

TRAIN THE TRAINER ENROLLMENT RECORD

Please complete all sections clearly and accurately.

Applicant Information

Date: _____

Full Name: _____

Address: _____

Phone: (Home) (____) _____ (Mobile) (____) _____

Email: _____

RN License Number: _____

Eligibility Requirement

✓ Must be a Registered Nurse with a minimum of two (2) years of nursing experience.

Please attach a current resume documenting:

- Dates of employment
- Employer name, address, and phone number
- Description of duties and responsibilities

Note: Your work history will be verified for accuracy. Any misrepresentation may result in denial or revocation of the Train the Trainer certificate.

Attestation Statement

I hereby certify that all information provided in this application is true and accurate to the best of my knowledge. I understand that providing false or misleading information may result in the denial or revocation of my Train the Trainer certificate.

Signature: _____ Date: _____

Application Checklist

Please ensure the following are submitted together to be considered for this course:

1. Columbus State Community College Admissions Application

Submit at: www.cscs.edu → Click “**APPLY**”

2. TTTP Enrollment Application (this form)

3. Resume

Include:

- Employer name, address, and contact number
- Dates of employment (month/year)
- Brief description of job duties

Submit completed materials to:

Rochelle Burton

Email: rburton@cscs.edu | Phone: 614-287-2121

Verification

(To be completed by CSCC Representative)

Verified by: _____

Columbus State Community College Representative

Tuition Payment

Tuition is due upon acceptance and enrollment.

Please contact the Cashier’s Office at 614-287-5658 for payment information.