



The Robert T. White School of Practical Nursing
ALLIANCE CAREER CENTER
 500 Glamorgan St., Alliance, Ohio 44601
 330-829-2267 fax 330-821-3573
 www.acrtw.org

ENROLLMENT APPLICATION

Student: The requested information is for your admission file. Clearly print the information or check answers in all applicable spaces provided. The Alliance City School District, Alliance Career Center, and The Robert T. White School of Practical Nursing are committed to equal opportunity and do not discriminate on the basis of race, religion, national origin, or disability. **PLEASE PRINT LEGIBLY AND COMPLETE ALL INFORMATION**

DATE OF APPLICATION:		PLEASE CIRCLE CLASS REQUESTING:			
		PART TIME		FULL TIME	
IDENTIFICATION/CONTACT INFORMATION					
Last Name:		First Name:		MI:	Suffix: (Jr.)
SSN:		DOB:			
Street Address:					
City:		State: OH	Zip:		County:
Phone:		Cell:		Email:	
Emergency Contact Name/Address:				Relationship:	Phone:
EDUCATIONAL INFORMATION					
HS Graduate: Y / N (Transcript Required)	HS Grad Year:	HS Graduated From:			
GED: Y / N (Certificate Required)	Other Prior Education, Certifications, Degree:				
DEMOGRAPHIC INFORMATION					
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed					
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity: <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> White			
Lives With Parents: <input type="checkbox"/> Yes <input type="checkbox"/> No		Check all that apply: <input type="checkbox"/> Economically Disadvantaged <input type="checkbox"/> Single Parent <input type="checkbox"/> Disabled <input type="checkbox"/> Limited English <input type="checkbox"/> Non-traditional Training <input type="checkbox"/> Displaced worker <input type="checkbox"/> US Citizen: <input type="checkbox"/> Out of Workforce <input type="checkbox"/> Homeless <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number of Household Members		<input type="checkbox"/> Current/Prior Military - Including Student or Parents (Branch, Dates, Rank/Rate)			
EMPLOYMENT HISTORY					
Place of Employment		Dates of Employment:		Position/Duties:	
Place of Employment		Dates of Employment:		Position/Duties:	

REFERENCES

Name, Address, Phone - No Relatives

1.

2.

ADVERTISING

How did you hear about us?

- Newspaper Website Billboards Friend/Family Facebook Twitter
 Instagram Funding Agency Other _____

FOR YOUR INFORMATION

All Classes of The Robert T. White School of Practical Nursing are determined by a pre-set class size and meeting of admission criteria. Classes may be postponed due to insufficient enrollment. **Application Fee, WorkKeys AND BCI, are non-refundable.** This application is not a guarantee of enrollment in this program.

You must complete the following to be considered for enrollment:

- Completion of the application form and payment of the non-refundable **\$50.00** application fee
- WorkKeys test as the entrance exam **\$60.00**
- High School Transcript/GED/College/Special requirements for high school students
- FBI and BCI Background Checks. Available at Alliance Career Center
- Drug Screen

Must be completed prior to Clinicals

- Physical Examination including a medical history and physical, record of immunizations or positive titers (measles, mumps, rubella, varicella), Initial 2-step TB with annual 1-step, Hepatitis B Vaccines and Tetanus. Booster vaccines are required if titers are negative, Proof of booster vaccines are required.
- Completion of financial aid application and/or arrangements for payment of program costs after passing the entrance exam
- Maintenance of CPR certification (American Heart Association Healthcare Provider only) throughout the duration of your enrollment in the program.

By signing this application I acknowledge that I have reviewed the information contained in this packet. To the best of my knowledge, I certify that information on this application is correct. I have informed the school of any prior convictions, misdemeanors, or felonies, mental illness, or have voluntarily surrendered, limited or revoked a professional license or have voluntarily surrendered, resigned or otherwise forfeited any professional license, certificate or registration.

Note: I am aware that The Ohio Board of Nursing determines whether graduates will be permitted to take the licensure examinations or will be licensed in Ohio. Graduates who have been convicted of, found guilty of, pled guilty to, or plead no contest to a felony or misdemeanor may not be permitted to take a licensure examination or be able to become licensed in Ohio. Other state boards of nursing determine licensure for their individual states.

I acknowledge having the opportunity to view the student handbook posted on the Alliance Career Centre's website at www.accrtw.org .

FULL SIGNATURE _____ DATE _____
(SIGNATURE REQUIRED FOR ACCEPTANCE)

DATE PAID:	
AMOUNT:	
RECEIPT NUMBER:	
<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK # _____
<input type="checkbox"/> MONEY ORDER # _____	<input type="checkbox"/> CREDIT CARD