\_  
\_\_\_\_\_ LPN License # \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ PC - Program Coordinator: Copy of Employment verification letter - on employer's letterhead- that confirms 2 years of RN experience including 1600 hours in Long Term Care service.

\_\_\_\_\_ RN/LPN (Circle one)

\_\_\_\_\_ PI - Primary Instructor: Copy of employment verification letter - on employer's letterhead- that confirms 2 years of RN experience caring for the elderly or chronically ill.

\*\*\*LPN must have 2 years as a Nurse in Long Term Care facility\*\*\*

\*Initial ALL spaces above or N/A (if not applicable)\*

My signature below verifies that I have read and understand the above qualifications and my application will not be considered if I cannot produce verifiable documentation.

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