

TRAIN THE TRAINER ENROLLMENT RECORD

Please print and fill out completely. All enrollments not filled out completely will be returned.

Date _____

Class Dates: **March 25, 26, 27, 28, 2019**

Personal Information

Name: _____

Phone # (____) _____ (H)

Address: _____

(____) _____ (W)

SS# _____/_____/_____

License Verification

E-mail _____

RN or LPN License # _____
(Circle one)

Expiration Date _____

Verified by _____

(Columbus State Community College representative)

Verification of Nursing Experience:

You must verify a minimum 3200 hours of working with the elderly or chronically ill.

****A verification letter on company letterhead with an authorized signature is required. Please include all information listed below in the letter.***

- **Company Name, Address and Telephone**
- **Description of duties with dates performed (Month and Year)**
- **Indicate whether full-time, part-time, or contingent, as well as average hours worked per week.**
- **Letter must be signed and dated by a Facility representative including title**

****Please include a copy of your Resume***

Attestation Statement:

I hereby certify that the application I am completing and all of the information contained for admission to this Train the Trainer program, is correct, true and accurate. I understand that misrepresentation of anything on this application may result in the denial of, or revocation of a Train the Trainer certificate.

Your signature: _____ Date: _____

The work history you provide will be verified for accuracy and if it cannot it will not be accepted. The Train the Trainer certificate can be revoked if necessary, before approval by the State.

- **Please be sure to fill out an admissions application to Columbus State Community College by going to www.csc.edu then click on “APPLY” by **March 11, 2019**.**
- **Please be sure to include a resume with letter(s) of verification by employer.**

******Enrollment record, resume and letter(s) must be received together to be considered for this class. Send to Janette Beckley @ jbeckley@csc.edu. - 614-287-5806***

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