



In one  
short year,

# You can become a Nurse!

## Application Packet

## Columbus School of Practical Nursing

# 2023-2024



Columbus City Schools  
Adult & Community Education  
2323 Lexington Avenue  
Columbus, OH 43211

[www.ccsnh.us/PracticalNursing](http://www.ccsnh.us/PracticalNursing)  
Phone 380.997.7618

Video to assist with application:  
[https://youtu.be/dgMiYiRu\\_XU](https://youtu.be/dgMiYiRu_XU)

Are you a kind and caring person?  
Do you want to help people?  
**You should be  
a nurse!**

## Why Practical Nursing?

- A rewarding and fulfilling career in a rapidly growing industry
- Job security
- Above average salary for a short-term investment



## Why Columbus School of Nursing is the best choice:

- Nationally accredited by the Council on Occupational Education, and approved by the Ohio Board of Nursing and the Ohio Department of Higher Education.
- Outstanding graduate success on the state board examination. We consistently exceed the state average for NCLEX passage. In order to be a licensed practical nurse (LPN) passing the Ohio Board of Nursing exam is required. Our passage rate gives us full approval by the Ohio Board of Nursing
- Expert nursing faculty who provide outstanding individual and group support, and diverse clinical experiences to gain competency in nursing skills.

Classes are held at 2323 Lexington Avenue, Columbus, OH 43211, and clinical sites in Columbus area.

**Hours of class are 8 am - 3:30 pm, Monday through Friday,**  
except clinical days which begin at 7 am.

**Tuition is \$18,000 for the one-year program, not including books and uniforms.**

| <b>APPLICATION DEADLINES</b> | <b>ORIENTATION (mandatory)</b> | <b>Student Success (mandatory)</b> | <b>PROGRAM BEGINS</b> | <b>PROGRAM ENDS</b> |
|------------------------------|--------------------------------|------------------------------------|-----------------------|---------------------|
| December 1, 2023             | December 20, 2023              | December 20, 21, 22, 2023          | January 8, 2024       | December 20, 2024   |
| April 5, 2024                | April 24, 2024                 | April 24, 25, 26, 2024             | May 6, 2024           | April 18, 2025      |
| August 9, 2024               | August 28, 2024                | August 28, 29, 30, 2024            | September 9, 2024     | August 22, 2025     |



**380.997.7618**

or visit us on the web at

**[www.ccsnh.us/PracticalNursing](http://www.ccsnh.us/PracticalNursing)**

*ACE Mission Statement: Adult and Community Education improves the lives of adult students through personalized, quality learning.*

# PN Application Checklist

Video to assist with application: [https://youtu.be/dgMiYiRu\\_XU](https://youtu.be/dgMiYiRu_XU)

**All items are due at time of application. Incomplete packets will not be reviewed for admission.**

| All items are due at the time of application: |   |
|---|---|
| <input type="checkbox"/>                      | Completed Program Application   |
| <input type="checkbox"/>                      | HESI Entrance Exam Score _____ %<br>75% composite required for Reading, Vocabulary, Grammar and Math sections.<br>Scores must be no more than 2 years old at the time the application packet is submitted.  |
| <input type="checkbox"/>                      | Social Security Card  |
| <input type="checkbox"/>                      | Legal Photo I.D. or Driver's License  |
| <input type="checkbox"/>                      | BLS Provider CPR Card <b>Must have the words BLS Provider on the CPR card.</b><br>No other types will be accepted. Must be current for the whole time you are in school.<br>Suggestions for classes are in this packet. <b>Online CPR training courses are not acceptable.</b>  |
| <input type="checkbox"/>                      | High School Diploma/High School Equivalency Verification<br>Diploma or official transcripts required for US High School or High School Equivalency.<br>Foreign High School transcripts will need to be evaluated by a credential evaluation service.  |
| <input type="checkbox"/>                      | Criminal History Attestation Please read and complete the form inside this packet.  |
| <input type="checkbox"/>                      | Criminal Background Checks <b>Both BCI &amp; FBI are required.</b><br>Receipt is proof of ordering. <b>Have them sent directly to Adult &amp; Community Education 2323 Lexington Ave., Columbus, OH 43211. Submit the receipt with your application packet.</b> Find a location near you at: <a href="https://www.ohioattorneygeneral.gov/Business/Services-for-Business/WebCheck/Webcheck-Community-Listing">https://www.ohioattorneygeneral.gov/Business/Services-for-Business/WebCheck/Webcheck-Community-Listing</a><br><b>If you are asked for a code when ordering your background check, use 4723.09</b> |
| <input type="checkbox"/>                      | Personal Medical History  |
| <input type="checkbox"/>                      | Physical Exam Form Physician must use the forms included in this packet.  |
| <input type="checkbox"/>                      | Documentation of Immunity ( <b>Printout</b> of vaccine or titer results)<br><input type="checkbox"/> 2-step TB <input type="checkbox"/> <input type="checkbox"/> MMR (2 doses) <input type="checkbox"/> Tetanus <input type="checkbox"/> <input type="checkbox"/> Varicella (2 doses)   |
| <input type="checkbox"/>                      | <input type="checkbox"/> Hepatitis B waiver <b>OR</b> <input type="checkbox"/> Hepatitis B immunization verification  |
| <input type="checkbox"/>                      | COVID-19 Vaccination Both doses of Pfizer or Moderna: Single dose J & J   |
| <input type="checkbox"/>                      | Request for Advanced Standing - <i>Optional</i><br>To be submitted <b>only</b> if you are asking for transfer credit for A&P I, A&P II, or Nutrition. Official transcripts within last 2 years indicating a "C" grade or better must be provided with course syllabus. See Student Services or our website for the form. Advanced standing request items must be submitted along with the application packet in order to be considered.   |

**All students who are accepted into the nursing program must attend the Orientation and the Student Success class, prior to the start of the nursing program. Details will be provided in your acceptance letter.**

# Adult Workforce Education

## Program Application 2023-2024

Please review the application checklist to make sure you  
have attached all required documentation prior to submitting your application.  
Incomplete application packets will not be accepted.

Program:

☐ Practical Nursing ☐ Other \_\_\_\_\_

☐ I am a new student.

☐ I am a returning student: last month/year of attendance \_\_\_\_\_

Today's Date: \_\_\_\_\_ Program Start Date: \_\_\_\_\_

Name as it appears on ID:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Other Names (Maiden) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Street: \_\_\_\_\_ APT # \_\_\_\_\_

City: \_\_\_\_\_, OH Zip: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Have you previously attended college or a post-secondary school? Yes \_\_\_\_ No \_\_\_\_

- ***We reserve the right to reschedule or cancel any course that does not meet our minimum enrollment requirements. If a course is cancelled or rescheduled, all fees paid are subject to reimbursement or transference, upon presentation of a receipt.***

The Columbus Board of Education does not discriminate based upon race, sex, sexual orientation, religion, color, national origin, age, gender identity or expression, ancestry, familial status, military status, disability, genetic information, or any other legally protected category (collectively, "protected classes") in its educational programs, activities, treatment of people and employment practices.

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

## The HESI A2 Entrance Examination

**This is not an easy test! Please allow yourself plenty of time to prepare for it.**

We do not require the science portions of the test. The passing score for the Columbus School of Practical Nursing is a composite (average) score of 75% on these four sections:

**Reading Comprehension** – 55 questions to be completed in 60 minutes

|                                   |                                      |                                  |
|-----------------------------------|--------------------------------------|----------------------------------|
| • Paragraph/Passage Comprehension | • Identify main and supporting ideas | • Determine the author's purpose |
| • Create logical inferences       | • Determine the meaning of words     |                                  |

**Grammar** – 55 questions to be completed in 60 minutes

|                           |                                 |                          |
|---------------------------|---------------------------------|--------------------------|
| • Parts of Speech (usage) | • Correcting grammatical errors | • Subject-Verb agreement |
| • Sentence construction   | • Punctuation                   | • Spelling               |

**Math** – 55 questions to be completed in 60 minutes

|             |                                 |                                  |
|-------------|---------------------------------|----------------------------------|
| • Fractions | • Ratios & Proportions          | • Algebra                        |
| • Decimals  | • English Standard Measurements | • Roman Numerals                 |
| • Percents  | • Metric Measurements           | • Time & Temperature conversions |

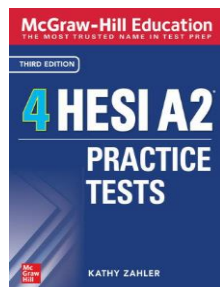
**Vocabulary and General Knowledge** – 55 questions to be completed in 60 minutes

Students are presented with vocabulary terms and expressions and are expected to find the correct definition or synonym.

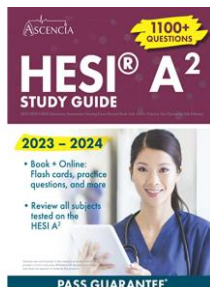
### Books:

For the **reading**, **grammar** and **math** portions of the test, the best resources for home practice are High School Equivalency or GED textbooks which are available in any public library, or purchased in bookstores or on Amazon.

The vocabulary portion of the test requires familiarity with general terminology, mostly of a medical nature. Given that the tester won't know in advance the terms on the test, we suggest using a HESI practice test (such as the two shown below). Refer to the vocabulary practice tests and look up any unfamiliar terms.



ISBN: 9781260462210



ISBN: 9781635308921

### Online Resources:

[www.youtube.com](https://www.youtube.com) provides a wealth of free lessons for the visual learner, especially for math!  
[www.khadnacademy.org](https://www.khadnacademy.org) large collection of free reading, math and language resources.  
[www.dictionary.com](https://www.dictionary.com) and [www.thesaurus.com](https://www.thesaurus.com) help with definitions and synonyms for the vocabulary test  
[www.quizlet.com](https://www.quizlet.com) contains study guides developed by other HESI testers. Search for "HESI test".  
[www.commoncoresheets.com](https://www.commoncoresheets.com) large collection of printable math worksheets.

### Optional Classes to help you prepare for the test:

**Bridge to Nursing.** Free class offered 3 times each year for HESI test preparation. Meets Tuesday, Thursday, and Friday afternoons 1 to 3:30 pm. Call 380.997.7615 for more information. A new class begins each nursing trimester.

**Aspire** classes offer free, in-depth assistance with reading, math, or language topics. Call 380.997.1851 for more information.

### Taking the HESI Test at Columbus City Schools - Registration steps:

**Step 1:** **Create an Elsevier Evolve account at <https://evolve.elsevier.com/#> , Click on login/create account.** Write down your username and password! You will need it to register for your test and retrieve your scores!

**Step 2:** **After you have created your Elsevier Evolve account, if you wish to take the test at our school, complete the registration form on the next page and submit it with payment.** You must register and pay for your test no later than the Friday prior to the test. Cost of the test is \$60 payable by check, money order or credit/debit card only. Payment is accepted by mail or in person.





# HESI Registration

**Step 1:** Create an Elsevier Evolve account at [www.evolve.elsevier.com](http://www.evolve.elsevier.com)

Click on login/create account. Be sure to write down your username and password when created, and insert it on this form below.

**Step 2:** Complete this form and submit it with your **payment of \$60** no later than the day before your preferred test date. We can accept check, money order, and credit/debit card only. **We cannot accept cash.** Please make your check out to Columbus City Schools.

NAME \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

EMAIL \_\_\_\_\_

Phone Number \_\_\_\_\_

How did you find out about this program? \_\_\_\_\_

Elsevier Username \_\_\_\_\_

Elsevier Password \_\_\_\_\_

Preferred Test date/time \_\_\_\_\_

Updated test dates are on our website: [www.ccsch.us/practicalnursing](http://www.ccsch.us/practicalnursing)

The HESI Examination Testing location is 2323 Lexington Avenue, Columbus, OH 43211.

## NO REFUNDS

**There are no refunds for missed exam appointments.**

In order to reschedule a missed exam, payment for rescheduled appointment must be made. Please arrive 15 minutes prior to the scheduled time. Doors will be locked when test is started.

# Medical Packet (1 of 5)

## Personal Medical History

Complete this form prior to your physical examination and give it to the doctor for review.

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Gender:** ☐ Male ☐ Female

Check the appropriate column for each body system or condition, based on your personal medical history:

|              | YES | NO |                       | YES | NO |                                 | YES | NO |                   | YES | NO |
|--------------|-----|----|-----------------------|-----|----|---------------------------------|-----|----|-------------------|-----|----|
| Neurological |     |    | Lymph nodes           |     |    | Chest pains                     |     |    | Malaria           |     |    |
| Eyes         |     |    | Genitals              |     |    | Chest Palpitations              |     |    | Rheumatic fever   |     |    |
| Ears         |     |    | Dizziness             |     |    | Shortness of breath             |     |    | Paralysis         |     |    |
| Nose         |     |    | Frequent headaches    |     |    | High blood pressure             |     |    | Cancer or tumors  |     |    |
| Throat       |     |    | Deafness              |     |    | Swollen ankles                  |     |    | Jaundice          |     |    |
| Heart        |     |    | Runny nose            |     |    | Poor appetite                   |     |    | Diabetes          |     |    |
| Lungs        |     |    | Frequent sore throats |     |    | Chronic indigestion             |     |    | Arthritis         |     |    |
| Stomach      |     |    | Frequent colds        |     |    | Recurrent nausea                |     |    | Rheumatism        |     |    |
| Intestinal   |     |    | Chronic cough         |     |    | Recurrent vomiting              |     |    | Depression        |     |    |
| Liver        |     |    | Difficulty Breathing  |     |    | Stomach ulcers                  |     |    | Nervous breakdown |     |    |
| Spleen       |     |    | Coughing up blood     |     |    | Hernia                          |     |    | Seizures          |     |    |
| Gallbladder  |     |    | Sinus                 |     |    | Chronic constipation            |     |    | Major injuries    |     |    |
| Kidneys      |     |    | Pneumonia             |     |    | Black or bloody bowel movements |     |    | If so, what?      |     |    |
| Bladder      |     |    | Asthma                |     |    | Frequency or Painful urination  |     |    | Allergies         |     |    |
| Bones        |     |    | Hay fever             |     |    | Bloody urine                    |     |    | List allergies:   |     |    |
| Joints       |     |    | Pleurisy              |     |    | Kidney stones                   |     |    | Operations        |     |    |
| Back         |     |    | Tuberculosis          |     |    | Nephritis                       |     |    | List operations:  |     |    |
| Skin         |     |    | Bronchitis            |     |    | Mental illness                  |     |    |                   |     |    |

## Medical Packet (2 of 5)

### Personal Medical History continued

**Name:** \_\_\_\_\_

Please do not leave any boxes blank. If a question does not apply to you, please mark with N/A.

List any serious conditions or illnesses that could affect your ability to perform as a health occupations student.

Describe the details of any prior injuries or operations that could affect your ability to complete the classroom, laboratory, and/or clinical components of the program.

What accommodations do you need in order to perform the functions of a health occupations student?

Do you have any sensitivity to rubber, latex, or powder? ☐ Yes ☐ No

*By signing below, I hereby attest that I have answered the above questions thoroughly and truthfully, to the best of my knowledge.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Medical Packet (3 of 5)

### Physical Examination

This form must be completed by a qualified medical professional (M.D., D.O., or N.P.).

**Do not substitute other forms or formats.**

**Patient's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### Record of Physical Examination to be completed by qualified medical professional:

|                |  |                     |  |
|----------------|--|---------------------|--|
| Height         |  | Weight              |  |
| Blood Pressure |  | Rate of Respiration |  |
| Pulse          |  | Visual Acuity       |  |
| Eyes/Pupils    |  | Hearing             |  |
| Ears           |  | Mouth/Dental        |  |
| Nose           |  | Heart               |  |
| Neck           |  | Abdomen             |  |
| Lungs          |  | Back                |  |
| Extremities    |  | Hips                |  |

#### Medical Professional's Certification

*This certifies that I have examined this patient with regard to his/her physical fitness to attend a health occupations education program. To the best of my knowledge, this individual is physically and mentally capable of pursuing a health occupations career as indicated below. Signature below indicates patient is endorsed without limitations.*

**Physician's (M.D., D.O. or N.P.) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name and Title** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Phone Number/Fax Number** \_\_\_\_\_

# Medical Packet (4 of 5)

## Immunization Documentation

Name: \_\_\_\_\_

### 1. DOCUMENTATION OF IMMUNITY IS REQUIRED FOR:

- **MMR** (Measles/Mumps/Rubella): 2 doses at least 28 days apart.  
**Printout** showing dates of immunizations or titer results indicating immunity.  
Circle proof submitted: **IMMUNIZATION or TITER.**
- **Varicella** (Chickenpox): 2 doses at least 4 weeks apart.  
**Printout** showing dates of immunizations or titer results indicating immunity.  
Circle proof submitted: **IMMUNIZATION or TITER.** (Titers may be done anywhere- an economical choice is Heart of Ohio Family Health 614-416-4325.)

**2. TETANUS & DIPHTHERIA:** A **printout** showing vaccine was administered within last 10 years.

**3. COVID-19 Vaccination:** 2 doses of Pfizer or Moderna or 1 dose of Johnson & Johnson.  
Fully vaccinated as advised by CDC or local clinical sites.

**4. Tuberculosis(TB):** **Documentation of one of the three options below is required:**

#### 2-step Mantoux Tuberculin Skin Test

Step #1: Inject Tuberculin and have **read in 48 to 72 hours.**

☐ **Mantoux Step #1:** Date given \_\_\_\_\_ Given by \_\_\_\_\_ Skin Site \_\_\_\_\_  
Date Read \_\_\_\_\_ Read by \_\_\_\_\_ Result \_\_\_\_\_

**If Step #1 is negative, wait 7-21 days AFTER the read date and proceed with step # 2.**

**Do not start Step #2 outside of the 7-21 day window.**

If Step #1 is **positive**, omit step #2, and obtain chest x-ray.

☐ **Mantoux Step #2:** Date given \_\_\_\_\_ Given by \_\_\_\_\_ Skin site \_\_\_\_\_  
Date read \_\_\_\_\_ Read by \_\_\_\_\_ Result \_\_\_\_\_

**DOCUMENTATION PRINTOUT of 2-step results must be provided**

**OR**

☐ **Chest x-ray:** Must be within the last year. Printout of results must be provided.

**OR**

☐ **IGRA Blood test:** Must be within last year. Copy of IGRA results must be provided.

# Medical Packet (5 of 5)

## Hepatitis B Immunization

### General Information

A highly contagious virus that infects the liver causes Hepatitis B. The virus is found in the blood and body fluids of infected people. Safe, effective Hepatitis B vaccines are recommended for health care professionals because of their exposure to blood and body fluids. The vaccination series, generally given as 3 doses over a 6-month period, protects those at risk and contributes to the elimination of Hepatitis B. The Hepatitis B vaccine is recognized as the first anti-cancer vaccine because it can prevent liver cancer caused by Hepatitis B infection. The potential risks associated with the Hepatitis disease far outweigh the potential risk associated with the Hepatitis B vaccine.

**Signature Required in ONE of the boxes below:**

I understand that I have the opportunity to ask questions and that I understand the benefits and risks of the Hepatitis B immunization. I understand that I must have three (3) doses of the vaccine to develop immunity. However, as with any medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I understand that, due to my occupational exposure as a health professional to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B. I understand that I may choose to be vaccinated with the Hepatitis B vaccine at my own personal expense.

**I refuse to receive the Hepatitis B vaccination at this time.** I understand that, by refusing to receive this vaccination, I continue to be at risk of acquiring Hepatitis B, a serious disease. If I decide to receive the vaccine at a later date, I will provide the Columbus School of Practical Nursing with the information.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OR**

I understand that I have the opportunity to ask questions and that I understand the benefits and risks of the Hepatitis B immunization. I understand that I must have three (3) doses of the vaccine to develop immunity. However, as with any medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I understand that, due to my occupational exposure as a health professional to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B. I understand that I may choose to be vaccinated with the Hepatitis B vaccine at my own personal expense.

**I have received the Hepatitis B vaccination.**

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The following information must be provided by a qualified medical professional or his/her representative with a printout as documentation, if you have received the Hepatitis B vaccination:

**Date of Dose #1:** \_\_\_\_\_ **Date of Dose #2:** \_\_\_\_\_ **Date of Dose #3:** \_\_\_\_\_

**Physician Name/signature** \_\_\_\_\_



## CRIMINAL HISTORY FACT SHEET

Currently, there are eleven offenses that are *automatic bars* to obtaining a nursing license for applicants who entered a prelicensure nursing education program after June 1, 2003. This means that the Board of Nursing (Board) is prohibited from issuing a license to a person who has pled guilty to, been convicted of, or has a judicial finding of guilt for one of the offenses listed below.

• Aggravated Murder • Murder • Voluntary Manslaughter • Felonious Assault • Kidnapping • Rape • Aggravated Robbery • Aggravated Burglary • Sexual Battery • Gross Sexual Imposition • Aggravated Arson • or a substantially similar law of another state.

In addition, the Board may propose to deny an application, or place restrictions on a license granted, for a conviction of, a plea of guilty to, a judicial finding of guilt of, a judicial finding of guilt resulting from a plea of no contest to, or a judicial finding of eligibility for intervention in lieu of conviction for the following: (1) any felony (that is not an absolute bar); (2) a crime involving gross immorality or moral turpitude; (3) a misdemeanor drug law violation; or (4) a misdemeanor in the course of practice. In regard to these four types of offenses, the Board is unable to advise or give a definitive answer about the effect a criminal history will have on the ability to obtain a nursing license in the State of Ohio.

The Board does not have the authority to make a determination or adjudication until an application has been filed. If an applicant has a criminal history, the Board conducts a thorough investigation and considers a number of factors, including but not limited to: whether the applicant has made restitution, completed probation and/or otherwise been rehabilitated; the age of the offense; the facts and circumstances underlying the offense; and the total number and pattern of offenses.

Please also be advised that although the Board may grant a license to an applicant who has a criminal offense history, an individual may be restricted from working in certain settings based on his or her criminal history due to federal and state laws, which require criminal records checks prior to employment in certain settings, and which may impose absolute or discretionary bars to employment in certain patient care settings, for example, in facilities or settings involving care provided to older adults, disabled adults, or children. See, e.g., *Ohio Administrative Code Chapters 3701-60-07; 173-9-07; 5101:3-45-11; 5123:2-2-02; 5101:3-45-11.*

Similarly, the Board cannot answer questions regarding one's eligibility to attend nursing school or participate in clinical instruction. Nursing programs vary in regard to enrollment criteria, so it is recommended that you contact the nursing program to determine whether you are eligible to enroll.

## Criminal History Attestation

**Please read the previous page from the Ohio Board of Nursing and this form carefully before signing it.**

Please check **ONE** statement below:

- ☐ I have NEVER been convicted of, pled guilty to, or have had a judicial finding of guilt for a crime as identified in the Ohio Board of Nursing CRIMINAL HISTORY FACT SHEET/LIST of POTENTIALLY DISQUALIFYING OFFENSES or,
- ☐ I HAVE been convicted of, pled guilty to or have had a judicial finding of guilt for a crime that is an automatic bar, as identified on the Ohio Board of Nursing CRIMINAL HISTORY FACT SHEET/LIST of POTENTIALLY DISQUALIFYING OFFENSES.
- ☐ I HAVE been convicted of, pled guilty to or have had a judicial finding of guilt for a crime as identified on the Ohio Board of Nursing CRIMINAL HISTORY FACT SHEET. However, the exclusionary period has expired.

The Ohio Board of Nursing may also deny an application for a license or place restrictions on a license for other offenses that may not be automatic bars to licensure. All applicants are advised that they should carefully review the four other types of offenses listed on the CRIMINAL HISTORY FACT SHEET for which the Ohio Board of Nursing may take action. The Department of Adult and Community Education does not assume any responsibility or liability for the denial of an application or any restrictions that may be placed on a license by the Ohio Board of Nursing.

Please be aware that some programs have required clinical/job shadowing experiences in order to obtain a certificate and graduate from the program. A clinical/job shadowing site may request that a student provide their criminal history in order to participate at the clinical/job shadowing site. Most sites have policies which prevent them from admitting students who have been convicted of certain criminal offenses. Decisions about clinical/job shadowing site admissions are made by each site. These decisions are neither the responsibility of nor influenced by the Department of Adult & Community Education.

If a student is unable to gain admission to a site for clinical/job shadowing experiences, the student will not be able to obtain their certificate nor graduate from the program. If a student is denied admission to a site, the student will be subject to immediate dismissal from the program and will forfeit all program costs and fees. The Department of Adult & Community Education does not assume any responsibility for the denial of access to a clinical/job shadowing site. Please reference Ohio Administrative Code Chapters 3701-60-07; 173-9-07; 5101:3-45-11; 5123:2-2-02 copies available in Student Services or <http://codes.ohio.gov>.

By signing this form, I acknowledge **ALL** of the following:

- I have neither withheld information from nor provided false information to the Department of Adult & Community Education.
- I have been informed regarding the requirement to complete clinical/job shadowing site experiences in order to obtain my certificate and graduate from the program.
- I have been informed that access to clinical/job shadowing sites may be denied to students with criminal convictions. I have referenced Ohio Administrative Code Chapters listed above and understand clinical sites may deny access based on Ohio Administrative Code.
- I understand that if I am unable to complete clinical/job shadowing experiences, I will be subject to immediate dismissal from the program and will forfeit all program costs and fees.
- I understand that if I have pled guilty to, been convicted of or have had a judicial finding of guilt for a criminal offense which is an automatic bar to licensure by the Ohio Board of Nursing, I will not be granted a nursing license by the Ohio Board of Nursing.

---

Applicant Signature

---

Date





## **FILING THE FAFSA**

The FAFSA may be filed online at [www.studentaid.gov](http://www.studentaid.gov)

You will need the following:

- Your most recent completed Federal Income Tax Return.

Our school code is **015235**

### ***Steps to complete FAFSA:***

- Establish a FSA ID on <https://studentaid.gov/fsa-id/create-account/launch>
- Complete & Submit your application at <https://studentaid.gov/h/apply-for-aid/fafsa>
- Once submitted you will receive a Confirmation Page with EFC (Estimated Family Contribution) this provides an estimate of what you can afford. Print this page for your records.
- You will receive an email that your FAFSA has been processed. Give the Financial Aid office 3-5 business days to receive your application.

### ***Speaking the Language of Money***

**GRANTS** - Grants don't need to be paid back.

**LOANS** – Loans must be paid back with any interest that accrues.

### ***Educate yourself for the sake of your financial future:***

<https://www.ccsch.us/cms/lib/OH01913306/Centricity/Domain/197/FY19%20Consumer%20Information%20Disclosures.pdf> Scroll down and click on Consumer Information Disclosures for detailed financial aid information.

<https://studentaid.ed.gov/sa/> - Learn about types of aid available from government sources.

### ***Research alternative sources of funding.***

**WIOA funding-** Local counties MAY have funds available to cover part of your tuition costs. Participants who qualify for the WIOA program may receive an "Individual Training Account" to assist with tuition costs. Call Franklin County Ohio Means Jobs: 614-559-5052.



**Second Chance Grant-** Have you stopped out of an Ohio public college or university within the last 5 years? You may qualify for up to \$3,000 to enroll and complete your Practical Nursing Certificate. Contact Student Services for details. Use this QR code for more information.

**Columbus City School Scholarship** – One full tuition scholarship is awarded to a graduating Columbus City Schools senior attending Columbus School of Practical Nursing. Contact Student Services for more information.

Many employers offer tuition assistance. Check with your employer. Countless scholarships are available to the general public. A simple Internet search may save you money.

**Contact our financial aid office at 380.997.7620  
or via email at [jwells@columbus.k12.oh.us](mailto:jwells@columbus.k12.oh.us)**

# BLS/CPR for Healthcare Providers Training Providers

You may take your BLS/CPR training at any certified provider, as long as you receive the correct type of card. **Please note that online CPR training courses are not acceptable for admission.**

## Buckeye Training Solutions

[www.buckeyetrainingsolutions.net](http://www.buckeyetrainingsolutions.net)

Call 614-601-6311 -also does background checks.

Take the BLS for Healthcare Providers class. Cost: \$55

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## TNT CPR

[www.tntcprllc.com](http://www.tntcprllc.com)

Register online or call 269-757-6679

Take the BLS for Healthcare Providers class. Cost: \$55

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## Central Ohio CPR

[www.centralohiocpr.com](http://www.centralohiocpr.com)

6260 Huntley Road, Columbus, OH 43229 Phone 614-562-7297

Take the BLS CPR Healthcare Provider classroom course. Cost: \$50

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## Citywide CPR

<http://www.citywidecpr.com/find-a-cpr-class/cpr-classes-columbus-oh/>

9200 Worthington Road, Westerville, OH 43082 Phone 866-757-5453

Take the BLS class for Healthcare Providers. Cost \$55

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## Columbus Division of Fire

<https://columbus.gov/public-safety/fire/programs-and-training/BLS-for-Healthcare-Providers/>

3639 Parsons Ave, Columbus, Ohio 43207 Office Phone : 614-221-3132

Take the BLS for Healthcare Providers Training. Cost: \$40

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## Incoming Students Please Note:

**BLS Provider or BLS for Healthcare Provider or BLS for the Professional Rescuer are the only cards acceptable for admission to the Columbus School of Practical Nursing.**

**Please check your card before submitting  
your nursing application packet.**



# Foreign Education Evaluation

**If your high school diploma is from a foreign country, your foreign high school transcripts will need to be evaluated by a credential evaluation service.** We require a HIGH SCHOOL equivalency, and this may be done by a general statement.

You may use any evaluation service. Please follow their requirements and have the evaluation sent directly to:

**Columbus School of Practical Nursing  
2323 Lexington Avenue  
Columbus, OH 43211**

Please keep in mind that the process may take several weeks. **A general statement or summary is sufficient; we do **NOT** need a course by course evaluation.**

The following are some services offering education evaluation:

<https://validential.com/>

<https://usces.org/>

<https://www.ece.org/ECE>

*Please note: Our admissions policy requires verification of high school equivalency. You will need to provide proof of your high school equivalency even if you have a college degree.*