

# Ohio Indiana Certification, LLC

"LET US HELP YOU REACH YOUR GOAL"

Admission Application Date: \_\_\_\_\_

I plan to enroll in the: \_\_\_\_\_ Program, starting date: \_\_\_\_\_

Check one of the following: \_\_\_\_\_ Private Pay \_\_\_\_\_ Sponsored (Specify): \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_ Date of Birth Mo \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Social Security # \_\_\_\_\_

Primary Phone( ) \_\_\_\_\_ Alternate Phone( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone( ) \_\_\_\_\_

Occupation/Title \_\_\_\_\_ Employer \_\_\_\_\_ Phone( ) \_\_\_\_\_

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\_\_\_\_\_ HS Diploma \_\_\_\_\_ GED Month/Year Received \_\_\_\_\_ / \_\_\_\_\_ Highest Graded Completed \_\_\_\_\_

High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_ Adult IEP \_\_\_\_\_ Certification \_\_\_\_\_ Associate Degree \_\_\_\_\_ Bachelor Degree \_\_\_\_\_ Master's Degree or greater

Name of Institution/Field of Study \_\_\_\_\_

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*There is no partial or light duty assignment for completion of any program.* Documented disabilities must be communicated to the program coordinator upon submission of this application. Ohio Indiana Certification, LLC is committed to providing quality education to anyone who wants an opportunity to serve in the healthcare industry. While we want to provide equal opportunity to all, the requirements of this profession and the safety of the clients cannot be compromised. All trainees must be able to demonstrate the physical requirements needed and perform the skills related to the course in order to receive credit for participation and completion of the course. I understand and I am physically able to fulfill the above requirements. Initial \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian/Parent \_\_\_\_\_ Date \_\_\_\_\_

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Office Use Only: PIF \_\_\_\_\_ Reg. Fee \_\_\_\_\_ Payment Agreement \_\_\_\_\_ Date/Initials \_\_\_\_\_ ODH/DODD Date/Initial \_\_\_\_\_

Scholarship Information \_\_\_\_\_ State Test Application Fee \_\_\_\_\_ Date/Initials \_\_\_\_\_

ADA Accomodation \_\_\_\_\_

Sponsoring Agency \_\_\_\_\_ Verified/Date \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone ( ) \_\_\_\_\_

