## TRAIN THE TRAINER ENROLLMENT RECORD

•	Name:
License Veri	fication: RN License #
Phone # (	(H) ((C)
E-mail	SS#/
*A verification	on letter on company letterhead with an authorized signature is required.
Please inclu	de verification of Nursing Experience:
You must ve	erify a minimum 3200 hours of working with the elderly or chronically ill.
· Com	pany Name, Address and Telephone
· Desc	ription of duties with dates performed (Month and Year)
weel	cate whether full-time, part-time, or contingent, as well as average hours worked per c. er must be signed and dated by a Facility representative including title
*Ple	ase include a copy of your Resume
Attes	station Statement:
admi misro	eby certify that the application I am completing, and all the information contained for assion to this Train the Trainer program, is correct, true and accurate. I understand that representation of anything on this application may result in the denial of, or revocation of an the Trainer certificate.
You	r signature:Date:
	work history you provide will be verified for accuracy and if it must be accepted. The Train rainer certificate can be revoked, if necessary, before approval by the State.
	se be sure to fill out an admissions application to Columbus State Community College oing to www.cscc.edu then click on "APPLY"
• Pleas	se be sure to include a resume with letter(s) of verification by employer.
*** <u>E</u> class	Enrollment record, resume and letter(s) must be received together to be considered for this.

Send to Josie Montgomery - jmontgomery42@cscc.edu. - 614-287-5806

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Verified by	(Columbus State
Community College representative)	

\*\*\*Tuition payment is made following acceptance and enrollment. Please contact the Cashier's Office at 614.287.5658 for more information regarding payments.