



2280 St. Route 540 * Bellefontaine, OH 43311 * (937) 599-3010 Fax (937) 592-0442

Please Select Enrollment Option

Fall

- LPN Bellefontaine am
- IST Bellefontaine
- Medical Assistant
- Psychiatric Aide

Winter

- Concurrent Enrollment
Marysville
- LPN Urbana
- IST Bellefontaine
- HIT Bellefontaine am
- HVAC-R Urbana pm

Spring

- LPN Bellefontaine
- IST Bellefontaine

Summer

- LPN Kenton
- HIT Bellefontaine pm
- HVAC-R Urbana am
- IST Bellefontaine

Part-Time Programs

(Call for Locations)

- STNA
- Pharmacy Tech
- Phlebotomy

NOTE: This application must be completed and returned before admission to the school will be considered. Please type or print.

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME
MAILING ADDRESS	CITY	STATE & ZIP	PHONE NUMBER
COUNTY	SCHOOL DISTRICT	SOCIAL SECURITY #	BIRTH DATE
EMERGENCY CONTACT NAME	EMERGENCY RELATIONSHIP	CONTACT PHONE NUMBER	APPLICANT EMAIL ADDRESS

EDUCATION				
	NAME OF SCHOOL AND ADDRESS	MAJOR	DATES ATTENDED	DEGREE/DIPLOMA
HIGH SCHOOL*				
GED*				
COLLEGE/OTHER				

*Official Transcripts must be submitted to Ohio Hi-Point Career Center Attn: Amy Main before your application will be considered complete.

WORK/EMPLOYMENT HISTORY				
DATES OF EMPLOYMENT	NAME OF EMPLOYER	EMPLOYER ADDRESS	POSITION	REASON FOR LEAVING

DESCRIBE BRIEFLY WHY YOU WISH TO ENTER PROGRAM CHOICE: _____

DO YOU HAVE A CRIMINAL RECORD? YES_____ NO_____

If yes, Date of Conviction: _____

FELONY/MISDEMEANOR STATEMENT: In agreement with Ohio Law Revised Code 4776.02, clinical facilities require a BCI and FBI criminal records check prior to allowing persons to participate in the clinical experience. Students who have pled guilty to, or have been convicted of felonies and misdemeanors may not be eligible to complete the clinical requirements of this program. For those programs which include a clinical experience, completion of the clinical experience is required to successfully pass the program.

Please initial the following statements to indicate that you have read and understand.

____ **Official transcripts must be sent to Ohio Hi-Point Career Center from my high school and college (if applicable).**

____ **I confirm that I am 18 years of age or older and have either graduated from high school or received a GED.**

____ **Completion of the Work Keys examinations Reading for Information, Applied Mathematics, and Locating Information are required at the occupational level prior to program enrollment.**

____ **I must have a Bureau of Criminal Investigations (BCI and FBI) records check and two-step TB test prior to the first day of class for Health Occupations programs.**

____ **I must have a drug screen completed prior to the first day of class for the Pharmacy Technician program.**

I certify that all information in this application is accurate to the best of my knowledge:

Signature of Applicant

Date

**A \$20 application fee must be included for: HEALTH INFORMATION TECHNOLOGY
HVAC-R, IST, PRACTICAL NURSING, MEDICAL ASSISTANT, AND PSYCHIATRIC AIDE**

Please mail the completed application form to: **Adult Education Office
Ohio Hi-Point Career Center
2280 State Route 540
Bellefontaine, OH 43311**

FOR OFFICE USE ONLY

DATE RECEIVED _____

ASSESSMENT DATE _____

DATE ACCEPTED _____

OHPCC 2011