

ADMISSION APPLICATION FORM
I EARNit! LLC.

171 Aultman Ave. NW, Canton, Ohio 44708
Telephone (330) 515-0163 FAX (330) 754-6535

I 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 I EARNit! Training Center by the date specified in the I 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 \$100.00 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 (\$25.00).**

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